

FACILITY EVALUATION

Recipient: Facilities and Development
Institute for Innovation and Improvement

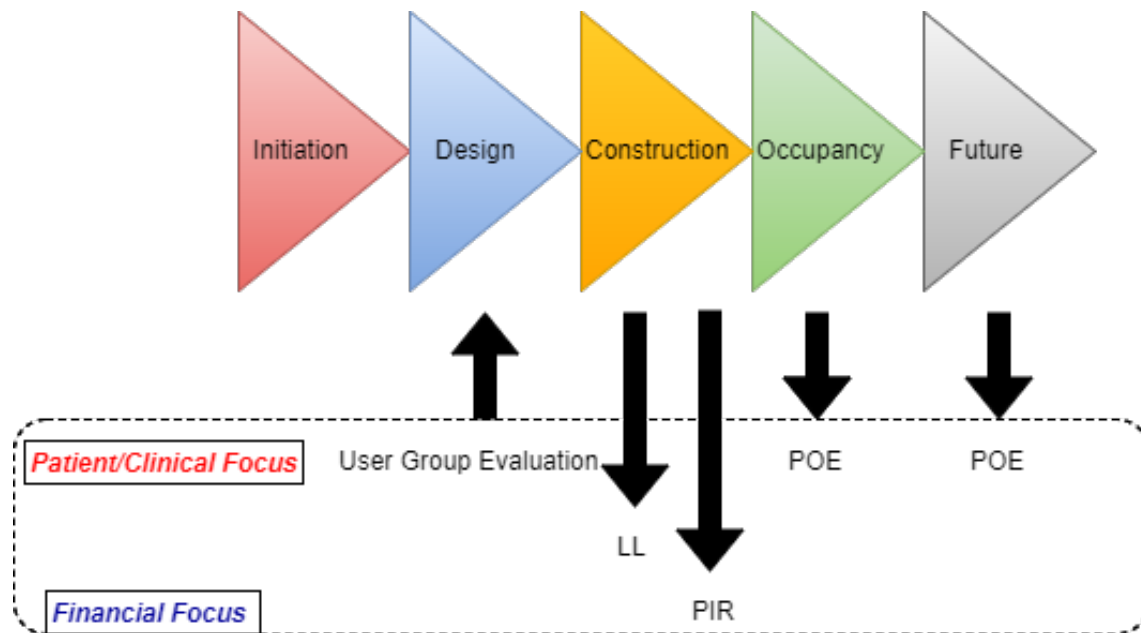
Writer: Dr Katherine Tse – Healthcare Design Fellow

Summary:

The evaluation of facilities is an important part of design. There is a need to understand what works and doesn't work within a facility from a variety of perspectives. At WDHB there are a series of evaluations performed, however the focus and the degree in which these are performed varies between projects.

This document highlights various evaluation methods performed at WDHB and explores Post Occupancy Evaluation (POE) which can be requested by the Capital Investment Committee following a major development.

TYPES OF EVALUATION



WDHB EVALUATION'S

- As directed by the Facilities Design Standardisation group, research was performed into finding design evaluations of recent development and refurbishment projects within the last 10 years.
- Over a four month period only four Lessons Learnt (LL) one Post Implementation Review (PIR) and no POE's were located.
- There appeared to be a lack of transparency over evaluations as these were difficult to locate.
- Multiple methods of data collection were used – searching the W2025 Project Folders, a search via the Senior Project Manager, Asset Management and discussing with Project Managers who were involved

WDHB LESSONS LEARNT FROM EVALUATIONS

- The information in evaluations at times lacked context, given the turnover of staff and use of contractors the details in these evaluations is required for evaluations to be useful for future use
- Evaluation should be a standard part of quality improvement processes
- Outcomes from evaluations need to be acted on and utilised in future projects for the exercise to be worthwhile.
- Documentation, Organisation, Transparency and Good Communication needed
- From the available evaluations, there was a varying degree of focus, particularly lacking in understanding if the facility meet clinical needs from the end user perspective (patient and direct ground staff)

POST OCCUPANCY EVALUATION

Post Occupancy Evaluation (POE) is a formalised method of evaluation of design. The evaluation is performed from various stakeholders including facilities, maintenance, service managers and stakeholders including staff and patients. Evaluation provides designers with feedback and understanding of how users find the space provided to them. In New Zealand POE is not mandatory, however there is increasing scope for DHB's to provide information of 'fitness for purpose' and assess asset management.

The value of a POE was discussed at the Facilities Design Standardisation Group, and while this was seen as possible avenue for building evaluation it was placed at a lower priority compared to other issues.

The Clinical Building 5 at WDHB contains a ground floor outpatient clinic which officially opened on 19th April 2017. This is housed in a renovated former Nursing Residence originally built in the 1970s. Extensive renovations included major asbestos removal. A pilot POE of the CB5 Outpatient clinic space was considered however due to low prioritisation was not continued. This would have involved a digital survey for all users of the building within a specific period. This information would have been used to inform design changes for the future and contribute to Asset Management auditing.

The following is a proposal for a POE of Clinical Building 5 (Outpatients). This project did not proceed due to being placed as a low priority as determined by the Facilities Design Standardisation Group.

GENERAL INFORMATION

Title: Post Occupancy Evaluation of Clinical Building 5 Outpatient Clinic

Sponsor: Facilities Standardisation Library Group
Institute for Innovation and Improvement (i3)
Waitemata District Health Board

Investigator: Dr Katherine Tse
Institute for Innovation and Improvement (i3)
West Wing, Taharoto Building
Shakespeare Road
North Shore Hospital
Katherine.tse@waitematadhb.govt.nz
0272945771

Departments: Clinical Building 5 Outpatient Clinic
WDHB

Rationale + Background Information

Clinical Building 5 (CB5) was officially opened on 19th April 2017. The initial design was for CB5 to be a "state of the art" outpatient centre (according to the CNM). As part of the design process, evaluation of this building is to be conducted to ensure that feedback of the project is performed to improve future DHB builds.

Study Goals and Objectives

Goals:

Gather qualitative and quantitative information following the occupancy of CB5 Outpatient Clinic to understand the performance of the building related to its needs.

Objectives:

- understand the user requirements
- understand the positive/helpful aspects of the building
- understand the barriers to clinical care
- outcomes to improve future design and construction of WDHB facilities
- contribute to “fitness for purpose” assessment as part of Asset Management

Study Design

Inclusion Criteria: User defined as any person within the space of CB5 outpatient clinic

Exclusion Criteria: medically unstable

Withdrawal Criteria: at any stage of the survey the patient may withdraw

Expected duration: 1 week of digital survey data collection.

Methodology

This research proposes the conduct of a digital survey using the PERSy tool. The researcher and team (if applicable) will request input from all users of the outpatient clinic at 4 months post occupancy.

The survey will be carried out on portable iPads or tablets, or alternatively on a DHB computer should the participant have intranet access.

Safety Considerations

- Participation of this survey should not affect clinical time, should the participant be called for their clinic appointment then the survey should be ceased with the option of continuing the survey at a later time.

Evaluation Questionnaire

Please refer to the Excel Datasheets – note two tabs, staff and patients

Follow – Up

Data from this study will be delivered to the Facilities Standardisation Group Library. This group sits within the Facilities and Development group.

This group will identify any changes to the POE questions or methodology and decide if this should be conducted in further buildings within the DHB.

Data Management and Statistical Analysis

Data stored on PERSy management system.

Quality Assurance

One set survey minimises risk with regards to questions asked.

Expected Outcomes of the Study

Provide qualitative and quantitative feedback on building performance, things that worked well and things that could be improved for the next building development in this scope.

Dissemination of Results and Publication Policy

WDHB white paper. Potential to be published regionally and internationally.

Duration of the Project

1 week - data collection

1 month - Analysis of the Data

1 month – Report writing

Problems Anticipated

Lack of staff involvement, particularly medical due to time constraints

Any challenging design may have been mitigated prior to investigation, thus no longer an issue and feedback not capturing this information

Project Management

This project is managed by the Healthcare Design Fellow. Assistants to this research may individuals from the Institute for Innovation and Improvement and Patient Experience. Students from UNITEC and / or AUT may be involved at a later stage to develop design prototypes once the information from the patients has been collated.

Ethics

The questions asked of the patients are relating to patient experience and will not involve questions about the medical condition or quality of services provided. Patients and their caregivers will be invited to participate in the interview, it is not mandatory.

During the consent process patients and their caregivers will be fully informed about the purpose for the research. Patients have the right to refuse participation or withdraw at any point of the study. Identifiable information will not be shared with their care team unless the patients asks for it to be shared in this way. Patients will be informed that their participation or refusal will not affect their clinical care in any way.

Any complaints from the patient or caregivers that pertain to service delivery or quality of care will not be shared with the Charge Nurse Manager or Medical team unless the patient wishes so.

The interviewer/s will not provide any medical advice or opinion toward the patient care or service delivery.

Informed Consent Forms

Digital Consent forms will be given to patients and carers (if applicable) prior to conducting the interview.

Any questions from the patient will be answers prior to starting the interviews.

Budget

Zero budget.

Research conducted as allocated from Healthcare Design Fellow Role

RECOMMENDATIONS

- A chosen evaluation method for all projects conducted by Facilities & Development as a standard
- Evaluations to include context so that documents are able to be interpreted by those not working on that project directly
- Requirement for all facilities project managers (both internal and external) to the DHB to place lessons learnt, PIR and any other evaluation in the Facilities Design Standards Library
- Assign a person (eg Design manager) responsible for collating this information, identifying themes
- POE or an alternative solution to identify the user experiences and needs should be part of the design process
- Results from an evaluation should be acted upon and contribute to future designs