

Australasian Health Facility Guidelines

Part F - Project Implementation 0680 - Furniture Fittings and Equipment

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

The procurement and installation of furniture, fittings and equipment (FF&E) is an important activity in the establishment and ongoing operation of Health Care Facilities. The FF&E incorporated in a facility is determined by the nature of the services offered. It is important that the FF&E is carefully selected as it can have wide-ranging impacts upon facility design, Operational Management and associated costs.

This Facility Planning Guideline provides assistance to those who are involved in the procurement of FF&E including budgeting, selection and installation.

The NSW Health Department published DS-31 Guidelines for Furniture Fittings and Equipment Budgeting for Health Building Projects in 1992. This Guideline aimed to provide Health Planning Unit rates for costing of furniture, fittings and equipment for Health Care Facilities on a functional area basis. Over time, the rates contained within it have become obsolete. It is now common practice to apply a multiplier to reflect current costs.

Changes in healthcare environments, practices in health service delivery technology and equipment design have all impacted on FF&E requirements and consequent costs. As FF&E tends to be managed at a local level, consistent cost data across a range of facilities is difficult to obtain. However, the introduction of a database format in this revised Guideline permits rates to be updated as data becomes available.

It was also identified as being desirable to broaden the scope of the Guideline to include information on the process of procuring FF&E.

The successful procurement of the correct FF&E will enable the required Health Care Services to be delivered in an optimal environment, maximising successful client outcomes and operational efficiencies, whilst reducing risks such as occupational health and safety and infection control.

01.02 Objectives

The purpose of this Guideline is to:

1. Offer a methodology for determining the furniture, fittings and equipment requirements for a Health Care Facility;
2. Provide information and direction on the ordering of any additional FF&E that may be required and maximise the opportunities to gain efficiency;
3. Provide Cost Planners with Health Planning Unit (HPU) rates for costing furniture, fittings and equipment for Health Care Facilities on a functional area basis;
4. Assist with the standardisation of terminology and descriptions of FF&E items.

01.03 Scope

For capital works projects, this Guideline addresses procurement of FF&E following approval of the Project Definition Plan.

01.04 Description

This Guideline describes the process of procuring and installing furniture, fittings and equipment for a Health Care Facility, also called equipping. This process is relevant whether it is part of a capital works development

or whether it is simply the provision of new equipment within an existing facility. The Guideline is divided into four sections:

1. Introduction - outlining the scope and objectives of the Guideline;
2. Procurement - outlining the processes for identifying needs, selection, purchasing and installation of FF&E;
3. Costing - outlining the process of budgeting and costing FF&E at various stages of a project, together with a review of cost rates;
4. Standard FF&E Items - providing a list of standard FF&E items.

01.05 Operational Commissioning

Equipping is an integral part of the operational commissioning of new or refurbished facilities. As such, FF&E activities need to be incorporated into the Commissioning Plan. FF&E personnel form part of the Commissioning Team.

Refer to Operational Commissioning Guideline.

01.06 FF&E Groups

CLASSIFICATION OF FF&E

For NSW Health capital projects, FF&E is classified into four groups:

- Group 1 - items supplied and fixed by the contractor. These are included in the construction contract;
- Group 2 - items supplied by the client and fixed by the contractor. These include items that are transferred but require installation by the contractor, or where the client chooses to buy a piece of equipment and give it to the contractor for installation;
- Group 3 - items supplied and installed by the client. These include all moveable items that can easily be transferred or installed by staff and major items of electromedical equipment that are purchased from the project budget, but are installed and commissioned by a third party; and
- Group 4 - consumable items purchased and installed by the client outside the capital budget. This category includes bed linens, foodstuffs and disposable supplies.

01.07 Glossary of Terms

Refer to Part B of these Guidelines for a comprehensive list of terms used. For the purposes of this Guideline, the following terms are defined:

- project specifics: Items of a variable nature specifically costed for individual projects over and above the cost derived from pricing Functional Areas and Travel/Engineering Areas.
- health planning unit (HPU): All the rooms and spaces, including internal circulation, making up a particular health service department, which are necessary for that department to function.

01.08 References

- DS-31 Guidelines for Furniture, Fittings & Equipment Budgeting for Health Building Projects, NSW Health Department, 1992.
- Guideline on the Commissioning of Health Facilities, Draft, Queensland Health Department, 2003.
- Commissioning Hospital Buildings, King Edward's Hospital Fund, London, 1981.
- Capital Development Guidelines, 1-4, Hospital Project Planning Benchmarks, Department of Human Services, Victoria, 2003.

02 FFE PROCUREMENT

02.01 Activities

The principal activities in the procurement of FF&E may be summarised as follows:

- planning;
- resourcing;
- scheduling;
- selection;
- purchasing;
- receipt;
- installation; and
- post installation, including commissioning of equipment and training staff in its use.

02.02 Planning

CONSIDERATIONS

Generally, planning for the acquisition of furniture, fittings and equipment (FF&E) needs to be commenced early in the facility planning process and must be programmed.

This planning should take account of:

- time required for selection of FF&E, including consultation with staff, conducting risk assessments and equipment trial;
- time required for delivery of FF&E (including construction, assembly, shipping, etc);
- need and capacity for temporary storage of FF&E during capital works;
- time required for installation, assembly on site, testing, etc;
- time for commissioning of FF&E to enable clinical use;
- implications of transfer of equipment from existing facilities;
- determining the value of FF&E (including impact of fluctuations in the exchange rate, life cycle costing, etc); and
- potential for gaining volume discounts by aggregating FF&E items across NSW Health and bulk purchasing or leasing these items through networks on an AHS, Quadrangle or state wide basis.

COST PLANNING

The programming of FF&E procurement must be undertaken in close liaison with the Finance Department of the facility so that appropriate provision is made for future expenditure on FF&E. This may be spread over two or more years.

02.03 Resourcing

FF&E COORDINATOR

An FF&E Coordinator should be appointed to manage the procurement of FF&E. For capital works projects, the FF&E Coordinator is an integral member of the Commissioning Team and should:

- be involved in the planning discussions on equipment from the early design stages of a project. Preparatory work on the scheduling and selection of FF&E for a project commences as soon as Room Data Sheets are available;
- liaise with relevant personnel regarding detailed specification and selection of items required. These may include consideration of models, material and colours that are not determined at the time of preparation of Room Data Sheets;
- be responsible for following up deliveries and coordinating the receipt and temporary storage of items; and
- ensure compliance with OHS legislation in selecting FF&E.

EXISTING PERSONNEL

Where possible, existing personnel should undertake FF&E procurement for capital projects and routine equipping activities. This ensures that:

- established procedures for approval, ordering, contract management and maintenance requirements are followed; and
- personnel who will be responsible for the management and maintenance of the purchased FF&E once the Project Team leaves the site, are involved in the scheduling, ordering and receiving process.

MAJOR PROJECTS

For major projects, FF&E procurement activities may be undertaken by a number of different people. Planning and clinical personnel may be responsible for the scheduling, specification and selection of FF&E items.

A Purchasing Officer may be appointed to manage the purchasing and receipt of FF&E.

Commissioning personnel may be responsible for installation and post installation activities.

MINOR PROJECTS

For minor capital projects and routine equipping activities, all activities will normally be undertaken by one person.

ADVISORY ORGANISATIONS

A number of organisations are available to assist with the procurement of FF&E. These include:

- peak purchasing council;
- regional purchasing services or product evaluation panels; and
- state contract control board.

Refer to Purchasing section of this Guideline.

02.04 Scheduling

At early planning stages, FF&E Schedules should be prepared, listing all FF&E required in the facility. These should be developed and reviewed as the project develops.

TYPES OF SCHEDULES

The method of scheduling FF&E may vary depending on the resources available to the Health Service and the Project Team. Considerations in selecting a method include:

- consistency;
- coherence; and
- compatibility with other systems in use.

Computerised systems facilitate the compilation of schedules. The various systems that can be considered include:

- spreadsheets (such as Microsoft Excel);
- database (such as Microsoft Access);
- DOHRS Scheduling Package; and
- proprietary software packages.

ASSET MANAGEMENT

The FF&E schedule should be able to be readily incorporated into an asset management system. The system used for a facility may determine the method of scheduling adopted.

PRIMARY FF&E SCHEDULES

The Project Definition Plan (PDP) fully defines the functions of each room and includes Room Data Sheets that list the general FF&E requirements for each room. Following the approval of the PDP, designing can commence and a Primary Schedule of FF&E can be prepared. This schedule assumes all items are new until transfer items have been identified.

The Primary Schedule is not usually specific about actual pieces of equipment. Fixed equipment, which is installed by the contractor, will be specified in the construction contract documentation. This includes both Group 1 and Group 2 items.

02.05 Scheduling FF&E

When scheduling FF&E, the items should be considered on a room-by-room basis in the first instance. They should then transferred to a combined list to identify any duplication of major items and to simplify the ordering and costing process.

Large equipment items with long lead times should also be identified. It may be appropriate to order this equipment in advance of the project program.

02.06 Scheduling

TRANSFER ITEMS

Once all items have been listed an evaluation should be undertaken of existing FF&E to identify suitable items for transfer. In many cases, substantial quantities of FF&E should be suitable for transfer. Criteria for assessing transfer suitability must include age, condition, and being fit for the purpose and environment in accordance with OHS legislation.

The project time frame needs to be considered as equipment can become obsolete or not be suitable for transfer at the time of commissioning due to the period between planning and actual commissioning.

Transfer items should be identified in the FF&E schedule. These will need to be regularly reviewed throughout the course of the project.

This process will identify any gaps between the equipment that is to be transferred and any additional equipment required for the new facility. Any deviations from these schedules or the purchase of replacement equipment will require approval by NSW Health.

DEVELOPMENT OF SCHEDULES

The equipment lists may need revision in the light of detailed examination of Operational Policies, and as the design progresses.

FF&E provided must be appropriate to the room's function and available space.

INFORMATION CATEGORIES TO BE INCLUDED IN THE SCHEDULES

The FF&E schedule that is agreed upon should have the facility to:

- provide each item with a unique number that denotes the Functional Unit and room number - this number can also be used to facilitate the ordering and accurate location of items in the new facility during commissioning e.g. SA.2.14 could denote the Staff Amenities, Room 2, Item 14;
- list the item by type - bed, chair, table etc;
- include particulars of the supplier, model number, etc;
- include the cost per item and any other costs such as freight;
- identify whether the item is 'new' or a 'transfer';
- identify if the item is a Group 1, 2 or 3 item in accordance with the above definition;
- include columns for asset register number and depreciation rates, etc; and
- be easy to understand for health service staff.

GROUP 2 ITEMS - CLIENT SUPPLIED, CONTRACTOR INSTALLED

It is often thought that detailed decisions on make, model and type of furniture and equipment can be deferred until late in the construction phase by classifying equipment as Group 2 or even Group 3 (client supply and install). However, consultants need to know equipment details in the design stage so that they can design for the heat load, weight, dimensions and services connections.

The advantage to the client of opting for Group 2 furniture and equipment is that consultants' fees and the contractor's overheads (based on total building cost) are minimised.

However, generally, it is more advantageous to minimise the use of Group 2 items because:

- responsibility for co-ordinating structure and services then clearly rests with the contractor;
- clients' problems associated with early purchase and consequent storage and insurance do not arise;
- the contractor is responsible for early ordering or for structural and services adjustments if the specified model is superseded;
- responsibility for testing and commissioning rests with the contractor;
- equipment warranty periods commence from handover in conjunction with the defects liability period and not from the date of purchase (which may be well in advance of actual use); and
- as most fixed equipment is technical and/or expensive, the tendering/purchase process is likely to be taxing and time consuming for client staff.

INITIAL COSTING OF THE FF&E SCHEDULE

An initial costing of the FF&E Schedule should be undertaken as soon as it is formulated to ensure that it is within the FF&E budget allocation. Sources of information for such preliminary costings include:

- recent purchases by the Area Health Service;
- other similar recent Capital Projects;
- peak purchasing council database.

Indicative information on the cost of FF&E can be calculated on a cost per square metre rate using the cost rates contained in this Guideline. An escalation rate for the current year will need to be applied.

Individual major items costing more than \$250,000 should be identified separately as these can have a significant impact on an FF&E budget.

Reconciliation of expenses should be able to be reported either by department or by item.

CONTINGENCY SUM

In order to discourage over-provision in the schedules a financial contingency sum should be allowed to purchase equipment that is found to be necessary after the building is brought into use.

FUNDING SOURCES

Project funded items need to be identified separately from other funding sources.

02.07 Selection

INTRODUCTION

FF&E must be carefully selected to ensure fitness for purpose and that it meets criteria for infection control and OHS. This may require extensive market research.

Where possible, FF&E should be standardised throughout a facility.

FITNESS FOR PURPOSE

Selected items must be appropriate for the facility. Certain areas require special considerations e.g. Mental Health, Paediatrics, Aged Care (cognitive impairment). In these areas, standard fittings may be inappropriate and cause injury or offer patients the potential for self harm in Mental Health Units.

Refer also to Part C of these Guidelines.

COMPATABILITY WITH BUILDING FABRIC

FF&E components need to be selected to suit building fabric and finishes e.g. wheel/castor specifications depend on floor coverings; patient hoists must fit properly under beds and baths, and through doorways.

Particular attention is required when equipping existing facilities.

Refer also to Part C of these Guidelines.

DESIGN

A specialist design consultant, appointed at an early planning stage, should select colour schemes, soft furnishings and the like. This selection should satisfy the criteria of function, durability, ease of cleaning and servicing, good appearance, and economic replacement at a later date.

OCCUPATIONAL HEALTH AND SAFETY

Refer to Part C of these Guidelines.

The OHS Act 2000 and OHS Regulation 2001 requires designers and manufacturers to eliminate or control risks in designing and manufacturing equipment. The equipment selection process needs to determine that this responsibility has been fulfilled by these key groups before FF&E is purchased.

The employer is also required to identify, assess and control risks associated with equipment relevant to the specific application and work environment in which it will be used.

This means that the FF&E procurement process should involve:

- consultation with OHS committee and potential end users;
- trial of equipment where possible;
- risk assessment of FF&E prior to purchase; and
- seeking out of the experiences of other facilities with that type of FF&E.

Since legislation overrides the policy of organisations, purchasing from approved suppliers or from government contract can only apply to equipment, etc that has been assessed for occupational risks and selected on the basis of safety for the particular purpose and workplace.

INFECTION CONTROL

Refer to Part D of these Guidelines.

Infection Control personnel must be consulted with regard to the selection of FF&E.

Requirements for finishes of items may vary depending upon the location used e.g. fabric upholstery on chairs may not be permitted in clinical areas.

MAJOR EQUIPMENT ITEMS

The appropriate level of equipment for a facility will be determined by service and activity planning.

NSW Health has a role in the approval to purchase major electromedical items.

ELECTROMEDICAL EQUIPMENT

A range of specialised electromedical equipment needs careful assessment in relation to radiation issues (may require assessment by a Consulting Radiation Expert), engineering issues (load bearing of floors, airconditioning, uninterruptible or extra power supply etc), size issues (to enable gantry movement, bed movement and so on) and safety issues (for example MRI).

The requirements of the Radiation Control Act 1990 and Radiation Control Regulation 2003 must be complied with, including requirements for disclosure of information.

EXISTING FF&E ITEMS

Programmed routine maintenance and replacement (RMR) will continue during the project duration. This needs to be coordinated with project requirements.

02.08 Purchasing

IDENTIFYING SUPPLIERS

After the FF&E Schedule has been resolved, suppliers need to be identified. Sources for these include:

- contracts held by the Area Health Service;
- state contracts identified through the peak purchasing council;
- calling for tenders from state contract approved suppliers; and
- suppliers not listed with state contracts.

Calling for Tenders requires the preparation of a Performance Specification for the specific item. A proforma is attached for information. A current listing of typical state contract suppliers can be obtained on CD-ROM from state contracts. It is advisable to contact the local district or regional Supply Manager who will be able to provide access to this information.

To purchase from suppliers not listed with state contracts requires approval for an exemption from the NSW Department of Health. Details on the procedure to be followed to gain an exemption can be obtained from the Peak Purchasing Council. Every effort should be made to select items that are included in state contracts to ensure that advantage is taken of evaluated products at a price that is assessed to be reasonable.

Notwithstanding the fact that a state contract exists for a product, the product must be verified as being safe and fit for purpose in accordance with OHS legislation.

ALTERNATIVE PROCUREMENT OPTIONS

Alternative procurement options such as leasing should also be considered.

ORDERING THE FF&E

NSW Health policies and procedures for purchase and supply must be adhered to.

All Area Health Services have established purchasing procedures that have been developed to address the particular needs of the organisation. Wherever possible these tested methods should be used to purchase all the FF&E for the new facility. Using established procedures reduces the risk of incorrect ordering procedures being used and acts as an extra check against inappropriate procedures and processes being introduced that could result in substandard or inappropriate items being ordered and accepted.

Local procedures must fully address OHS legislative obligations.

02.09 Government Purchasing Policies and Processes

PEAK PURCHASING COUNCIL

The Peak Purchasing Council (PPC) is a business unit of NSW Health.

By using the services available through the PPC, Project Teams charged with the scheduling, costing and ordering of FF&E can gain opportunities to streamline the FF&E scheduling process and access potential cost saving opportunities.

The PPC was established to:

- facilitate the development and implementation of the most efficient and effective purchasing and materials management policies and practices for the NSW Health system; and
- maximise the purchasing and materials management opportunities through cooperative efforts to achieve the greatest value for money benefits for their customers.

PORTFOLIO

From these Terms of Reference, four portfolios were introduced and each has aims and objectives to move forward to achieve benefits for NSW Health:

- formulate the policies and procedures to be followed by NSW Health to ensure purchasing opportunities are maximised to the greatest benefit of the health system;
- provide advice to the State Contracts Control Board, particularly in relation to whole of health contracts;
- establish and monitor a Performance Agreement with NSW Supply Services; and
- liaise with suppliers, industry groups and other State/Commonwealth Government Departments to ensure that NSW Health is kept abreast of requirements and developments in the purchasing and supply area.

INFORMATION AVAILABLE

The following categories of information can be readily gained by contacting the PPC:

- current health contracts for a full range of medical, food, equipment and supplies;
- best practice issues;
- information technology;
- capital equipment;
- contract management;
- training and development opportunities;
- library facilities;
- product evaluation;
- information on gaining exemptions;
- internet chatroom with other users;
- surplus asset database; and

- bulk purchasing opportunities.

CONTACT DETAILS FOR PPC

Mail Address: PO Box 28
NORTH RYDE NSW 1670

Street Address: Level 1, Wallace
Wurth (Administration) Bldg
Gladesville Macquarie Hospital,
Wicks Road
NORTH RYDE NSW 2113

Phone: (02) 9887 5490

Fax: (02) 9887 5497

Email: ppc@tpg.com.au

Web Site: <http://www.ppc.health.nsw.gov.au>

PRODUCT EVALUATION PANEL

Some Area Health Services have an Area Purchasing Service or Product Evaluation Panel who are charged with selecting FF&E that is efficient, effective, safe and suitable for the particular needs of the clinicians, patients/clients and the type and level of service being delivered. The Panel will also be aware of the State and Period contracts being utilized by the relevant Area Health Service.

The Panel will provide advice to the Project Team and review and sign off completed schedules

PURCHASING MANUAL

The Purchasing and Supply Manual for Area Health and Related Services provides detailed specifications for the procurement methods and delegations outlined below. The manual is available at http://internal.health.nsw.gov.au/audit/manuals/purch_supply.pdf

Further information including local processes, procedures and delegations should be obtained from the relevant Area Health Service's Supply Services.

To assist purchases a register and database of product evaluations is available on the PPC's website at www.ppc.health.nsw.gov.au/

PURCHASING FF&E FROM STATE CONTRACTS

Purchasing FF&E from State Contracts Control Board (SCCB) period contracts is mandatory where the required products are available on contracts. Exemptions can be sought if the facility has reasonable grounds for doing so e.g. on the grounds of OHS or cost.

To find out if an item is 'on contract' refer to www.supply.dpws.nsw.gov.au/Home.htm

FF&E NOT ON CONTRACT

If FF&E are not available on SCCB contracts then the Area Health Services must obtain the best value for money.

The Area Health Service must use the Health Peak Purchasing Council's (PPC) standard Health Quotation, Tender and Contract Conditions documents.

Procedures required for the purchase of 'Not in Contract' items are:

- up to \$1,500 - no quotes or tenders required;
- over \$1,500 to \$30,000 - one written proposal as a minimum;
- over \$30,000 to \$150,000 - three written quotations as a minimum; or
- over \$150,000 - full tenders are required.

Note: some Area Health Services have adapted these purchasing thresholds so local procedures should be checked.

ENVIRONMENT PROTECTION AUTHORITY

The NSW Department of Environment and Conservation incorporating the Environment Protection Authority (EPA) was established in 2003. The EPA is responsible for licensing, registration and accreditation of facilities and equipment which may impact on the surrounding environment. This impacts on all equipment and users in areas including radiology, nuclear medicine, radiotherapy, dental, cardiology and pathology.

RADIATION CONTROL ACT 1990 (AS AMENDED)

This Act provides for the regulation and control of radioactive substances, radioactive sources and radiation apparatus.

RADIATION CONTROL REGULATION 2003

This regulation:

- deals with the licensing of persons to use certain radioactive substances and radiation apparatus;
- prescribes activities that may only be carried out by accredited radiation experts;
- sets fees in relation to licensing, registration, accreditation and approvals;
- regulates the disposal and transport of radiation apparatus and radioactive substances, and the discharge of radioactive substances;
- allows exemptions from certain provisions of the 'Radiation Control Act 1990' and the Regulation;
- prescribes certain radiation apparatus as apparatus that must be registered and sets out certain requirements in relation to such apparatus; and
- prescribes offences under the Act and Regulation for which on-the-spot fines ('penalty notices') can be issued, and the amounts of those fines.

02.10 Receipt

PROGRAMMING

Liaison will be required with the contractor to identify dates for the delivery of specific items. This is particularly important with regard to items that the contractor is required to install that are being purchased by the client i.e. Group 2 items.

Where possible, all items required for the proposed occupation date should be available and on site some 3 to 4 weeks prior. This allows for preparation of items for final placement, ensuring all mandatory checks have been carried out and a smooth coordinated installation.

Contingency plans need to be prepared to cover failure of suppliers to deliver on time or delayed completion of construction.

When timing the placement of orders make due allowance for possible delays in delivery. A firm procedure for following up all outstanding orders should be worked out and carried through.

RECEIPT OF FF&E

Arrangements must be made to see that goods are properly checked for both quality and quantity on delivery. 'Technical' equipment can be held in a separate room until inspected and certified correct by authorised personnel. Conditions for discounts for prompt payment should be adhered to.

CHECKING AND TAGGING

Adequate time frames should be built in to the ordering and receiving process to allow the appropriate checking and tagging of equipment by biomedical and electrical safety staff. Where relatively large volumes of this type of equipment is involved the available resources and time availability of such personnel must be taken into consideration.

GROUP 2 ITEMS

Group 2 items must be delivered to the contractor prior to the date required. This ensures that opportunities do not occur where the contractor can claim loss of time due to non-availability of items and further ensure there are no disputes as to actual receipt of goods. All items handed over to the contractor should be acknowledged by a written receipt from the Contractor's representative.

It should also be noted that the Warranty period for client supplied items generally commences at the date of delivery, not the date of occupation.

Delivery of furniture and equipment prior to the handing over of the main building can significantly reduce the period required to make the building operational. The fitting out stage is reduced. The load on the receiving personnel is spread and an opportunity is provided for all items to be labelled with their room number while in store.

Dangerous goods and other special items must be appropriately stored. Access to the storage area, if this is in a new building and taken over in advance, and use of corridors and lifts must be planned and agreed with the contractor.

STORAGE

Strategies that should be considered to simplify the receipt, holding and installation of new equipment prior to occupation may include:

- identification of a secure holding area prior to the handover of the new facility. This may include constructing a temporary structure or hiring warehouse space;
- advanced handover of a section of the building for storage;
- staging the delivery of multiple items such as beds, desks and chairs to reduce the amount of storage space required;
- replacing outmoded equipment that will not be transferred with the new items prior to transfer; and
- organising temporary storage areas to allow for progressive receipt and installation.

The warranty arrangements should be checked to ensure that such early possession doesn't limit or invalidate any contractual obligations.

DELAY IN RECEIPT

If it is intended to receive furniture and equipment directly into the new building, it may be necessary to ask suppliers to hold items, after they are ready for delivery and until the building has been handed over. The ability to do this is subject to agreement from suppliers.

02.11 Installation

INSTALLATION GENERALLY

Correct placement and installation of FF&E items is critical to proper functioning of the facility. Any changes to the intended location must be carefully considered.

GROUPS 1 & 2

The contract should require the contractor to be responsible for checking quantity and quality and for safe storage and for correct installation.

SPECIALISED EQUIPMENT

Construction contracts should require attendance by the contractor for the installation of specialised equipment such as diagnostic imaging and radiotherapy equipment. If possible, an early handover of the departments concerned should be arranged. If this is done, the contract must make provision for terminal boxes to be ready for connection and for mechanical services to be available at the appropriate time.

02.12 Post Installation

TESTING

Certain equipment items may require testing and calibration following installation. Sufficient time needs to be programmed for this to occur prior to occupation.

COMMISSIONING EQUIPMENT AND TRAINING OF STAFF

Following installation a thorough commissioning and training program should be followed to suit the type of equipment. Refer Performance Specification Proforma at the end of this section.

MAINTENANCE

Equipment must be properly maintained to ensure correct functioning and safety, and to maximise its life. Implement maintenance procedures as appropriate.

DISPOSAL OF SURPLUS ITEMS

If surplus items have been identified, a strategy should be developed for disposal.

The Peak Purchasing Council will advertise surplus items on the Internet.

Special agreements and processes may be in place for disposal of major equipment items e.g. electromedical.

03 COSTING

03.01 Objectives

The indicative cost rates for FF&E included in these Guidelines are intended to:

Provide a Guideline for Furniture, Fittings and Equipment budgeting (FF&E) for NSW public health facility building projects.

1. Establish rates at a minimum, rather than maximum, value.
2. Provide a schedule of HPU rates following analysis of a selection of projects both within NSW and other states with the following basis:
 - level 1 to 6 service FF&E provision to be identified;
 - 'greenfield' site in the Sydney Metropolitan area; and
 - all FF&E items are new, not transferred from existing facilities.
1. Provide a basis for presenting cost data for future analysis.
2. Complement the Standards for Health Planning Unit Cost Rates document (DS-13) as published by NSW Health.

Note: It is emphasised that the guideline rates are intended to provide furniture, fittings and equipment budgets only at the initial planning stages of a project. More accurate estimates based on detailed furniture, fittings and equipment lists should be developed at the design development stage, in parallel with the normal capital cost planning process.

03.02 Cost Planning Stages

For description of Standard Cost Planning stages refer to Part B General Requirements in these Guidelines.

03.03 FF&E Rates

The following table of guideline rates/m² for each HPU or department sets out rates for Cost Plan A and/or B stage for which an all inclusive rate is provided.

A schedule of all major items of equipment proposed for a particular project is required to be included as part of the budget submission at this stage of the Planning Process.

The guideline rates cover Health Care Facilities providing services from Level 1 to Level 6.

Rates prepared for the Victoria Department of Human Services have been used as the basis of this Guideline.

At Cost Plan C stage the equipment budget should be confirmed by means of a detailed furniture, fittings and equipment list derived from the Room Data Sheets (and co-ordinated with the Architect's design).

FF&E Rates published here are based on a June 2002 base date for all prices.

LOOSE FURNITURE EQUIPMENT & IT

Rates for costing of loose furniture, furnishings & IT equipment in the calculation of cost for projects are provided for each Functional Unit.

The rates include allowances for telephones, pagers, cleaning equipment, EDP workstations and some relevant specialist EDP software.

The rates exclude super-specialities (eg cardiothoracic surgery) or unusual specialities (eg apheresis, hyperbaric and reproductive biology).

Constraints in respect of specific Functional Units include:

- library rates assume a manual card index system. Add costs are applicable for computerised indexing and book security systems;
- information technology rates are based on general furniture and equipment. Central IT and communications hardware and software are project specific items;
- medical records rates are based on traditional manual paper storage. Optical disk based technology increases them2 rate considerably but may eliminate archiving and most storage floor areas;
- medical imaging rates are based on traditional film and do not include digital imaging (PACS) except where associated with specific modalities;
- security rates do not include CCTV; and
- stores and supply rates assume minimal mechanical materials handling equipment.

FF&E costs may vary from standard rates due to fluctuations in exchange rates and purchasing arrangements.

ADJUSTMENT OF RATES

It is recommended that adjustment of guideline rates should be by way of:

1. Use of CPI rather than BPI.
2. Ongoing analysis of future projects so as to take account of changes in policy, technology and the costs associated with these.

03.04 Project Specifics

The furniture, fittings and equipment budget guideline rates have been calculated for greenfield projects assuming normal operating policies.

Where specific major or unusual equipment is proposed for a project:

the major item(s) should be identified and costed as project specific item(s);

the relevant Functional Unit furniture and equipment rate(s) should be reduced to an appropriate administrative or clinical rate (to allow for general items).

It is recommended that the following be regarded as project specific items:

- window furnishings;
- artwork;
- information technology;
- communications (PABX, paging etc); and
- furniture and equipment commissioning - tendering, receiving, storing, distributing cleaning, testing and pre-occupancy security.

In all cases project specific items of equipment should be listed separately on the budget submission.

03.05 Transfer Items

The furniture, fittings and equipment budget guideline rates have been calculated for greenfield projects where equipment is not transferred from existing facilities.

The impact of transferred items is very project specific. The value of transferred items varies across projects and across departments from 80% of the 'greenfield value' where most required furniture, fittings and equipment is to be transferred, to less than 10% where most required furniture, fittings and equipment is to be purchased.

At PDP stage the Health Service, in conjunction with Area staff, should evaluate whether existing equipment for each department is appropriate for transfer. The budget should then be adjusted accordingly after allowing for refurbishment and transfer costs.

All transferred items should be included in the detailed furniture, fittings and equipment lists prepared for Cost Plan C Stage.

03.06 General Items

At Cost Plans A and B stages, a square metre rate should be included for window furnishings, artwork and the like.

At Cost Plan C and D stages, an allowance should be included for window furnishings, artwork and the like based on a measured or quoted estimate of the requirements.

MAINTENANCE

The cost of maintenance is generally excluded from the quoted rates and should be allowed for as an operating budget item.

03.07 Contingency Sum

At Cost Plan A and Cost Plan B stage, an allowance should be included for:

- contingencies based on 5% of the tabulated equipment budget; or
- contingencies based on 2% of the tabulated equipment budget.

03.08 FF&E - Building Budget Delineation

It is necessary to clearly define which fittings and equipment are included in the Building Cost and which are FF&E Costs, in order to clarify the responsibilities of the consultants and the users and to prevent duplication and oversights.

For budgeting purposes, at least through to Schematic Design, (Cost Plan C Stage), furniture, fittings and equipment should be classified as either Group 1 (ie Contractor to Supply and Install) or Group 3 (ie Client Supply and Install).

Adjustments as to who actually supplies and installs furniture and equipment can be made in the Design Development Stage (Cost Control Plan D). This may require consequential adjustments to Building Cost and furniture and equipment budgets.

FF&E items may be included as part of the Building Cost where they:

- require services connections or are required to be built in and fixed;
- are mobile or loose, but are associated with items to be connected or built in to ensure compatibility e.g. bain-maries; and

- are interchangeable between groups, especially where building design may be affected e.g. storage, shelving or compactus.

04 STANDARD FFE ITEMS

04.01 Standard FF&E Items and Requirements

Refer to Part C of these Guidelines for general requirements concerning fixtures and fittings that are fixed to, and part of, the building. These include considerations of ergonomics, human engineering, safety, security and infection control.

Requirements for particular FF&E items including workbenches, Staff Stations and Reception Counters are detailed.

A table has been appended to this Guideline that lists standard fittings and fixtures, and their generally applied group (classification 1, 2 or 3). These groups may vary for each facility, depending upon the procurement process and purchasing policies. Transfer items should be designated group 2 if they are to be installed in a new facility by the building contractor.

The database ID number corresponds to the ID number indicated on the Room Data Sheet.

Use of standard descriptions in all project documentation avoids confusion and enables coordination between facility planning teams, the project design and construction team and the commissioning team.

AX APPENDICES

AX.01 Performance Specification Pro Forma

INTRODUCTION

In order to take advantage of a competitive tendering process in the ordering of FF&E, an Outcome Performance Specification can be developed which includes all the requirements of an item. This specification is then issued to approved suppliers for consideration and the submission of a quotation.

Developments of Outcome Performance Specifications are a responsibility usually addressed by the Product Evaluation Panel.

It is important to ensure that all attributes are included so that suppliers only provide quotations on suitable models and types.

OUTCOME PERFORMANCE SPECIFICATION PRO FORMA

Some or all of the following specifications may be required depending on the item:

A. SIZE

- dimensions;
- high position / low position; and
- operating weight.

B. SPECIAL REQUIREMENTS

This should include all the features that are required to ensure the item can perform at the required standard, with minimal risk to users e.g. safety, ergonomics, adjustability, mobility, stability, colour, swing of doors.

C. FINISHES

The type of material used in the product and the finishes can be most important for maintenance and infection control reasons. Ensure that finishes required to be impervious, waterproof, washable etc to meet special needs are identified.

D. WATER SUPPLY

This is particularly important for items such as sanitisers, sterilisers etc.

E. POWER

Request information on any power supply conditions required for the equipment.

F. WASTE

Strict requirements of the EPA make it very important for Health Service Management to consider waste implications.

G. CONTROL SYSTEMS

The configuration and accessibility of any control systems required to ensure a work area is functional should be considered for all relevant equipment items.

H. COMMISSIONING AND CLIENT TRAINING

A thorough commissioning and training program should be specified to suit the type of equipment.

OHS legislation requires designers, manufacturers/suppliers to provide information on the safe use of equipment and any risks associated with that equipment.

Client training should:

- include safe operating procedures and work practices;
- be conducted over several sessions so that employees who work on night shift and weekends can attend; and
- include all staff who will have some role with the equipment e.g. nurses, cleaners, maintenance personnel, porters, volunteers.

Client training and education should be provided over at least two (2) sessions with the option to call trainers back to the site if required for further consultation. Preferably two persons should be designated as in house trainers to ensure continuity and consistency of training new staff.

A complete service manual should be provided that includes all operational, maintenance, safety and technical information as well as a contact list for service and operational issues. The manual should be easily accessible to staff on all shifts.

J. MAINTENANCE SERVICE CONTRACT

Tenderers should include the option of a fully quantified and explanatory Maintenance Service contract to suit the complexity and the value of the equipment. Advice should be sought on this matter from Asset Management within the Area Health Service. For major items of equipment e.g. X-ray machines, pathology processors, etc it may be appropriate to negotiate a 5 year maintenance agreement at the time of tendering for the main equipment. It may be substantially more costly to do so at a later date.

K. ASSOCIATED EQUIPMENT AND SUPPORT SYSTEMS

Tenderers should be requested to include a complete list of all supporting engineering or other systems, and consumable items that are required to commission and maintain any equipment. This may include compressors, water filtration systems, filters, back-up systems, chemicals, etc.