

Capital Works: Implementation Review Policy Guideline

Version No.: 1.0

Approval date: 17/09/2018

INFORMAL COPY WHEN PRINTED



Contents

1.	Policy Statement	3
	What is in this Policy Guideline	3
	Scope	4
	When to use the Implementation Review Policy Guideline	4
2.	Roles and responsibilities	4
3.	Policy Requirements	5
4.	Implementation and Monitoring.....	9
5.	National Safety and Quality Health Service Standards	10
6.	Definitions	10
7.	Associated Policy Directives/Policy Guidelines	10
8.	Document Ownership & History.....	11
	Appendix A: Project Review Process Maps.....	12
	Appendix B: Gateway Checklist.....	14
	Appendix C: Post Construction Review Template	17
	Appendix D: Post Occupancy Evaluation Report and Survey Template	23

Capital Works Projects: Implementation Review Policy Guideline

1. Policy Statement

The purpose of the Capital Works: Implementation Review Policy Guideline (“the Review Policy Guideline”) is to assist SA Health and relevant stakeholders in identifying and adhering to the requirements associated with the review stage of SA Health major capital works.

The review phase is the third of four phases that form SA Health’s capital works lifecycle, as shown in Figure 1 below:

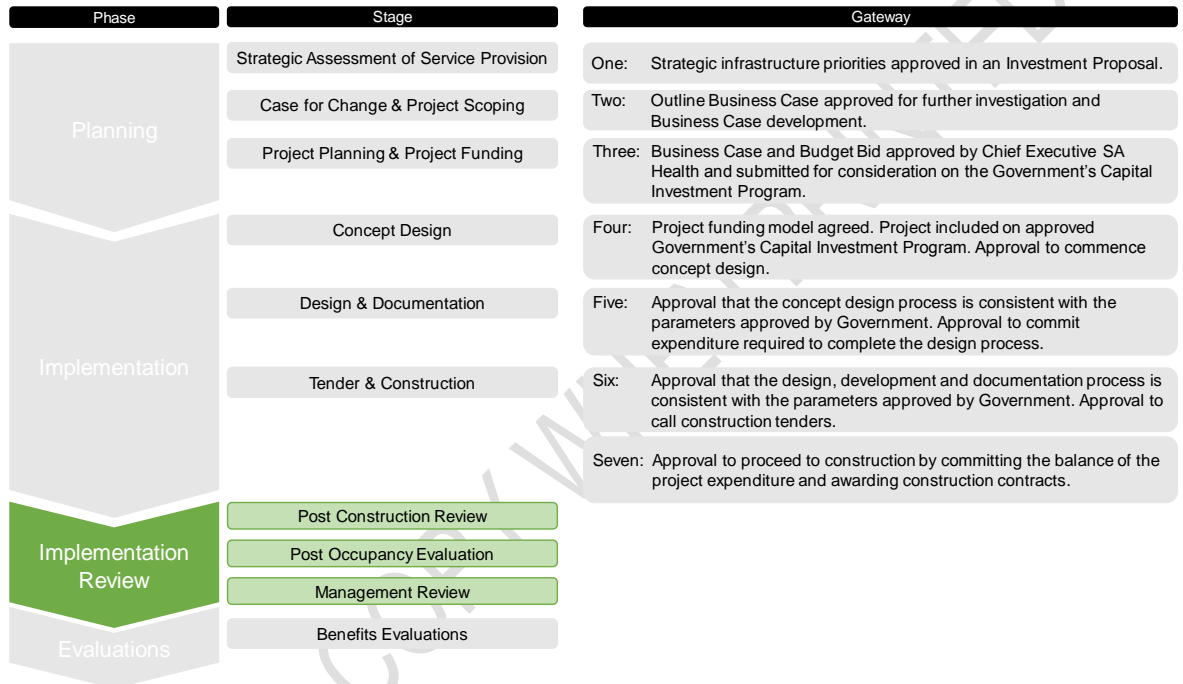


Figure 1: Capital works project lifecycle

The procedures defined in section 3 (policy requirements) align with the steps outlined in the process maps in Appendix A, with a Gateway checklist provided in Appendix B. It is recommended that the user refers to the process maps and templates in conjunction with the guidance below to understand the required actions in each step.

The Review Policy Guideline must be read and administered in conjunction with SA Health’s Capital Works Policy Directive.

What is in this Policy Guideline

The Review Policy Guideline covers:

- three review types defined in the project review phase:
 - Post Construction Review (PCR);
 - Post Occupancy Evaluation (POE); and
 - Management Review (MR).
- process maps for each phase in the project review stage; and
- tools and templates to support documentation requirements for each stage.

Scope

The Review Policy Guideline is to be applied to all major capital works projects undertaken by Infrastructure DHW.

Implementation review:

- commences when the built asset is occupied by LHN/BU and put in operation, when updating information systems and managing defect liability period is required. The timing for implementation reviews are coordinated by Infrastructure DHW; and
- concludes when feedback from implementation review is disseminated and project finances are finalised.

When to use the Review Policy Guideline

The Review Policy Guideline applies after the issue of the Certificate of Practical Completion. The Review Policy Guideline is to be utilised as the basis for planning and conducting a:

- Post Construction Review (PCR);
- Post Occupancy Evaluation (POE); and
- Management Review (MR).

The following table outlines the types of implementation review undertaken and indicative timeline for when to undertake the reviews.

Types of Review	Timing
Post Construction Review (PCR)	3 months after the built asset is operational.
Post Occupancy Evaluation (POE)	6 to 12 months after the built asset is operational, or post-defect liability period, whichever one is greater.
Management Review (MR)	As directed by MR requester.

2. Roles and responsibilities

In the context of this document:

LHN/BU Redevelopment Manager is responsible for:

- Ensuring no contract work is carried out by anyone except the authorised construction contractor or its nominee during the defects liability period without prior agreement by Infrastructure DHW and DPTI Infrastructure.

Executive Director Infrastructure DHW is responsible for:

- Providing leadership of the review and evaluations required;
- Raising need for and conducting management review if required.

3. Policy Requirements

Project review

Step 7.1: Stage pre-requisite

To commence the project review stage, the built asset must have achieved Practical Completion and be occupied by the LHN/BU.

Step 7.2: Update information system

The physical details of the project as built, with relevant information about the nature and location of the asset, will be incorporated in the asset management information systems for SA Health and DPTI. At a minimum, the asset must be recognised in:

- DHW's fixed asset register; and
- Across Government Facilities Management Framework (AGFMA) asset management system, Strategic Asset Management Information System (SAMIS).

Upon completion of construction, the following information should be recorded in asset management systems so that accurate records are established:

- 'As built' plans and drawings;
- Operating and maintenance information; and
- Copy of certified documents.

DPTI, DHW and LHN/BU are responsible for ensuring that information has been accurately captured in respective systems.

Step 7.3: Manage defects liability period

Most construction contracts have a defects liability period, during which the construction contractor is responsible for completing minor omissions and defects outstanding at the time the asset was handed over to SA Health, or for rectifying construction defects identified during this period.

During the defects liability period, the LHN/BU Redevelopment Manager (or equivalent) is responsible for the reporting and prioritisation of defects. DPTI Infrastructure is responsible for defects management and advising Infrastructure DHW and LHN/BU on the contractual responsibilities that the construction contractor retained after handover. The LHN/BU redevelopment manager must ensure no contract work is carried out by anyone except the authorised construction contractor or its nominee during the defects liability period without prior agreement by Infrastructure DHW and DPTI Infrastructure.

A clear delineation should be made between rectifying matters under the contract as distinct from additional work that will require contingency or additional funds to be approved and allocated by DHW.

Step 7.4: Consider the depth of review required

The decision for depth of review must be made by Infrastructure DHW, and will depend on the objective and outcomes sought. Depth of review includes:

- Indicative – high level assessment by experienced personnel to highlight key issues;
- Investigative – in-depth study of the capital solution's performance and the associated project implementation process; or

- Diagnostic – determine any deficiencies in the process (to rectify) and collect data for future projects.

Although the depth of review may differ, the process for conducting the reviews must be consistent, and follows the procedures prescribed below for each of the review types.

Step 7.5: Post-construction review (PCR)

Overview

A PCR is a method that examines the processes involved in how effectively a major capital works project has been undertaken – from concept development to completion.

Once the construction is complete, DPTI Infrastructure and Infrastructure DHW will jointly facilitate the post-construction review to determine whether objectives of the delivery process were achieved, and whether the contract and contract administration standards were appropriate.

The PCR is a workshop attended by key project stakeholders involved throughout the design and construction phase. The report template attached in Appendix C serves as a recommended pro forma for documentation of outcomes from the workshops.

Process

DPTI Infrastructure is responsible for organising the PCR workshop, to be held approximately three months after the issue of the Certificate of Practical Completion.

DPTI Infrastructure will send surveys to participants prior to the workshop. The workshop participants should, at a minimum, include representatives from the following stakeholder groups:

- Infrastructure DHW;
- DPTI Infrastructure;
- LHN/BU; and
- Construction contractor and design team (refer to Step 4.5 of *Capital Works Projects: Implementation Policy Guideline*).

DPTI Infrastructure is responsible for chairing the PCR, recording the evaluation and presenting the collated feedback for discussion at the PCR workshop.

Scope of PCR

The review must assess performance of all stages of the project lifecycle, namely:

- Concept design;
- Design documentation; and
- Tender and construction.

It may be decided that a mid-construction review is necessary, in order to manage projects at risk of diverging or to identify lessons learned.

Post Construction Review

Deliverables	<ul style="list-style-type: none">• PCR report• PCR survey results
Approval Delegate	Executive Director Infrastructure DHW

Step 7.6: Post-occupancy evaluation (POE)

Overview

A POE is undertaken to determine whether the services and facilities objectives of the project were achieved. It is a systematic evaluation of the occupied facilities, measured in terms of user satisfaction, fitness for purpose, technical performance, and value for money.

A POE needs to consider both positive and negative aspects of the capital works project. It is an important part of any agency program for the provision of facilities and has the following objectives:

- appraise the facilities in use and provide feedback to enable improvements to be made in their design, management and maintenance;
- enable Infrastructure DHW to receive feedback on the quality and suitability of the built asset to facilitate services;
- assess and document successful solutions and areas for improvement to continuously improve new project briefs and the construction and redevelopment of existing facilities;
- assess value for money of the built asset.

Information from the POE is used by DHW to update briefing information and to review standards and benchmarks. A successfully completed POE will, in its simplest form, provide a forum for discussion and the basis for improved understanding between DHW Infrastructure, LHN/BU and other end-users. A more complex form will extend the current body of knowledge to the DHW and to DPTI.

A template for POE report and survey has been provided in Appendix D as guidance.

Process

Infrastructure DHW is responsible for organising the POE workshop, to be held approximately 6 to 12 months after the issue of the Certificate of Practical Completion. In some instances, this timeframe may need to be increased if there is a delay in the full clinical commissioning / use of the new facilities.

Infrastructure DHW must send the survey to workshop participants prior to the workshop. The workshop participants should, at a minimum, include representatives from the following stakeholder groups:

- DHW;
- LHN/BU, including maintenance personnel;
- DPTI Infrastructure, and design team.

Infrastructure DHW is responsible for chairing the POE, recording the evaluation and presenting the collated feedback for discussion at the POE workshop.

Scope of POE

The POE should assess the following aspects of the built asset:

- **Functional performance** – this includes general planning and design associated with functional spaces in and around the building; space allocation and fit-out; quality and standards of the design and construction and the site and building, including physical characteristics, circulation and access, safety, operational aspects of the building/s (including cleaning and maintenance);
- **Technical and environmental performance** – this includes health, safety and security; building services (heating and cooling; lighting and acoustics; plumbing and electrical); equipment; materials and information technology / Audio Visual (AV) and tele-health provisions; environmental - utility consumption figures (power/water/gas), Greenstar target or Inhouse Green Rating Assessment Tool (IGRAT) target.
- **Economic performance** – this includes the performance of the building/s as an investment in resources; and whole-of-life issues, including those relating to recurrent costs associated with building occupancy and operations, leasing and lease management, and maintenance; and
- **Symbolic performance** – this includes the aesthetic and image characteristics of the building/s for consumers, families, the local community; and the integration of art, design and other well-being features.

The POE must be undertaken from both across-government and health-specific perspectives, to ensure that the learnings produced can help make better use of the facilities under review, and similar facilities in the future.

Post Occupancy Evaluation

Deliverables

- POE Report
- POE survey results

Approval Delegate

Executive Director Infrastructure DHW

Step 7.7: Management review (MR)

Prior to commencing management review, a need must be established by Executive Director Infrastructure DHW, and the need must be documented. It should be noted that not all projects require a management review.

A management review may be undertaken to assess the project management process to address specific opportunities for improvement relating to governance, project planning, management and procurement processes. Participants required for a management review may vary between projects and circumstances, and this will be designated by the Minister (or delegate) where required.

A management review is expected to identify opportunities for improvement in project management processes that can be applied to future projects.

Management Review

Deliverables	Management review report (if undertaken)
Approval Delegate	Executive Director Infrastructure DHW

Step 7.8: Finalise project finance and contracts

All design and construction contracts will be finalised at the conclusion of the project review phase by DPTI Infrastructure.

Infrastructure DHW will reconcile project finances and close the project with DHW Finance, ensuring all final DPTI Infrastructure invoices have been received.

Step 7.9: Feedback information to the project

Information from the PCR, POE and MR (if undertaken) must be fed back into subsequent projects to provide for continuous improvements.

Project close out

Deliverables	Reconciliation and closure of project finance systems;
Approval Delegate	Executive Director, Infrastructure DHW

4. Implementation and Monitoring

With reference to the gateways outlined above, the project outcomes / deliverables and the approval authority delegate is summarised in the table below. Relevant delegate must be consulted to ensure appropriate approval processes.

Gateway	Documents required	Approval Delegate
PCR	<ul style="list-style-type: none">Post Construction Review reportPost Construction Review survey results	Executive Director Infrastructure DHW
POE	<ul style="list-style-type: none">Post Occupancy Evaluation reportPost Occupancy Evaluation survey results	Executive Director Infrastructure DHW
MR	<ul style="list-style-type: none">Management review report (if undertaken)	Executive Director Infrastructure DHW
Project close out	<ul style="list-style-type: none">Reconciliation and closure of project finance systems;	Executive Director, Infrastructure DHW

5. National Safety and Quality Health Service Standards

N/A

6. Definitions

- **AGFMA** means Across Government Facilities Management Arrangements.
- **Business Units (BU)** means the Statewide Service unit within SA Health for which the major capital works project is being delivered (including SA Ambulance Service).
- **Capital works projects** means any capital works project as defined in the Premier and Cabinet Circular PC028. This Policy Directive refers to any building work / construction project funded through the major capital program. **DHW** means the Department for Health and Wellbeing.
- **DPTI** means the Department of Planning Transport and Infrastructure.
- **DHW Infrastructure Branch** (Infrastructure DHW) means the Infrastructure Branch in the Finance and Corporate Services Division of the Department for Health and Wellbeing.
- **DPTI Infrastructure** means the Infrastructure Branch of the Department of Planning Transport and Infrastructure.
- **Local Health Network** means the Local Health Network for which the major capital works project is being delivered.
- **Minister** means the Minister for Health and Wellbeing or the Minister for Transport, Infrastructure and Local Government and Planning depending on the purpose.
- **Professional Service Contractors** means the architect, engineers, cost managers and other professional service providers that are engaged to assist with the design, documentation and construction of the major capital works project.
- **SA Health** means the health portfolio of services and agencies responsible to the Minister for Health and Wellbeing.
- **Strategic Value Management** means a structured, systematic and analytical process undertaken to quantify and verify the key functional requirements.
- **SABME** means SA Biomedical Engineering.

7. Associated Policy Directives/Policy Guidelines

The following documents should be referred to throughout SA Health's capital works project lifecycle:

- Capital Works Policy Directive;
- Capital Works: Planning Policy Guideline;
- Capital Works: Implementation Policy Guideline; and
- Capital Works: Benefit Evaluation Policy Guideline

8. Document Ownership & History

Document developed by: Infrastructure

File / Objective No.: 2017-05231 | A795294

Next review due: 31/08/2023

Policy history: Is this a new policy (V1)? **Y**

Does this policy amend or update an existing policy? **N**

Document supports the Capital Works Policy

If so, which version?

Does this policy replace another policy with a different title? **N**

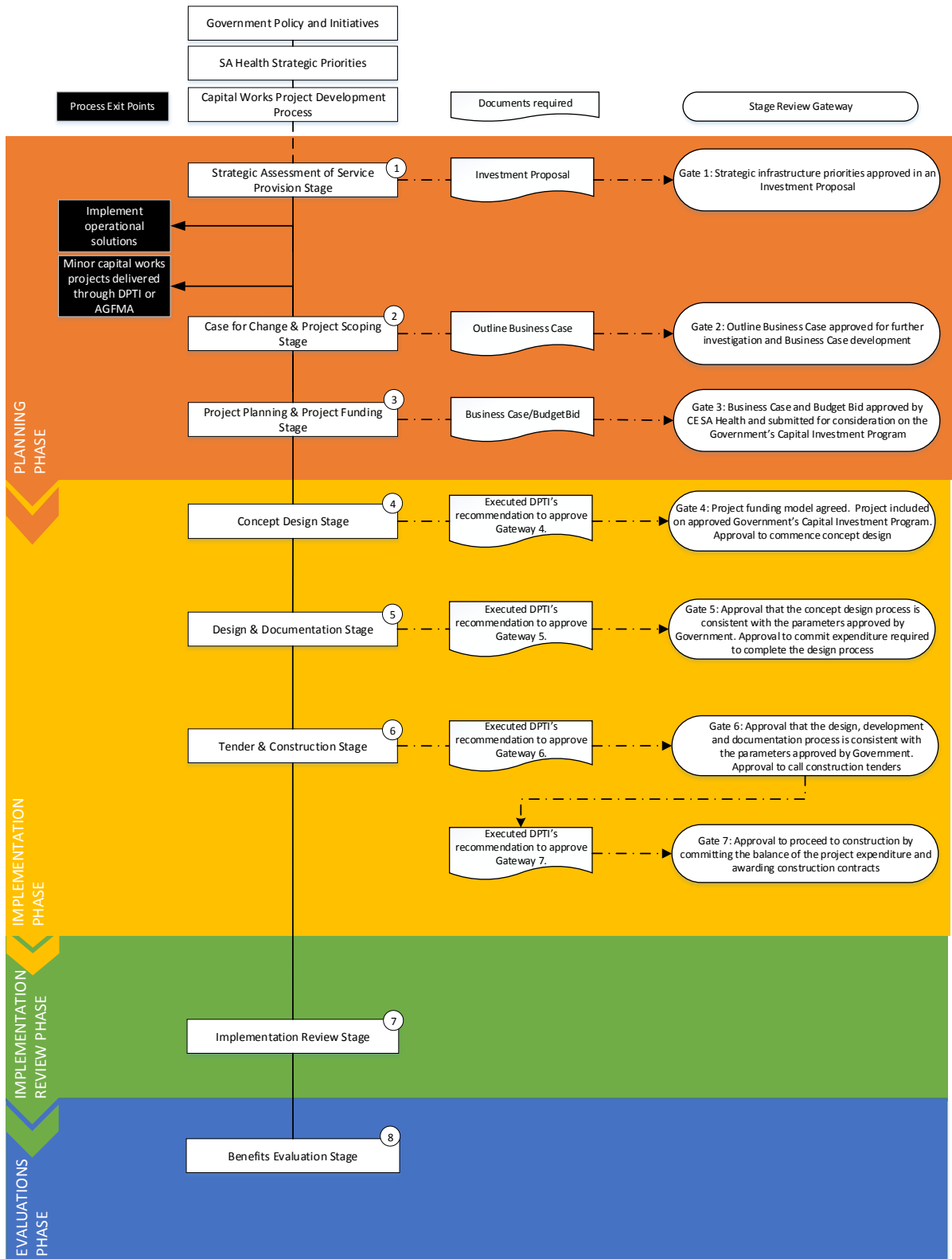
If so, which policy (title)?

ISBN No.: 978-1-76083-073-1

Approval Date	Version	Who approved New/Revised Version	Reason for Change
17/09/2018	V1	SA Health Policy Committee	Original SA Health Policy Committee approved version.

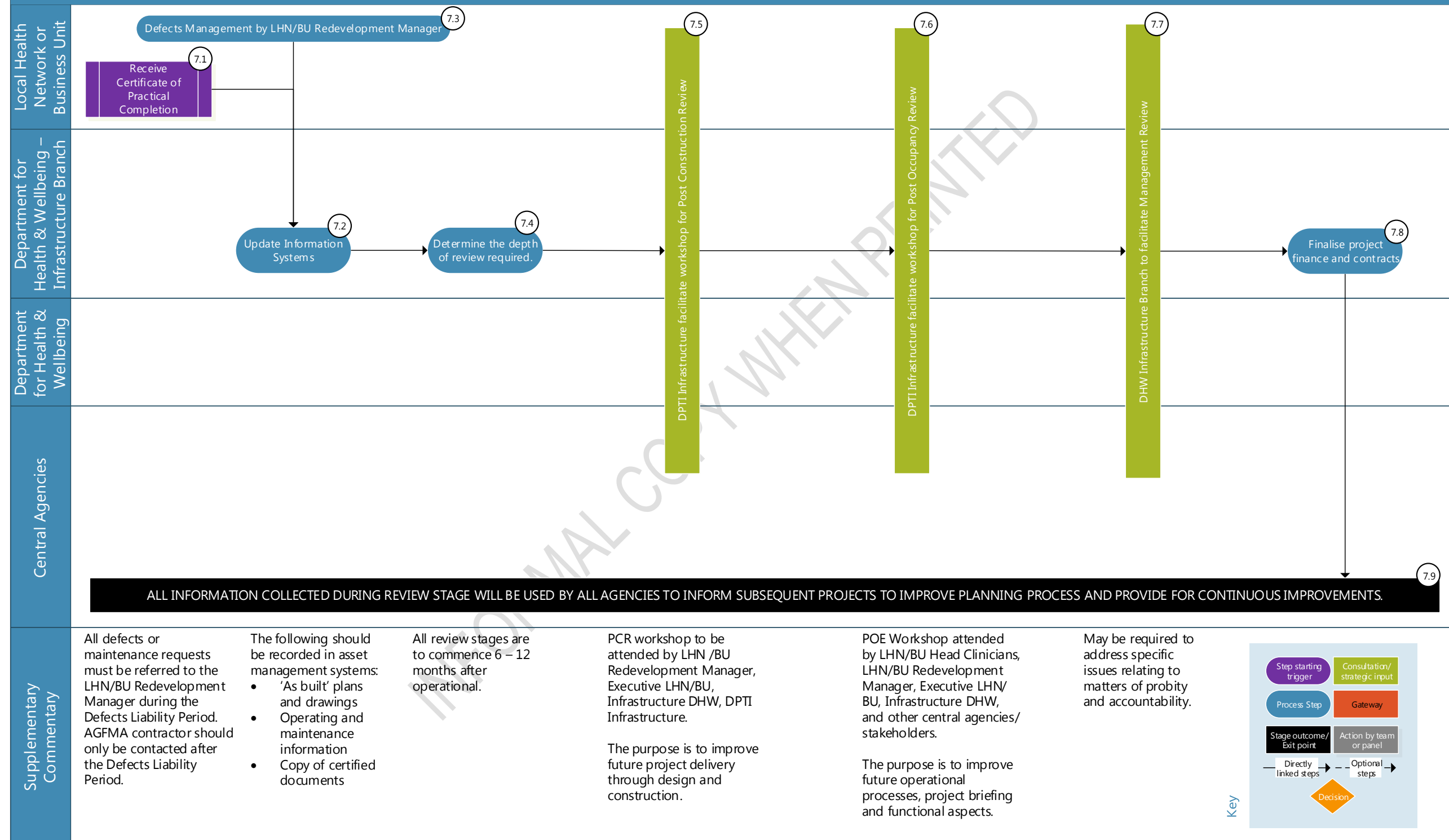
Appendix A: Project Review Process Maps

SA Health Capital Works Project Delivery Lifecycle



SA HEALTH CAPITAL WORKS PROJECTS PROCESS FLOW MAP – IMPLEMENTATION REVIEW PHASE

Implementation Review Stage



Appendix B: Gateway Checklist

To complete this checklist, click on the tick boxes in the approved column corresponding to the activity done. Afterwards, sign the authorisation box and email to the approving Project Manager or similar.

✓	Task		
Post Construction Review			
Stakeholder representation at workshop:			
<input type="checkbox"/>	Infrastructure DHW	<input type="checkbox"/>	DPTI
<input type="checkbox"/>	LHN/BU	<input type="checkbox"/>	Construction Contractor
<input type="checkbox"/>	Design Team	<input type="checkbox"/>	Others, please specify:
Review undertaken for:			
<input type="checkbox"/>	Project Implementation Phase	<input type="checkbox"/>	Environmental Site Management
<input type="checkbox"/>	Coordination	<input type="checkbox"/>	Ecologically Sustainable Development
<input type="checkbox"/>	Contract Management	<input type="checkbox"/>	Project Budget / Timelines
<input type="checkbox"/>	Design Team	<input type="checkbox"/>	WH&S Issues
<input type="checkbox"/>	Construction Team	<input type="checkbox"/>	Defects Management
<input type="checkbox"/>	Others, please specify:		
<input type="checkbox"/>	Post Construction Report completed and disseminated		
<input type="checkbox"/>	Performance reports for contractors prepared and approved		

Checklist Authorisation

Approved by	
Executive Delegate LHN/BU	Date

Endorsed by	
Executive Director Infrastructure DHW	Date

✓		Task	
Post Occupancy Evaluation			
Stakeholder representation at workshop:			
<input type="checkbox"/>	Infrastructure DHW	<input type="checkbox"/>	DPTI
<input type="checkbox"/>	LHN/BU	<input type="checkbox"/>	Maintenance Personnel
<input type="checkbox"/>	Design Team	<input type="checkbox"/>	Others, please specify:
Evaluations undertaken for:			
<input type="checkbox"/>	Functional performance	<input type="checkbox"/>	Overall provision
<input type="checkbox"/>	Technical and environmental performance	<input type="checkbox"/>	ESD Initiatives
<input type="checkbox"/>	Economic performance	<input type="checkbox"/>	Furniture and Fittings
<input type="checkbox"/>	Aesthetic performance	<input type="checkbox"/>	Building Services
<input type="checkbox"/>	WH&S Issues		
<input type="checkbox"/>	Others, please specify:		
<input type="checkbox"/>	POE Survey results collated		
<input type="checkbox"/>	Across Government Post Occupancy Evaluation prepared and approved		
<input type="checkbox"/>	Health Post Occupancy Evaluation prepared and approved		

Checklist Authorisation

Approved by	
Executive Delegate LHN/BU	Date

Endorsed by	
Executive Director Infrastructure DHW	Date

✓	Task
Management Review	
<input type="checkbox"/>	Need for Management Review identified
<input type="checkbox"/>	Focus for Management Review identified

Checklist Authorisation

Approved by	
Executive Delegate LHN/BU	Date

Endorsed by	
Executive Director Infrastructure DHW	Date

INFORMAL COPY WHEN PRINTED

INFORMAL COPY WHEN PRINTED

Policy Classification: xx

Policy No.: eg. D0146

Post Construction Review Template

Version No.: xx

Approval date: xx

INFORMAL COPY WHEN PRINTED

Contents

1.	Context.....	20
2.	Review purpose and scope.....	20
3.	Review findings.....	20
4.	Conclusion.....	22
5.	Recommendations.....	22

INFORMAL COPY WHEN PRINTED

Post Construction Review

1. Context

Describe briefly the background and context in relation to the capital works project.

2. Review purpose and scope

The purpose of this review is to identify any significant issues or omissions requiring rectification in the project. It may assist in identifying any policies, procedures, processes or standards that need to be amended, or any issues in planning that need to be improved.

3. Review findings

3.1 Project brief

Describe the extent to which the project brief was appropriately detailed and provided adequate information for the design. Describe any changes required during construction resulting from end-user / client change requests.

3.2 Project financials

Confirm budget vs final cost, and provide analysis to support any over/under spend. Describe how effective budget and cost control processes were for the project.

3.3 Project timelines and milestones

What project start date was approved? Was this achieved and if not why?
What completion date was approved? Was this achieved and if not why?
Describe how effective program and milestone control processes were for the project.

3.4 Documentation and reports

Describe the quality of documentation considered appropriate for this project. Explain any issues that arose which should be considered and addressed in future projects.

3.5 Communication / consultation / approvals

Describe the level and effectiveness of cooperation and communication between the project stakeholders.
Were any significant conflicts or project blockers identified? If so, how were these overcome? Could they have been avoided by earlier action? Could they have been avoided with an alternative approach to the project?

3.6 Design team

Was the design team appropriately compiled / resourced for the project?

Describe the extent to which all parties understood their roles and those of the rest of the team throughout their involvement in the project.

Was risk management, reporting and stakeholder management effectively managed during the design phase?

Describe the particular strengths of the design team that were particularly beneficial to the project.

If applicable, describe any weaknesses in the design team that affected the final result.

3.7 Construction team

Was the construction team appropriate for the project?

Describe the extent to which all parties understood their role and those of the rest of the team throughout their involvement in the project.

Was risk management, reporting and stakeholder management effectively managed during the construction phase?

Describe the particular strengths of the construction team that were particularly beneficial to the project.

If applicable, describe any weaknesses in the construction team that affected the final result.

3.8 Contract

Describe any issues regarding contractual arrangements or contract administration by the Superintendent's Representative and design team.

To what extent was the selected Procurement Model appropriate?

Was there any need to take legal action or seek arbitration during the project and if so why, what value and outcome?

Are there any legal issues associated with the project still to be resolved and if so why, what value and outcome?

3.9 Defects management

Describe any defects (e.g. items that remain incomplete when the Practical Completion Certificate was issued, or any other items that should be rectified within the scope of the project) and how they are being managed.

Describe any significant defects arising and response times / overall DLP management.

3.10 Environmental site management and construction waste minimisation

Comment on the degree to which the environmental site management practices contributed to minimising construction waste, and avoiding contamination of surroundings. Comment on the extent of recycling and resource conservation.

If a Project Waste Management Plan was specified, comment on the level of performance.

3.11 Ecologically sustainable development (ESD)

Comment on the ESD initiatives undertaken and their impact on the project.

3.12 Work, Health and Safety (WH&S) Issues

Comment on the management of end-user and worker safety during construction.

List any WH&S issues logged.

4. Conclusion

Did the project fully solve the problem that it was designed to address?

Could anything be done to deliver even greater benefits from this and future projects?

Have significant lessons learned that can be applied to future projects been recorded and communicated?

5. Recommendations

Include items recommended to be repeated / avoided in other similar projects.

INFORMAL COPY WHEN PRINTED

Policy Classification: xx

Policy No.: eg. D0146

Post Occupancy Evaluation Template

Version No.: xx

Approval date: xx



**Government
of South Australia**

SA Health

Contents

1. Context.....	26
2. Evaluation purpose and scope.....	26
3. Findings.....	27
4. Conclusion	28
5. Recommendations	28
Post Occupancy Evaluation Survey Template	29

Post Occupancy Evaluation

1. Context

Describe briefly the background and context in relation to the capital project.

2. Evaluation purpose and scope

2.1 Purpose of Post Occupancy Evaluation

This section must define the scope of the Post Occupancy Evaluation (POE). The scope must be identified early, and failure to do so may lead to cost and time extensions, and a potential diffusion of efforts.

A POE may address many aspects of the facility. The categories designated by Infrastructure DHW include:

- Functional performance;
- Technical and environmental performance;
- Economic performance; and
- Symbolic performance.

2.2 Overview of the capital project

This should summarise the key project information for the built asset that is the subject of POE. It should also supply in a standard format the information that summarises the project implementation parameters, including:

- The total project cost documented in:
 - Investment Proposal;
 - Business Case;
 - Concept Design; and
 - Final cost at project completion.
- Program of works including start and finish dates, both as estimated at Concept Design stage (refer to Capital Works Projects: Project Implementation Policy Guideline) and the final result;
- Details of the project governance structure, design team;
- Details of the construction contractor and procurement method used;
- Any other project information relevant to the evaluation.

2.3 Participants in the Post Occupancy Evaluation

- List of POE team members and their respective roles.
- List of stakeholder representatives and their roles within the health service.

2.4 Outline of the data collection methodology used

Comment on the tools used for both qualitative and quantitative data collection. Where relevant, note:

- Summary of site visits, surveys and workshops used to gather stakeholder feedback – documentation should be included in the appendices to the report as required. A template for POE evaluation is included in the Appendices;
- Summary of feedback from those who attended the workshop(s);
- Techniques that were required to obtain results;
- Issues arising from the use of data collection tools including; and
- Summary of issues that require referral to Department for Health and Wellbeing for further input or advice;

3. Findings

3.1 Functional performance

The discussion of functional performance should include:

- Effectiveness of the built asset in delivering the clinical service outcomes outlined in the Business Case;
- Delivery of benefits specified in the Business Case and benefits realisation plan;
- Fitness for purpose, both current and future;
- Location, design and functional appropriateness;
- Quality and appropriateness of fitments / joining / BME items
- Consumer / User satisfaction (staff, families, visitors, contractors);
- Capacity for growth, modification and change; and
- Work Healthy and Safety (WHS) statistics/reports, compliance issues.

3.2 Technical and environmental performance

The discussion of technical and environmental performance should include:

- Energy and environmental performance;
- Human comfort;
- Structural, civil engineering;
- Building services (mechanical, electrical, hydro);
- Security (passive, building, active, number of layers)
- Car/ambulance access and parking;
- Efficiency, functionality and ease of maintenance of facility;
- Compliance with Australasian Health Facility Policy Guidelines (AHFG) or DHW standards;
- Compliance with Work Health and Safety Act 2012 South Australia and Work Health and Safety Regulation 2012 South Australia;
- Effectiveness of any Ecologically Sustainable Development (ESD) initiatives introduced and comparison with other benchmarks.

3.3 Economic performance

The discussion of economic performance should include:

- Capital cost in comparison to benchmarks;
- Value for money;
- Replacement cost;

- Cost-benefit analysis;
- Recurrent costs;
- Maintenance liability; and
- Anticipated life expectancy.

3.4 Symbolic performance

The discussion of technical and environmental performance should include:

- Feedback collated from workshops and surveys on the perception of the built asset in terms of its aesthetics and perception;
- Social, historical, and heritage value; and
- Community acceptance.

4. Conclusion

Summarise findings above according to:

- *Functional performance;*
- *Technical and environmental performance;*
- *Economic performance; and*
- *Symbolic performance.*

Identify any outcomes that should be incorporated into future review of AHFG.

Identify any outcomes that should be used to Policy Guideline future planning and implementation of health facility projects.

5. Recommendations

Include items recommended to be repeated/avoided in other similar projects.

Post Occupancy Evaluation Survey Template

****Insert Project Name****

Introduction

Thank you for agreeing to participate in the Post Occupancy Evaluation (POE) of the ****Insert Project Name****. A POE may be used to assess both process and outcomes, in areas of service planning and functionality. The primary purpose of this POE is to evaluate the service and asset performance of ****Insert Project Name**** and to determine whether the criteria set during the planning stage have been achieved.

The information you provide will also assist in improving the service and function of facilities provided by SA Health via development and continuous improvement of the Australasian Health Facility Policy Guidelines (AHFG) which form the basis for the asset development process. It is important that AHFG respond to and incorporate the needs of the clinical staff delivering services from the physical assets.

Methodology

To facilitate the evaluation process, the POE team seeks input from project stakeholders.

Please answer the questions from your own experience and provide any additional comments to clarify your response. If a question is not applicable to you, place N/A in the answer line.

Responses you provide use a nominal scoring rating from 1 to 5 to assess performance, as illustrated in the following table.

Score	Description
5	Exceptional performance
4	Good performance
3	Functional performance
2	Poor performance
1	Unsatisfactory performance

In addition to scoring, certain items will require weighting in terms of relative importance as either low (L), medium (M) or high (H).

Part 1 – Background

1.1 Respondent Information

Name (Confidential)		
Position Title		
Length of experience in current position	Years	Months
How long have you worked in the facility?	Months	

1.2 Planning, design and construction processes

Were you involved in the planning, design and/or construction processes for the capital works project?	YES/NO
If YES, what was your role?	
If NO, please go to Part 2	

Part 2 – Overall Facility Evaluation

2.1 Functional Performance

What are the three best features of the facility (in priority order)

Feature	What makes it work well?	How do the features help your service delivery?
Best		
Second Best		
Third Best		

What are the three priority areas for improvement for the facility (in order)

Feature	Why is it a priority?	What needs to be done to improve?
Top priority		
Second priority		
Third priority		

2.2 Physical Planning

Are there parts of the new facility which you believe are incorrectly located?	
How would you improve on this?	
Are there under-utilised parts of the facility?	
Are there parts of the facility which have proved too small?	
Are there other functions or areas which you believe should have been included?	
Please comment on whether the facility allows for future expansion, contraction, and or adaption for other uses.	
What other aspects of the facility would you change and how?	

2.3 Staff, consumers, families and visitor comfort

What features/amenities make the facility comfortable and/or enjoyable?	
For patients	
For visitors	
For staff	

What aspects do you think are most liked?	
For patients	
For visitors	
For staff	

What aspects do you think are most disliked?	
By patients	
By visitors	
By staff	

Do you think it is easier to navigate through the site? Please list benefits or problems	
By patients	
By visitors	
By staff	

Are there any features or characteristics of the facility that might hinder the facility from its maximum potential?	
By patients	
By visitors	
By staff	

2.4 Symbolic performance

Do the aesthetic and image characteristics of the building encourage involvement with the facility or improve appreciation of the facility by consumers/local community?	YES/NO
Explain your response	

Has there been an increase in local community participation at the new facility, by way of volunteering or community events?	YES/NO
Please explain the feature/characteristics that encouraged or hindered community participation.	

Part 3 Planning Criteria

Set out in the table below are the design criteria originally developed during the ****Insert Project Name**** detailed design brief (return brief). We would like you to rate the relative importance of each criteria statement related to the functioning of the facility. Mark each criterion as high (H), medium (M), low (L) in the Importance column. You are then requested to assess the facility's performance in meeting each criteria statement using the rating scale 1-5.

Insert all criteria from the design brief in the table below. An example has been provided:

Criteria Statement	Importance (H, M or L)	Assessment (score 1-5)	Comments
<i>Rationalise movement of staff, clients and patients, visitors and hotel services within the site and buildings.</i>	<i>M</i>	<i>3</i>	<i>Entrance is blocked by Emergency Department, creating confusion for visitors.</i>

Part 4 – Individual Area Evaluation

This section of the survey related to individual functional areas within the facility rather than facility as a whole. Please complete the survey for the area you are involved with.

Criteria	Assessment (score 1-5)	Comments
Operation – has enough facilities been provided for:		
Admissions		
Patient & Visitor Amenities		
Staff Amenities		
Cleaning		
Clinical information		
Information and Communication Technology		
Consultation and Interviews		
Disaster planning		

Criteria	Assessment (score 1-5)	Comments
Biomedical Equipment		
Equipment storage		
Food services		
ICT Requirements		
Infection control		
Linen management		
Maintenance and engineering		

Medication management		
Hours of operation		
Criteria	Assessment (score 1-5)	Comments
Medical Imaging		
Pastoral care		
Pathology		
Pharmacy		
Security for patients, visitor and staff		
Sterilising services		
Stores and supplies management		
Vehicle access and parking		
Waste management		
WH&S outcomes		
Physical planning		
Overall layout		
Individual room layout		
Room size		
Flexibility of use		
Security (levels / controls / access restrictions)		
Disabled access		
Corridor width		
Door sizes		
Design of work surfaces		
Signage		
Security		
Access between levels		
Access control/restrictions		

Security alarm system		
-----------------------	--	--

Criteria	Assessment (score 1-5)	Comments
Interior materials and finishes		
Overall appearance		
Resistance to damage		
Ease of cleaning		
Acoustic performance		
Adequate fittings and fixtures		
Building services		
Water supply		
Drainage		
Air conditioning		
Ventilation		
Heating		
Power		
Hot water system		
Nurse call		
Emergency services		
Communications: phone, intercom, computer etc		

Part 5 – Service planning (to be answered by Clinical Redevelopment Lead)

Please provide relevant data related to the facility. Some examples are provided below. If there are additional fields required, please insert new fields.

Data Type	Data from year prior to construction	Data projected in design	Actual performance
Catchment population size			
Service description			
Service level			
ED presentations / admissions			
Outpatients presentations			
Number of beds			
Acute			
Long stay			
Other			
Staff Level			
Nurse FTE			
Allied Health			
Admin. Hotel & Engineering			

Please discuss any differences in the performance figures that you think can be attributed to the design and construction of the new facility

Part 6 – Recurrent costs (to be answered by the Engineering & Building Services / Site Strategic Asset Manager)

Please provide the following related to the facility.

Operating Costs Type	Year prior to construction (\$)	Projected in Design (\$)	Actual performance (\$)
Employee related			
Visitor medical officers			
Energy costs			
Water costs			
Gas costs			
Hotel service costs			
Maintenance			

INFORMAL COPY WHEN PRINTED