

Health Facility Guidelines and Health PPPs

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Event details:

Social Infrastructure World Australasia
Sydney, Australia

Publication Date:

2007

DOI:

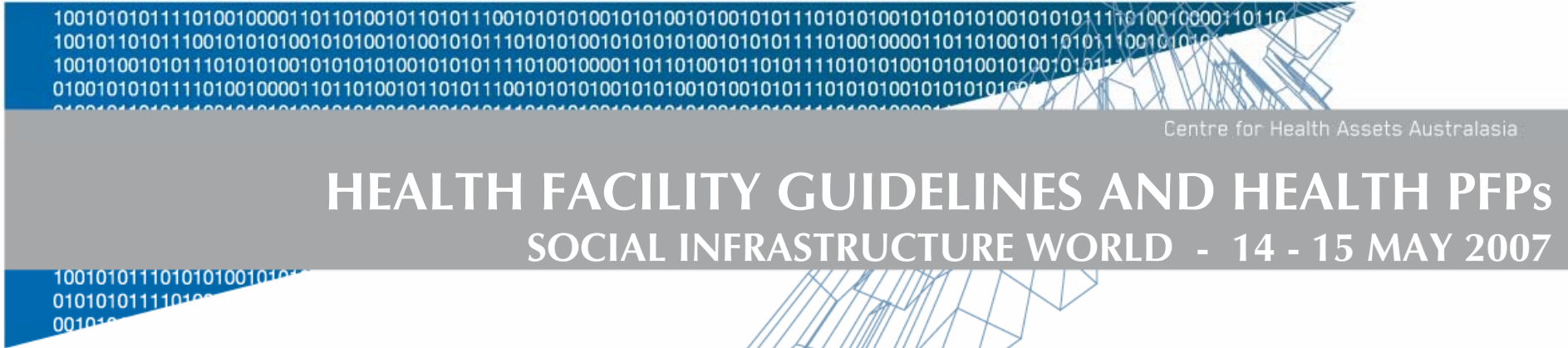
<https://doi.org/10.26190/unsworks/1159>

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CHAA AND ITS RESEARCH

CHAA RESEARCH PROGRAMS

1. Health facility standards and guidelines
2. Benchmarking and post occupancy evaluation
3. Capacity building/knowledge management

AUSTRALASIAN HFG

Development Parameters include:

- Regulatory environment – mandated or advisory only
- Public and private funder requirements
- Quality/experience/availability of design consultants
- Feedback loops
- Political climate

AUSTRALASIAN HFG PARTS & USE

Website hosting 'Australasian HFG'

- Commentary (C) – website information/introductory pages, entry point to:

Health Facility Guidelines:

Different purposes/different parts

- Guidance (G) - 'how to do it'
- Performance requirements/recommendations (P) – 'what it should do'
- Advisory (A) – 'examples of how to achieve it'

AUSTRALASIAN HFG - STATUS OF PARTS

HFG Part/ component	Guidance (G) <i>'How to do it'</i>	Performance Requirements (P) <i>'What it should do'</i>	Advisory (A) <i>'Examples of how to achieve it'</i>
Status	Not mandatory	May be 'mandatory' or recommended	Not mandatory but may be: normative' or 'informative'
Part A Introduction & Instructions for Use	How to Use the Guidelines, Outline of structure, content and purpose of each section, Terms of Reference, Tables of abbreviations, glossary, References and further Reading	Not applicable	Not applicable
Part B Briefing and Planning	Section 80 General Requirements (whole section) All HPU sections: -Introduction -Planning Principles	All HPU sections: -Design -Components of the unit: general provisions	Section 90 Standard Components All HPU sections: -Non Standard Components -Schedules of accommodation -Functional Relationship Diagrams -Security Issues/checklists -Other checklists (if produced) -Room Data Sheets -Room Layout Sheets
Part C Access, Mobility, OHS and Security	Introduction Planning	Space Standards and Dimensions Human Engineering Signage Safety and Security	Checklists
Part D Infection Control	General Requirements Construction and Renovation References	Building elements – hand washing Surfaces and Finishes	Checklists
Part E Engineering Services	Introduction (under construction)	Other Sections (under construction)	Checklists (under construction)

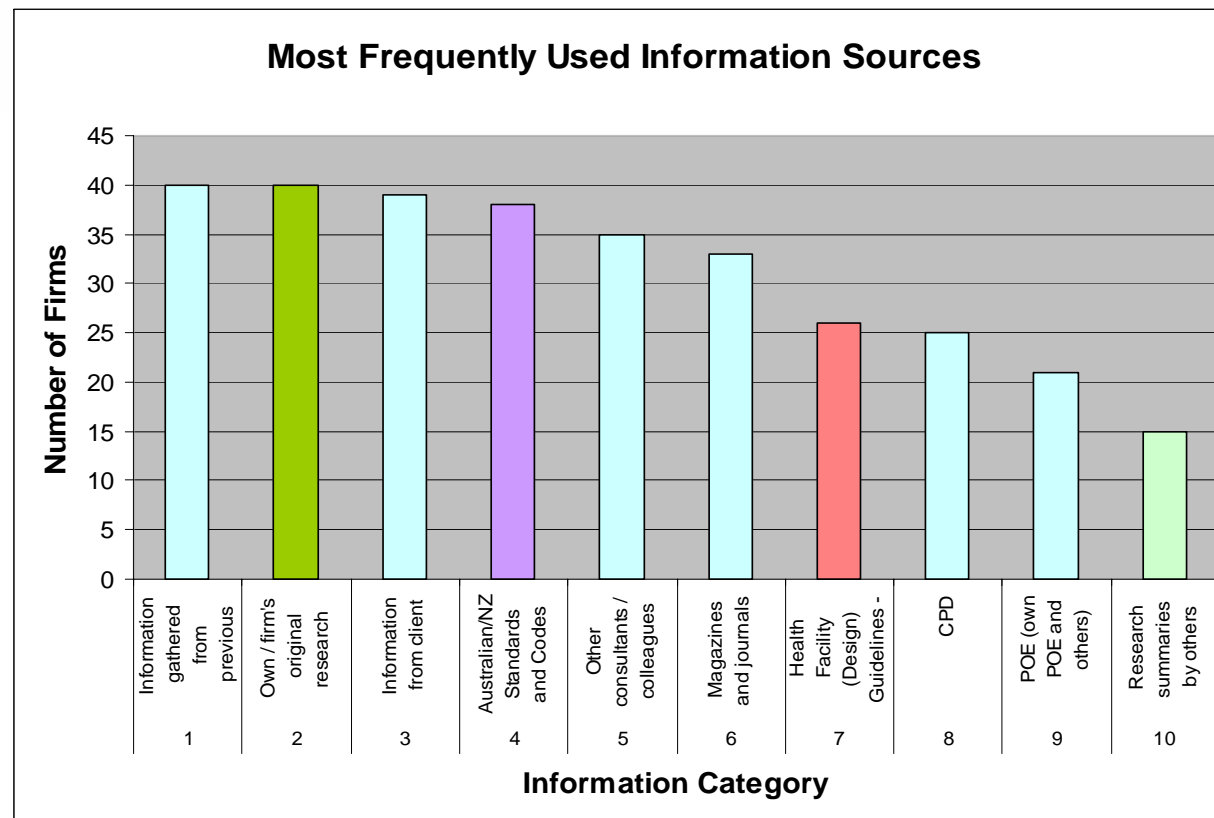
AUSTRALASIAN HFG DEVELOPMENT

Does classification of parts matter?

- Some jurisdictions wish to mandate all or part of the guidelines e.g. private hospital regulation
- Implications for the language used – BCA, Standards/Codes, Natspec examples.
- Categorisation allows legislation to refer to only the parts that can or will be mandatory
- Otherwise the guidelines are ‘recommended’ practice only (default position).

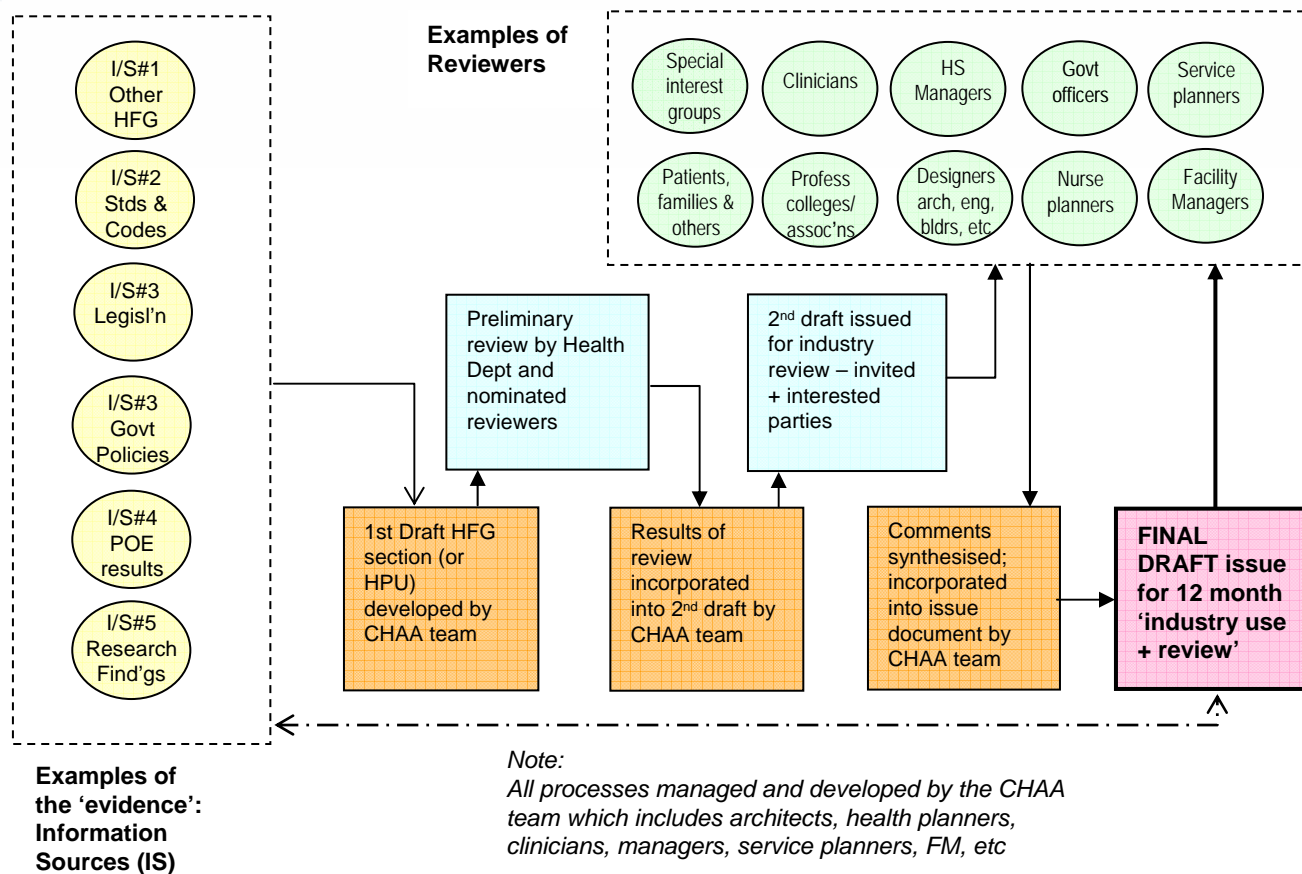
HEALTHCARE DESIGNERS SURVEY RESULTS

INFORMATION SOURCES USED

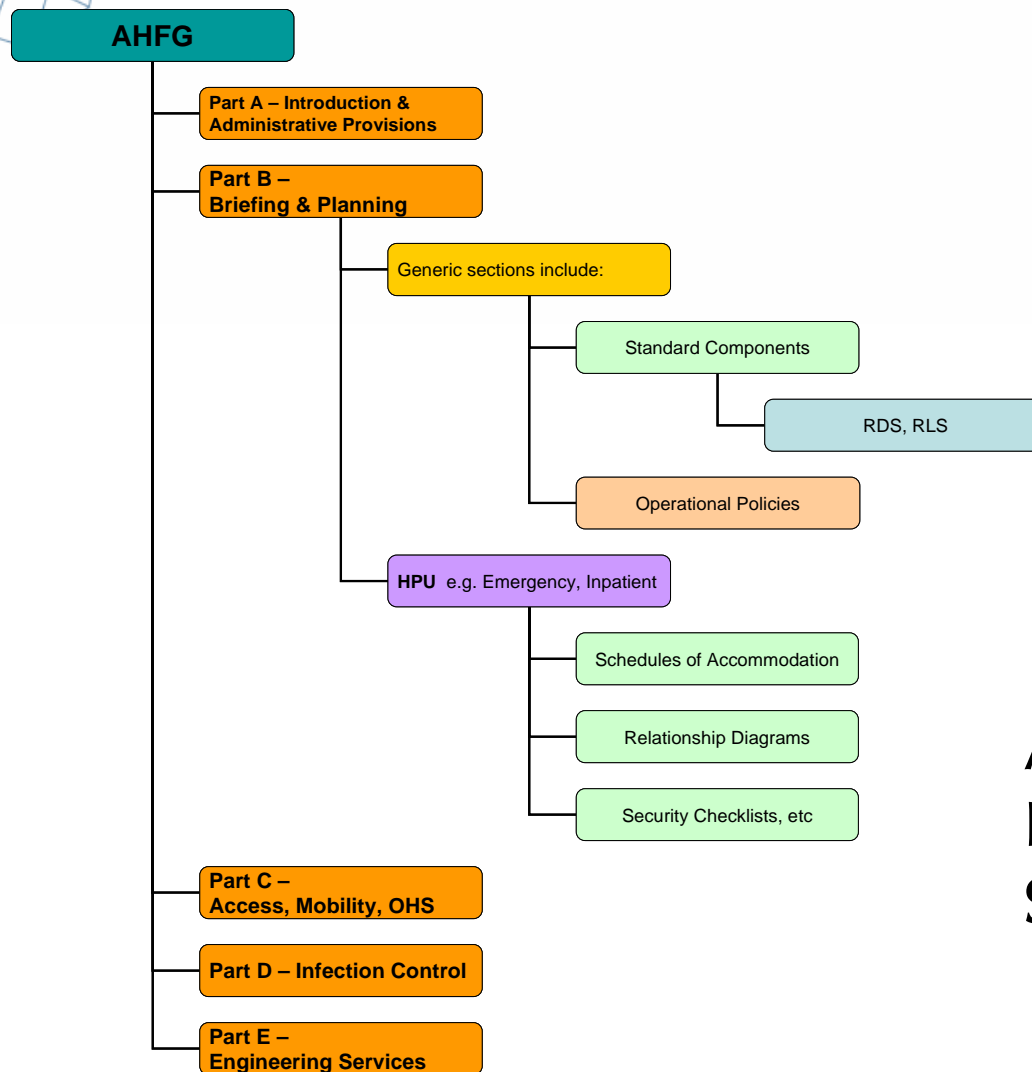


RAIA-UNSW Healthcare Designers Survey, 2006

AUSTRALASIAN HFG – DEVELOPMENT PROCESS



Australasian HFG Development Process



AUSTRALASIAN HFG STRUCTURE

STANDARDISED APPROACH TO HEALTH FACILITY DESIGN

Why do it?

- Body of knowledge can be used on more than one project, available to every project team
- Communicate acceptable/recommended standards to support healthcare delivery
- Purpose of HFG is **briefing** not prescriptive design
- Some evidence that standard layouts reduce clinical errors in practice

STANDARDISED APPROACH TO HEALTH FACILITY DESIGN

Key Benefits include

- Reduced debate over repeatable elements
- Design process focuses on project specific elements
- Reduced number of design variations
- Consistent quality between projects
- Consultation/user groups more effective
- Assist in meeting minimum legal obligations – standards, codes, etc

BENCHMARKING HEALTH PROJECTS

Issues

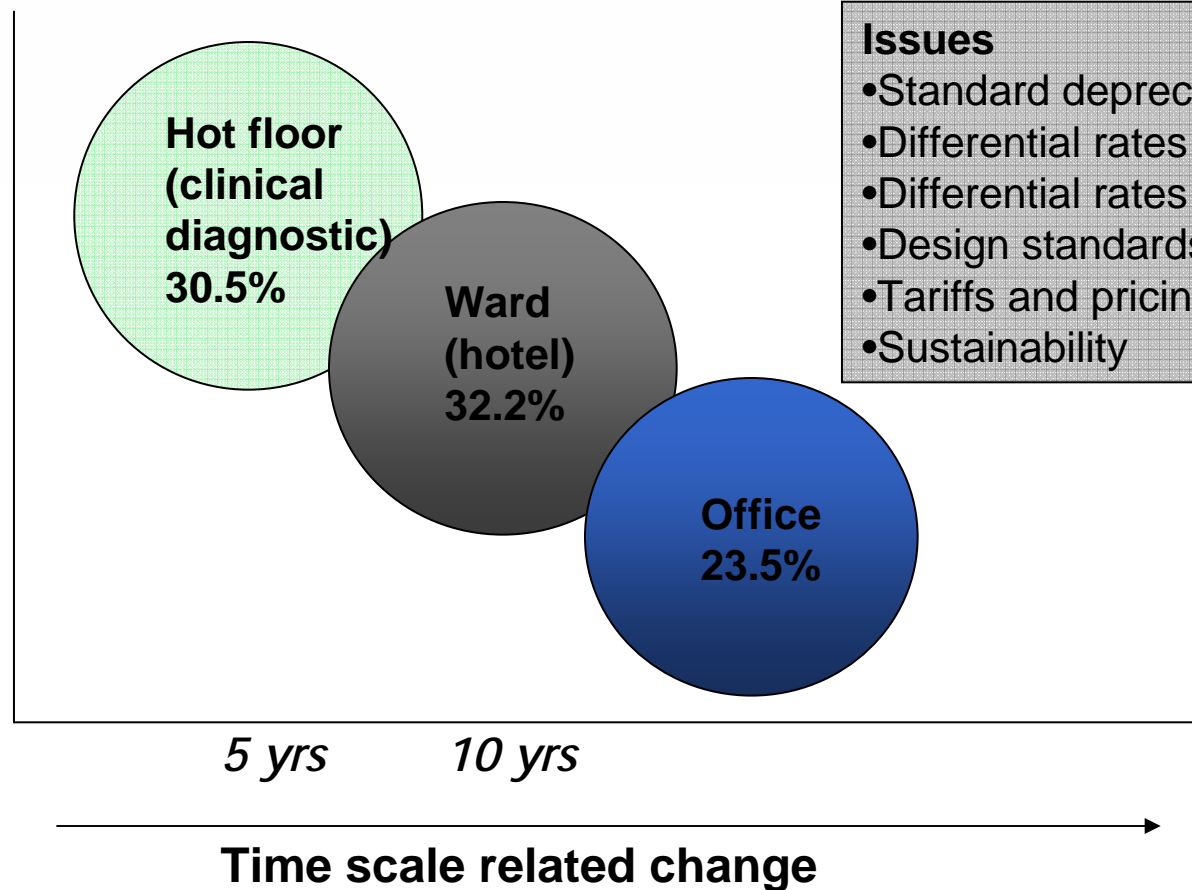
- Very difficult to develop and use appropriate benchmarks
- Requires more robust project evaluation
- Data collected not consistent
- Does not always support innovation
- Cost-benefit analysis for departures (from guidelines or benchmarks) that may lead to innovation
- Should be a source of evidence for health projects to ensure consistency & value
- Support the delivery of better health care – or no point!

BENCHMARKING HEALTH PROJECTS

high

Decay
cost

low



Issues

- Standard depreciation (25 + yrs)
- Differential rates of decay
- Differential rates of replacement
- Design standards
- Tariffs and pricing
- Sustainability

Technology can account for up to 60% of capital cost

EuHPN, 2006

BENCHMARKING HEALTH PROJECTS

Towards improved capital effectiveness

From lifecycle cost efficiency to Lifecycle economic value and sustainability

Integrated capital and revenue budgeting

Needs based
planning

Work process systemisation

Adaptable - 'good' design
- capital models

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AUSTRALASIAN HFG IMPLEMENTATION

CHAA contact details:

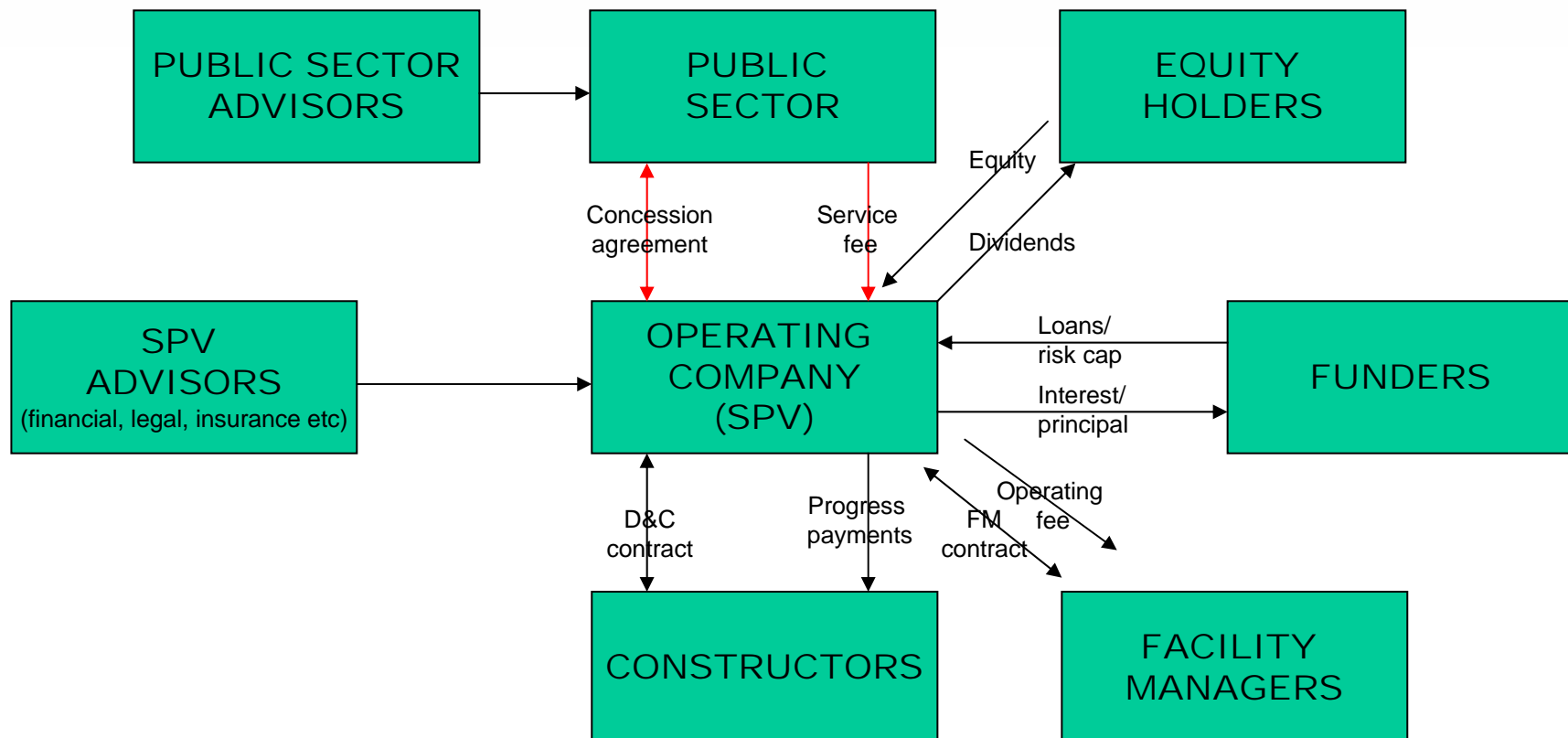
Website address: www.chaa.net.au

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PRIVATELY FINANCED PROJECTS (PFP)



PUBLIC SECTOR CONCERNS



- High demand on commercial abilities of public sector team
- Communication with consultants is often difficult
- Variability of PPP bids makes it difficult to assess VFM
- PPP is seen as a fairly loose system.
- Poor understanding of risks over life of a PPP health project
- Quality of risk data is generally poor
- Time pressures ensure risk assessments are often rushed

PRIVATE SECTOR CONCERNS



Frustration with inexperienced clients

- Lack of detailed and complete information and unclear objectives, priorities and changes on scope
- Clients have unrealistic demands and tendency to see PPP as a risk off-loading mechanism
- Protracted negotiations because public sector comparator (PSC) is often unrealistic
- PSC is a “black-box”

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PRIVATE SECTOR CONCERNS (CONT'D)

- Bidding costs (7 times higher)
- Legal complexities and red-tape.
- Overly prescriptive briefs
- Too much emphasis by clients on minimising capital costs

RISKS EXACERBATED IN SOCIAL INFRASTRUCTURE

- Greater public emotional attachment, interest and scrutiny.
- More prone to political interference.
- Higher levels of neglect, work backlogs and unknown scope.
- Social outcomes more important than \$ outcomes.
- Higher expectations of service quality and reliability.
- Expectation that services should be publicly provided.
- Relationship between asset and performance is complex.

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ADVOCATES

- 78% chance of being on budget
(compared to 27% in traditional public procurement)
- Cost savings of 4-14% over life of a project
- Higher standards of service delivery

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TO CONCLUDE

- PFP has elevated the subject of risk management to the top of the managerial agenda.
- PFP has emphasised the important relationship between design, production and asset performance.
- **But barriers to effective risk management remain.**