Evaluating room booking systems for a new medical library

User experience
The booking process should be frictionless, intuitive and fast. No assistance from library staff or IT support should be required.

On-site
Users should be able to book a room on the spot: no need to book in advance. Screens should show room availability as well as possibility to reserve.

Online
It should be possible for end users to book remotely and in advance, via any standard web browser.

Mobiles
Display should be carefully adapted to small screens and touch devices. Availability of a “native” mobile app is a plus.

Calendar
Users should have access to their list of reservations. A calendar should display availabilities (per room, daily/weekly views) without disclosing personal data from others users.

Opening hours
It should not be possible to book outside of library opening hours.

Availability assistant
Guidance should be provided to find the next available room or time slot.

Other considerations: integration (APIs), confirmations, costs, open-source, sustainability, ...

Patron-oriented
Users might not be registered in the institutional directory; the system should not work exclusively with the enterprise directory service, but offer alternatives to identify users (self-registration, email domain, etc.)

Quota
Limit the maximum number of hours (per day / week / month) a user can book rooms.

Door lock control
Possibility to physically restrict access to a room by controlling a lock. Should still be possible for a group to get in if the person who booked is late / absent. Via badge or code.

Institutional directory & badges
Although most users would not be registered in the enterprise directory, it is expected that the solution can also allow staff to book without registering, and possibly use a badge to unlock.

Admin privileges
Library staff should have tools to check and edit current reservations.

Equipment reservation
Miscellaneous resources can be booked by users, independently of the room.

Context:
In 2019 the Medical Library (Lausanne University Hospital - CHUV) is moving to a new building, where the number of rooms has decreased from 12 individual boxes to 3 group study rooms. The adoption of an RBS is hence considered to replace the current first-come-first-served policy.