

**Healthcare Facility Department (HCF)**

Business Proposal

The Proposed Facility Name

Date

**Table of contents should include:**

|  |  |
| --- | --- |
| **Introduction**  | A brief about the facility. (Optional) |
| **Section 1** | The Facility’s aim, goal, and objective. |
| **Section 2**  | Specialties  |
| **Section 3**  | A list of the services  |
| **Section 4** | About the healthcare professionals |
| **Section 5**  | Bed capacity if applicable (hospitals only) |
| **Section 6** | Facility shifts and working hours  |
| **Section 7** | Future Plan (Optional)  |

**Section 1**

* Aim:
* Goal:
* Objective:

**Section 2**

* The Healthcare facility’s specialties should be listed as they will shape the Facility’s scope.

Example:

* Medical Specialties 🡪 1) Dermatology

 2) General Medicine Practice

 3) Obstetrics and Gynecology

* Dental Specialties 🡪 1) Orthodontics
* Allied Specialties 🡪 1) Physiotherapy

 2) Nutrition

**Section 3**

* A list of the services intended to be provided in your facility with an explanation of each service.

Example:

* Dermatology: There will be both consultations and treatments given. The types of treatments are the following:
1. Laser hair removal
2. Botox used for facial expressions only. Not for any other purpose like migraines or excess sweating.

**Section 4**

* Total number of healthcare professionals per each profession.

Example:

* General Practitioner Doctor 🡪 1
* Dermatologist 🡪 2
* Nurses 🡪 3
* Laser technician 🡪 2

**Section 5 (Hospitals only)**

* Total number of beds:
* Medical:
	+ Internal Medicine
	+ Geriatric
* Psychiatry
* Psychiatry
* Addiction Treatment:
* Palliative Care
* Long-Term Care
* Surgical (excluding OT Tables)
* Pediatric (including Cot Beds)
* Obstetrics and Gynecology (excluding Labor Beds)
* Total number of Beds in Intensive Care Units (ICUs)
* Intensive Care Unit (ICU):
	+ With Ventilators
	+ Without Ventilators
* Coronary Care Unit (CCU)
* Neonatal Intensive Care Unit (NICU):
	+ With Ventilators
	+ Without Ventilators
* Pediatric Intensive Care Unit (PICU):
	+ With Ventilators
	+ Without Ventilators
* High Dependency Unit (HDU):
	+ With Ventilators
	+ Without Ventilators
* Burns Bed
* Wards

**Section 6**

* **Facility shifts**

Example: The Facility will have 2 shifts; morning and evening. In each Shift, there will be 3 doctors.

* **Working hours**

Example: The Facility’s will be open daily except for Fridays which will be the off day:

- Frist Shift: from 8am until 4pm

- Second Shift: from 5pm until 10pm

**Names and Signatures:**