



Centre for Health Assets Australasia

POST OCCUPANCY EVALUATION (POE) - DOCUMENTS WORKBOOK

© University of New South Wales 2007

Published by the Centre for Health Assets Australasia.

Authors Jane Carthey and Tim Earnshaw, Centre for Health Assets Australasia,  
Faculty of the Built Environment, University of New South Wales.

# Centre for Health Assets Australasia Post Occupancy Evaluation

## Documents Workbook

### Contents

<b>SECTION 1 - POST OCCUPANCY EVALUATION SURVEY .....</b>	<b>3</b>
Post Occupancy Evaluation for Health Service Facility .....	3
Part 1 - Background .....	5
Part 2 - Overall Facility Evaluation .....	7
Part 3 - Individual Area Analysis .....	14
Part 4 - Service Planning .....	17
<b>SECTION 2 - SURVEY REVIEW OUTLINE LETTER .....</b>	<b>19</b>
Post Occupancy Evaluation (POE) Survey Evaluation Panel .....	19
Section 2.a - Review Outline .....	19
Section 2.b - Panel Member Data .....	21
<b>SECTION 3 - POST OCCUPANCY EVALUATION (POE) FOR HEALTH SERVICE FACILITY .....</b>	<b>22</b>
Response recording and comments proforma .....	22
Post Occupancy Evaluation for Health Service Facility .....	23
Part 1 - Background .....	25
Part 2 - Overall Facility Evaluation .....	28
Part 3 - Individual Area Analysis .....	38
Part 4 - Service Planning .....	43
<b>SECTION 4 - RECORDS OF MEETINGS &amp; INTERVIEWS .....</b>	<b>46</b>
Record of Meeting / Group Interviews Proforma .....	46
Record of Meeting / Group Interview - Example 1 .....	47
Record of Meeting / Group Interview - Example 2 .....	49
Record of Telephone Conversation - Example 3 .....	51
<b>SECTION 5 - FINAL REPORT .....</b>	<b>52</b>
NSW Health Post Occupancy Evaluation Guideline .....	52

## SECTION 1 - POST OCCUPANCY EVALUATION SURVEY

### Post Occupancy Evaluation for Health Service Facility

#### **\*\*Facility Name\*\***

#### Introduction

Thank you for agreeing to participate in the Post Occupancy Evaluation (POE) of the **\*\*Facility Name\*\***. As part of the NSW Health Process of Facility Planning, POE is intended to occur approximately 12 months after the occupation and commissioning of a health facility. A POE may be used to assess both process and outcomes, in areas of service planning, functionality and procurement. The primary purpose of this POE is to evaluate the functional outcomes of the redevelopment of the **\*\*Facility 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 NSW Health via development and continuous improvement of the Health Facility Guidelines (HFG) which form the basis for the asset development process. It is important that these Guidelines respond to and incorporate the needs of the clinical staff delivering services from the physical assets. NSW Health has engaged the Centre for Health Assets Australasia (CHAA) at the University of New South Wales (UNSW) to assist with this process review and development.

#### Methodology

To facilitate the evaluation process for your facility, the POE team has programmed a series of activities that include the completion of evaluation questionnaires, site visits, interviews and workshops. These activities will require input from project stakeholders focussing on the functionality of the as-built facilities and how this relates to service delivery requirements and the quality of the work environment.

Questionnaires issued prior to the site visit are used to provide background data, an initial evaluation and guidance as to further information required. The evaluation will consider the campus as a whole, individual facilities and functional units within each facility. Not all participants are required to answer all questions. Please answer the questions from your own experience and provide additional comments to clarify your response or to provide any other information you consider relevant. If a question is not applicable to you, place N/A in the answer line.

A combination of both qualitative and quantitative responses is required. Quantitative responses will use a rating from 1 to 5 to assess the overall performance of the particular item being evaluated. Please ensure you consider the whole range of scores when evaluating the facility performance. The following table represents the nominal scoring system for the data collection questionnaires.

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).

## Interviews and workshops

The facility management will nominate the most appropriate staff for participation in this process. If you are nominated for this role, we request that prior to the interview, you canvass a wide range of opinions within your unit regarding any problems identified or solutions suggested, or that have already been implemented.

Workshops will focus on gathering a collective view of the performance of the facility.

The following ground rules will apply to all participants:

1. Every stakeholder's opinion is equally important to the process.
2. All participants should allow each person freedom to express their opinions.
3. All participants should act in a polite, professional manner.
4. It is important that the positive aspects are identified as well as negative aspects.
5. Participants should keep in mind that the purpose of the POE is to provide feedback for this facility and future projects based on real experience with a recently completed project. It is not a fault finding exercise.

## Feedback on the POE Process

CHAA is interested in receiving feedback regarding the POE process used in the evaluation of your facility. Therefore, please feel free to provide feedback on how the process may be improved. All feedback and results will be confidentially reviewed for NSW Health by CHAA as part the overall POE process review.

The POE team also encourages participants to phone, fax or email any comments at any stage during the evaluation.

Please feel free to make extra copies of this survey and if you require clarification on the process you can call **\*\*Consultant name\*\*** on **\*\*Consultant contact\*\***.

Thankyou for your assistance.

**\*\*Consultant name\*\***  
**\*\*Consultant contact\*\***

# Part 1 - Background

## 1.1 Respondent Information *(to be answered by all participants)*

1.1.1 Name .....

1.1.2 Position Title .....

1.1.3 Length of experience in current position ..... Years ..... Months

1.1.4 How long have you worked in the facility? ..... Years ..... Months

## 1.2 Planning process *(1.2.1 to be answered by all participants)*

1.2.1 Were you involved in planning or design of the facility or part of it?

YES ..... NO ..... *(please indicate)*

If YES, what was your role? .....

If NO, please go to **Part 2**

1.2.2 Did you participate as a Service User or Stakeholder advisor or representative (e.g. representative of an organization, client groups and/or patients)?

YES ..... NO ..... *(please indicate)*

If YES, who did you represent? .....

1.2.3 At what stage in the planning process did you participate?

*(please indicate one option for each stage)*

Stage	Regular input	Single consult	Nil
a. Service Procurement Plan (SPP) - Initial service planning			
b. Project Definition Plan (PDP) - Briefing and functional planning			
c. Concept Design - Site Layout and functional relationships			
d. Detailed Design, Documentation - Room designs; Fittings, finishes and equipment			
e. Implementation - Construction and fitting out			
f. Commissioning			

**1.2.4** Please list any other way in which you were involved with the planning process. ....  
 .....  
 .....

**1.2.5** Please assess the following planning process features  
*(please indicate)*

Feature	1 Very poor	2 Poor	3 Acceptable	4 Good	5 Excellent
Level of input					
Clear communication					
Overall facility/unit design process standard					
Your overall planning process experience					

Time commitment	Too great		Adequate	
Comments on time commitment: ..... ..... .....				

Other Comments: .....  
 .....  
 .....

# Part 2 - Overall Facility Evaluation

**2.1 General** *(to be answered by all participants)*

**2.1.1** What are the 3 **best** features of the facility? *(in priority order)*

Feature	What makes it work well?
Best	
2nd best	
3rd best	

**2.1.2** How do these features help your service delivery?

Best feature .....

.....

.....

2nd best feature .....

.....

.....

3rd best feature .....

.....

.....

**2.1.3** What are the 3 **worst** features of the facility? *(in priority order)*

Feature	What stops it working well?
Worst	
2nd worst	
3rd worst	



**2.1.4** How do these features hinder your service delivery?

Worst feature .....

.....

.....

2nd worst feature .....

.....

.....

3rd worst feature .....

.....

.....

**2.1.5** Is the facility delivering the services required by the original Project Brief?  
*(please indicate)*

	YES/NO	If NO, please specify key issues	If NO, is the problem <b>Interim</b> or <b>Continuing</b> ?
Service type/model	Y N		I C
Service capacity	Y N		I C
Client groups	Y N		I C

**2.2 Physical Planning**

**2.2.1** Are there parts of the building you believe are incorrectly located? .....

.....

.....

How would you have improved on this? .....

.....

.....

**2.2.2** Are there under-utilised parts of the facility? .....

.....

.....



2.2.3 Are there parts of the facility which have proved too small? .....  
.....  
.....

2.2.4 Are there other functions or areas which you believe should have been included? .....  
.....  
.....

2.2.5 Please comment on whether the facility allows future expansion, contraction (if necessary), and/or adaptation for other uses. ....  
.....  
.....

2.2.6 What other aspects of the facility would you change and how? .....  
.....  
.....

**2.3 Staff, visitors and patient comfort**

2.3.1 What features/amenities make the facility comfortable and/or enjoyable?  
For patients .....  
.....  
.....

For visitors .....  
.....  
.....

For staff .....  
.....  
.....

2.3.2 What aspects do you think are most liked?  
By patients .....  
.....  
.....



By visitors .....

By staff .....

**2.3.3** What aspects do you think are most disliked?

By patients .....

By visitors .....

By staff .....

**2.3.4** Is it easy to for patients and visitors to find their way around?

*(please list benefits or problems)* .....

**2.3.5** Has the new facility encouraged increased community involvement?

YES ..... NO ..... *(please indicate)*

If YES, please explain .....

**2.3.6** Do other services and community groups not traditionally linked to health care services have access to and use the new facility?

*(please specify which groups)* .....

**2.3.7 Are outdoor areas used by patients, visitors and staff?**

*(please specify which groups and areas) .....*  
 .....  
 .....

**2.4 Planning Criteria**

Set out in the table below are the design criteria originally developed during the **\*\*Facility Name\*\*** project planning process. Please rate the relative importance of each criteria statement related to the functioning of the facility. Mark each criteria as high (H), medium (M) or low (L) in the Importance column, then assess the facility's performance in meeting each criteria statement as:

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

GREY TEXT can be replaced with project specific criteria.

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
a. Development of an integrated health model through collocation to:			
i. Enhance access to services for the community.			
ii. Improve effectiveness of services.			
iii. Result in cost efficiencies in the delivery of services.			
b. Maintain the identity of each service provider.			
c. Share facilities and services between each service provider.			

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
d. Rationalise movement of staff, clients/patients, visitors and hotel services within the site and buildings.			
e. Minimise public access points and provide for good after hours supervision.			
f. Minimise the number of entry points off the surrounding streets.			
g. Centralise car parking areas where possible.			
h. Achieve internal and external security for staff.			
i. Ensure main entries can be easily viewed from the street.			
j. The services can be identified by people accessing them.			
k. Create a non-institutional development which reflects the surrounding physical and rural environment with buildings appropriately designed for their intended usage.			
l. Provide stimulating views for long term patients.			
m. Provide an external environment for patients / residents (particularly rehabilitation and dementia) which will:			
i. Be practical and enhance the utilisation of the site.			
ii. Ensure appropriate security, privacy and safety.			
iii. Provide appropriate weather protection so that courtyards can be utilised all year round.			

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
iv. Be an extension of the internal recreational and therapy spaces.			
n. Provide facilities which will maximise flexibility for alternative service provision.			
o. Enables future service changes to be met.			
p. Maximise the use of passive energy.			
q. Achieve energy efficiency.			

In your opinion, is there a need to re-assess the objectives that guided the original design brief?

YES ..... NO ..... *(please indicate)*

If YES, please list the key issues .....

.....

.....

## Part 3 - Individual Area Analysis

(to be answered by all participants)

This section relates to individual functional areas within the facility rather than the facility as a whole. Please complete the questionnaire for the area that you are involved with. Attach additional pages if there is insufficient space for comments.

Rate the success of the design of your area in the following criteria:

Criteria	Assessment (score 1 - 5)	Comments
<b>3.1 Operation</b>		
<b>3.1.1</b> Is the area being used as planned?		
<b>3.1.2</b> Provision of adequate facilities to enable implementation of Operational Policies including:		
<b>a.</b> Admissions		
<b>b.</b> Patient & Visitor Amenities		
<b>c.</b> Staff Amenities		
<b>d.</b> Cleaning		
<b>e.</b> Clinical Information		
<b>f.</b> Communications and Information Technology		
<b>g.</b> Consultation and Interviews		
<b>h.</b> Disaster Planning		
<b>i.</b> Equipment Storage		
<b>j.</b> Food Services		
<b>k.</b> Infection Control		
<b>l.</b> Linen Management		
<b>m.</b> Maintenance and Engineering		

Criteria	Assessment (score 1 - 5)	Comments
n. Medication Management		
o. Hours of Operation		
p. Occupational Health and Safety outcomes		
q. Pastoral Care		
r. Pharmacy		
s. Security for patients visitors and staff		
t. Sterilising Services		
u. Stores and Supplies Management		
v. Vehicle Access and Parking		
w. Waste Management		
<b>3.2. Physical Planning</b>		
3.2.1 Location on campus		
3.2.2 Overall layout		
3.2.3 Individual room layouts		
3.2.4 Room sizes		
3.2.5 Flexibility of use		
3.2.6 Disabled access		
3.2.7 Corridor widths		
3.2.8 Door sizes		
3.2.9 Design of work surfaces		
3.2.10 Signage		
<b>3.3. Materials and Finishes</b>		
3.3.1 Overall appearance		

Criteria	Assessment (score 1 - 5)	Comments
3.3.2 Resistance to damage		
3.3.3 Ease of cleaning		
3.3.4 Acoustic performance		
3.3.5 Adequate fittings and fixtures		
<b>3.4. Engineering Services</b>		
3.4.1 Water supply		
3.4.2 Drainage, sewerage		
3.4.3 Air conditioning		
3.4.4 Ventilation		
3.4.5 Heating		
3.4.6 Power		
3.4.7 Lighting		
3.4.8 Nurse call		
3.4.9 Emergency services		
3.4.10 Communications: Phone, intercom, computer etc		
3.4.11 Technical services (e.g. gases, imaging support)		

## Part 4 - Service Planning

(to be answered by Facility Managers)

### 4.1 Service Performance information

Please provide the following data related to your facility. If not applicable, write N/A.

Data	a. Year previous to construction	b. Design Projection in SPP / PDP for current year	c. Current Year	d. Previous to Current year difference c - a =	Projection to Current year difference c - b =
1. Catchment description					
2. Catchment Population Size					
3. Service description					
4. Service Level					
5. ED presentations					
6. Admissions ED					
7. General admissions					
8. Outpatient presentations					
9. Occasions of Service (OOS)					
10. No of Beds					
a. Acute					
b. Long stay					
c. Other					
11. Staff levels					
a. Nurse FTE					
b. Allied health					
c. Admin, Hotel & Engineering maintenance (FTE)					
d. R Med Off					
e. V Med Off					

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

.....  
 .....  
 .....

**4.2 Recurrent Costs**

Please provide the following data related to the facility.

Operating costs:	Year previous to construction	Design Projection in PFP / PDP	Current Year Actual Exp	Year to year difference	Projection → Actual difference
Employee related					
VMO					
Goods and Services					
Maintenance					

**4.2.1** Please discuss any differences in the budget figures you think can be attributed to the design and construction of the new facility.

.....  
 .....  
 .....

## SECTION 2 - SURVEY REVIEW OUTLINE LETTER

The Survey review information can be entered into the proceeding document (Section 2.b) with comments from the reviewer(s) included into the boxes provided. Should a panel review be implemented the following outline (Section 2a) can be used to provide an explanation of the process.

### Post Occupancy Evaluation (POE) Survey Evaluation Panel

#### Section 2.a - Review Outline

Post Occupancy Evaluation (POE) is a fundamental stage in the iterative process of health facility design. POEs can have many varied uses, but are largely intended to provide feedback to inform the development of future projects of the same or similar type.

This project was developed by the Health Capital Assets Management Consortium (HCAMC) and the Centre for Health Assets Australasia (CHAA) to respond to the perceived industry need for a methodology that will fulfil the following objectives:

1. Evaluate whether a facility/project supports the original service objectives
2. 'Fine tune' new or existing buildings to better meet the needs of their users
3. Identify issues to be considered in the design of new or redeveloped facilities
4. Deliver data for comparison between projects and against agreed benchmarks
5. Provide information to assist in the improvement of health facility procurement and design processes, including the review and update of Health Facility Guidelines (HFG).

The project outcome will be a POE process and guidelines for health facility design. This research project will work with the POE consultants to form a series of case studies that will develop and refine the process. It is an iterative participatory research process using POE practitioners and the design evidence base.

#### POE Information gathering processes

There are four methods a consultant participating in the POE project uses to gather the information necessary for the process:

1. A detailed review of the original documentation used in the design process;
2. Site visit observations to the operating facility;
3. The use of facility user surveys (practitioners, clients/patients/visitors and facility managers);
4. Phone or direct interviews (either individual or groups).

#### POE Panel review questions

Panel reviews in architecture are a common form of peer assessment frequently used to identify excellence in design and best practice. The panel review in this POE

project evaluates the process and instruments used to gather the data in the project and improve the method.

Panel members are academics and/or industry professionals. All panel members are practitioners experienced in health facility design and/or health management and practice who are not currently engaged in the POE consultancy market.

Each panel member will assess the POE results from three perspectives:

1. Does the process gather the information necessary to achieve the objectives of health facility Post Occupancy Evaluation? (Construct validity);
2. Is the method consistent in it's information gathering? (Reliable);
3. How can the instrument and method be improved to achieve this purpose? (Functional clarity and ease of use).

## Method

- a. Each panel member will be given a description of the POE process;
- b. The surveys and the interviews/meeting notes gathered by the POE Consultant will have panel comments boxes inserted into the text at the end of each section/question by the research team;
- c. Panel members will then analyse the responses and provide their result summaries plus comment on the survey instrument and interview methods using the three perspective questions listed above;
- d. The panel member results and comments will be recorded and coded by the research team, then analysed for consistency and process suggestions;
- e. After the comments have been gathered and coded the panel will meet to finalise suggestions for the improvement of the POE process;
- f. These suggestions will be taken into consideration for the next version of the POE process and instrument;
- g. After several iterations the panel, stakeholders and consultants will be invited to a workshop to discuss the POE process.

## Section 2.b - Panel Member Data

Name: .....

Qualifications: .....

Position: .....

Type of experience in Health Facility Design: .....

.....

.....

Role on Health Facility Design team: .....

.....

.....

Years of experience in Health Facility Design: ..... years

Please assess your knowledge level of the Post Occupancy Evaluation process.

I regard my understanding/knowledge of the POE process as sufficient to: <i>(please indicate)</i>		
a. Perform the POE task with assistance	b. Perform the POE task according to the guidelines	c. Instruct/supervise someone on the POE process

Thank you for your participation.

**[insert signature]**

Name

Position

Organisation

Contact details

## SECTION 3 - POST OCCUPANCY EVALUATION (POE) FOR HEALTH SERVICE FACILITY

### Response recording and comments proforma

This document will allow POE Consultants to cut and paste (or transcribe) all the respondent/participants survey results into one document. At the end of each question/section there is a comments text box for the analyst to record their comments close to the results being discussed.

### Instruction

1. Develop a respondents list so that questions about the raw data accuracy can be referred to later.  
E.g. P1\_name\_position; P2\_name\_position
2. 'Cut & Paste' or transcribe the de-identified survey data into the results boxes below.
3. Use a response code for each participant or respondent.  
E.g. R1\_yes; **or** P1→P4\_Yes, P5\_No etc
4. For clarity and completeness record nil responses using a code.  
E.g. R7\_NilR  
This will save time later when accuracy checking the transcriptions.
5. Type the analysis comments in the comments boxes closest to the results/response box for the question. This assists in reviewing the comments during the analysis stage.
6. If you are putting the analysis out to more than one person by using a panel analysis, refer to the panel process outline letter in the letters section of the workbook.

Following is the survey with results/responses boxes (in red) and panel comments/analysis boxes (in blue). It is anticipated that the responses will be easily correlated with the recording format because they are co-located.

# Post Occupancy Evaluation for Health Service Facility

**\*\*Facility Name\*\***

## Introduction

Thank you for agreeing to participate in the Post Occupancy Evaluation (POE) of the **\*\*Facility Name\*\***. As part of the NSW Health Process of Facility Planning, POE is intended to occur approximately 12 months after the occupation and commissioning of a health facility. A POE may be used to assess both process and outcomes, in areas of service planning, functionality and procurement. The primary purpose of this POE is to evaluate the functional outcomes of the redevelopment of the **\*\*Facility 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 NSW Health via development and continuous improvement of the Health Facility Guidelines (HFG) which form the basis for the asset development process. It is important that these Guidelines respond to and incorporate the needs of the clinical staff delivering services from the physical assets. NSW Health has engaged the Centre for Health Assets Australasia (CHAA) at the University of New South Wales (UNSW) to assist with this process review and development.

## Methodology

To facilitate the evaluation process for your facility, the POE team has programmed a series of activities that include the completion of evaluation questionnaires, site visits, interviews and workshops. These activities will require input from project stakeholders focussing on the functionality of the as-built facilities and how this relates to service delivery requirements and the quality of the work environment.

Questionnaires issued prior to the site visit are used to provide background data, an initial evaluation and guidance as to further information required. The evaluation will consider the campus as a whole, individual facilities and functional units within each facility. Not all participants are required to answer all questions. Please answer the questions from your own experience and provide additional comments to clarify your response or to provide any other information you consider relevant. If a question is not applicable to you, place N/A in the answer line.

A combination of both qualitative and quantitative responses is required. Quantitative responses will use a rating from 1 to 5 to assess the overall performance of the particular item being evaluated. Please ensure you consider the whole range of scores when evaluating the facility performance. The following table represents the nominal scoring system for the data collection questionnaires.

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).

## Interviews and workshops

The facility management will nominate the most appropriate staff for participation in this process. If you are nominated for this role, we request that prior to the interview, you canvass a wide range of opinions within your unit regarding any problems identified or solutions suggested, or that have already been implemented.

Workshops will focus on gathering a collective view of the performance of the facility.

The following ground rules will apply to all participants:

6. Every stakeholder's opinion is equally important to the process.
7. All participants should allow each person freedom to express their opinions.
8. All participants should act in a polite, professional manner.
9. It is important that the positive aspects are identified as well as negative aspects.
10. Participants should keep in mind that the purpose of the POE is to provide feedback for this facility and future projects based on real experience with a recently completed project. It is not a fault finding exercise.

## Feedback on the POE Process

CHAA is interested in receiving feedback regarding the POE process used in the evaluation of your facility. Therefore, please feel free to provide feedback on how the process may be improved. All feedback and results will be confidentially reviewed for NSW Health by CHAA as part the overall POE process review.

The POE team also encourages participants to phone, fax or email any comments at any stage during the evaluation.

Please feel free to make extra copies of this survey and if you require clarification on the process you can call **\*\*Consultant name\*\*** on **\*\*Consultant contact\*\***.

Thankyou for your assistance.

**\*\*Consultant name\*\***  
**\*\*Consultant contact\*\***

# Part 1 - Background

## 1.1 Respondent Information *(to be answered by all participants)*

1.1.1 Name Confidential.....

1.1.2 Position Title Insert Response .....

Evaluation Comment

1.1.3 Length of experience in current position ..... Years ..... Months

Insert Response

Evaluation Comment

1.1.4 How long have you worked in the facility? ..... Years ..... Months

Insert Response

Evaluation Comment

## 1.2 Planning process *(1.2.1 to be answered by all participants)*

1.2.1 Were you involved in planning or design of the facility or part of it?

YES ..... NO ..... *(please tick)*

If YES, what was your role? .....

If NO, please go to **Part 2** (page 5)

Insert Response

Evaluation Comment



**1.2.2** Did you participate as a Service User or Stakeholder advisor or representative (e.g. representative of an organization, client groups and/or patients)?

YES ..... NO ..... *(please tick)*

If YES, who did you represent? .....

Insert Response

Evaluation Comment

**1.2.4** At what stage in the planning process did you participate?  
*(please tick one option for each stage)*

Stage	Regular Input	Single consult	Nil
a. Service Procurement Plan (SPP) - Initial service planning			
b. Project Definition Plan (PDP) - Briefing and functional planning			
c. Concept Design- Site Layout and functional relationships			
d. Detailed Design, Documentation - Room designs; Fittings, finishes and equipment			
e. Implementation - Construction and fitting out			
f. Commissioning			

Evaluation Comment

**1.2.4** Please list any other way in which you were involved with the planning process.

Insert Response

Evaluation Comment

**1.2.5 Please assess the following planning process features**  
*(please tick)*

<b>Feature</b>	<b>1 Very poor</b>	<b>2 Poor</b>	<b>3 Acceptable</b>	<b>4 Good</b>	<b>5 Excellent</b>
Level of input					
Clear communication					
Overall facility/unit design process standard					
Your overall planning process experience					

<b>Time commitment</b>	<b>Too great</b>		<b>Adequate</b>	
Comments on time commitment:				

**Evaluation Comment**

Other Comments:

**Insert Response**

**Evaluation Comment**

# Part 2 - Overall Facility Evaluation

**2.1 General** *(to be answered by all participants)*

**2.1.1** What are the 3 **best** features of the facility? *(In priority order)*

Feature	What makes it work well?
Best	Insert Response
	Evaluation Comment
2nd best	Insert Response
	Evaluation Comment
3rd best	Insert Response
	Evaluation Comment

**2.1.2** How do these features help your service delivery?

Best feature .....

Insert Response

Evaluation Comment

2nd best feature .....

Insert Response

Evaluation Comment

3rd best feature .....

Insert Response

Evaluation Comment



**2.1.3** What are the 3 **worst** features of the facility? *(In priority order)*

Feature	What stops it working well?
Worst	Insert Response
	Evaluation Comment
2nd worst	Insert Response
	Evaluation Comment
3rd worst	Insert Response
	Evaluation Comment

**2.1.4** How do these features hinder your service delivery?

Worst feature .....

Insert Response

Evaluation Comment

2nd worst feature .....

Insert Response

Evaluation Comment

3rd worst feature .....

Insert Response

Evaluation Comment

**2.1.6** Is the facility delivering the services required by the original Project Brief?

	YES/NO (please circle)	If NO, please specify key issues	If NO, is the problem <b>Interim</b> or <b>Continuing</b> ?
Service type/model	Y N	Insert Response	I C
		Evaluation Comment	
Service capacity	Y N	Insert Response	I C
		Evaluation Comment	
Client groups	Y N	Insert Response	I C
		Evaluation Comment	

**2.2 Physical Planning**

**2.2.1** Are there parts of the building which you believe are incorrectly located?

Insert Response

Evaluation Comment

How would you have improved on this?

Insert Response

Evaluation Comment

**2.2.2** Are there under-utilised parts of the facility? .....

Insert Response

Evaluation Comment

2.2.3 Are there parts of the facility which have proved too small? .....

Insert Response

Evaluation Comment

2.2.4 Are there other functions or areas which you believe should have been included? .....

Insert Response

Evaluation Comment

2.2.5 Please comment on whether the facility allows future expansion, contraction (if necessary), and/or adaptation for other uses. ....

Insert Response

Evaluation Comment

2.2.6 What other aspects of the facility would you change and how? .....

Insert Response

Evaluation Comment

## 2.3 Staff, visitors and patient comfort

2.3.1 What features/amenities make the facility comfortable and/or enjoyable?

For patients .....

Insert Response

Evaluation Comment

For visitors .....

Insert Response

Evaluation Comment

For staff .....

Insert Response

Evaluation Comment

**2.3.2** What aspects do you think are most liked?

By patients .....

Insert Response

Evaluation Comment

By visitors .....

Insert Response

Evaluation Comment

By staff .....

Insert Response

Evaluation Comment

**2.3.3** What aspects do you think are most disliked?

By patients .....

Insert Response

Evaluation Comment

By visitors .....

Insert Response

Evaluation Comment

By staff .....

Insert Response

Evaluation Comment

**2.3.4** Is it easy to for patients and visitors to find their way around?

*(please list benefits or problems)* .....

Insert Response

Evaluation Comment

**2.3.5** Has the new facility encouraged increased community involvement?

YES ..... NO ..... *(please tick)*

If YES, please explain .....

Insert Response

Evaluation Comment

**2.3.6** Do other services and community groups not traditionally linked to health care services have access to and use the new facility? *(please specify which groups)*

Insert Response

Evaluation Comment

**2.3.7** Are outdoor areas used by patients, visitors and staff?  
*(please specify which groups and areas) .....*

Insert Response

Evaluation Comment

**2.4 Planning Criteria**

Set out in the table below are the design criteria originally developed during the **\*\*Facility Name\*\*** project planning process. We would like you to rate the relative importance of each criteria statement related to the functioning of the facility. Mark each criteria as high (H), medium (M) or low (L) in the Importance column. You are then requested to assess the facility's performance in meeting each criteria statement as:

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

GREY TEXT can be replaced with project specific criteria

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
a. Development of an integrated health model through collocation to:			
i. Enhance access to services for the community.			
Evaluation Comment			
ii Improve effectiveness of services.			
Evaluation Comment			
iii Result in cost efficiencies in the delivery of services.			
Evaluation Comment			
b. Maintain the identity of each service provider.			
Evaluation Comment			
c. Share facilities and services between each service provider.			
Evaluation Comment			
d. Rationalise movement of staff, clients/patients, visitors and hotel services within the site and buildings.			
Evaluation Comment			
e. Minimise public access points and provide for good after hours supervision.			
Evaluation Comment			
f. Minimise the number of entry points off the surrounding streets.			
Evaluation Comment			

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
g. Centralise car parking areas where possible.			
<b>Evaluation Comment</b>			
h. Achieve internal and external security for staff.			
<b>Evaluation Comment</b>			
i. Ensure main entries can be easily viewed from the street.			
<b>Evaluation Comment</b>			
j. the services can be identified by people accessing them.			
<b>Evaluation Comment</b>			
k. Create a non-institutional development which reflects the surrounding physical and rural environment with buildings appropriately designed for their intended usage.			
<b>Evaluation Comment</b>			
l. Provide stimulating views for long term patients.			
<b>Evaluation Comment</b>			
m. Provide an external environment for patients / residents (particularly rehabilitation and dementia) which will:			
i. be practical and enhance the utilisation of the site.			
<b>Evaluation Comment</b>			
ii ensure appropriate security, privacy and safety.			

Criteria Statements	Importance (H,M or L)	Assessment (score 1-5)	Comments
<b>Evaluation Comment</b>			
iii. provide appropriate weather protection so that courtyards can be utilised all year round.			
<b>Evaluation Comment</b>			
iv. be an extension of the internal recreational and therapy spaces.			
<b>Evaluation Comment</b>			
n. Provide facilities which will maximise flexibility for alternative service provision.			
<b>Evaluation Comment</b>			
o. Enables future service changes to be met.			
<b>Evaluation Comment</b>			
p. Maximise the use of passive energy.			
<b>Evaluation Comment</b>			
q. Achieve energy efficiency.			
<b>Evaluation Comment</b>			

In your opinion, is there a need to re-assess the objectives that guided the original design brief?

YES ..... NO ..... *(please tick)*

If YES, please list the key issues

Insert Response

Evaluation Comment

## Part 3 - Individual Area Analysis

(to be answered by all participants)

This section of the questionnaire relates to individual functional areas within the facility rather than the facility as a whole. Please complete the questionnaire for the area that you are involved with. Attach additional pages if there is insufficient space for comments.

Rate the success of the design of your area in the following criteria:

Criteria	Assessment (score 1 - 5)	Comments
<b>3.1 Operation</b>		
<b>3.1.1</b> Is the area being used as planned?		
<b>Evaluation Comment</b>		
<b>3.1.2</b> Provision of adequate facilities to enable implementation of Operational Policies including:		
<b>a.</b> Admissions		
<b>Evaluation Comment</b>		
<b>b.</b> Patient & Visitor Amenities		
<b>Evaluation Comment</b>		
<b>c.</b> Staff Amenities		
<b>Evaluation Comment</b>		
<b>d.</b> Cleaning		
<b>Evaluation Comment</b>		
<b>e.</b> Clinical Information		
<b>Evaluation Comment</b>		
<b>f.</b> Communications and Information Technology		
<b>Evaluation Comment</b>		

Criteria	Assessment (score 1 - 5)	Comments
<b>g.</b> Consultation and Interviews		
<b>Evaluation Comment</b>		
<b>h.</b> Disaster Planning		
<b>Evaluation Comment</b>		
<b>i.</b> Equipment Storage		
<b>Evaluation Comment</b>		
<b>j.</b> Food Services		
<b>Evaluation Comment</b>		
<b>k.</b> Infection Control		
<b>Evaluation Comment</b>		
<b>l.</b> Linen Management		
<b>Evaluation Comment</b>		
<b>m.</b> Maintenance and Engineering		
<b>Evaluation Comment</b>		
<b>n.</b> Medication Management		
<b>Evaluation Comment</b>		
<b>o.</b> Hours of Operation		
<b>Evaluation Comment</b>		
<b>p.</b> Occupational Health and Safety outcomes		
<b>Evaluation Comment</b>		
<b>q.</b> Pastoral Care		
<b>Evaluation Comment</b>		
<b>r.</b> Pharmacy		

Criteria	Assessment (score 1 - 5)	Comments
<b>Evaluation Comment</b>		
s. Security for patients visitors and staff		
<b>Evaluation Comment</b>		
t. Sterilising Services		
<b>Evaluation Comment</b>		
u. Stores and Supplies Management		
<b>Evaluation Comment</b>		
v. Vehicle Access and Parking		
<b>Evaluation Comment</b>		
w. Waste Management		
<b>Evaluation Comment</b>		
<b>3.2. Physical Planning</b>		
<b>3.2.1</b> Location on campus		
<b>Evaluation Comment</b>		
<b>3.2.2</b> Overall layout		
<b>Evaluation Comment</b>		
<b>3.2.3</b> Individual room layouts		
<b>Evaluation Comment</b>		
<b>3.2.4</b> Room sizes		
<b>Evaluation Comment</b>		
<b>3.2.5</b> Flexibility of use		
<b>Evaluation Comment</b>		
<b>3.2.6</b> Disabled access		

Criteria	Assessment (score 1 - 5)	Comments
<b>Evaluation Comment</b>		
3.2.7 Corridor widths		
<b>Evaluation Comment</b>		
3.2.8 Door sizes		
<b>Evaluation Comment</b>		
3.2.9 Design of work surfaces		
<b>Evaluation Comment</b>		
3.2.10 Signage		
<b>Evaluation Comment</b>		
<b>3.3. Materials and Finishes</b>		
3.3.1 Overall appearance		
<b>Evaluation Comment</b>		
3.3.2 Resistance to damage		
<b>Evaluation Comment</b>		
3.3.3 Ease of cleaning		
<b>Evaluation Comment</b>		
3.3.4 Acoustic performance		
<b>Evaluation Comment</b>		
3.3.5 Adequate fittings and fixtures		
<b>Evaluation Comment</b>		
<b>3.4. Engineering Services</b>		
3.4.1 Water supply		
<b>Evaluation Comment</b>		
3.4.2 Drainage		

Criteria	Assessment (score 1 - 5)	Comments
<b>Evaluation Comment</b>		
3.4.3 Air conditioning		
<b>Evaluation Comment</b>		
3.4.4 Ventilation		
<b>Evaluation Comment</b>		
3.4.5 Heating		
<b>Evaluation Comment</b>		
3.4.6 Power		
<b>Evaluation Comment</b>		
3.4.7 Lighting		
<b>Evaluation Comment</b>		
3.4.8 Nurse call		
<b>Evaluation Comment</b>		
3.4.9 Emergency services		
<b>Evaluation Comment</b>		
3.4.10 Communications: Phone, intercom, computer etc		
<b>Evaluation Comment</b>		
3.4.11 Technical services (e.g. gases, imaging support)		
<b>Evaluation Comment</b>		

## Part 4 - Service Planning

(to be answered by Facility Managers)

### 4.1 Service Performance information

Please provide the following data related to your facility. If not applicable, write N/A.

Data	a. Year previous to construction	b. Design Projection in SPP / PDP for current year	c. Current Year	d. Previous to Current year difference $c - a =$	Projection to Current year difference $c - b =$
1. Catchment description					
<b>Evaluation Comment</b>					
2. Catchment Population Size					
<b>Evaluation Comment</b>					
3. Service description					
<b>Evaluation Comment</b>					
4. Service Level					
<b>Evaluation Comment</b>					
5. *ED presentations					
<b>Evaluation Comment</b>					
6. *Admissions ED					
<b>Evaluation Comment</b>					
7. *General admissions					
<b>Evaluation Comment</b>					
8. *Outpatient presentations					
<b>Evaluation Comment</b>					
9. *Occasions of Service (OOS)					
<b>Evaluation Comment</b>					

Data	a. Year previous to construction	b. Design Projection in SPP / PDP for current year	c. Current Year	d. Previous to Current year difference c - a =	Projection to Current year difference c - b =
10. *No of Beds					
a. Acute					
<b>Evaluation Comment</b>					
b. Long stay					
<b>Evaluation Comment</b>					
c. Other					
<b>Evaluation Comment</b>					
11. Staff levels					
a. Nurse FTE					
<b>Evaluation Comment</b>					
b. Allied health					
<b>Evaluation Comment</b>					
c. Admin, Hotel & Engineering maintenance (FTE)					
<b>Evaluation Comment</b>					
d. R Med Off					
<b>Evaluation Comment</b>					
e. V Med Off					
<b>Evaluation Comment</b>					

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

Insert Response

**Evaluation Comment**

## 4.2 Recurrent Costs

Please provide the following data related to the facility.

Operating costs:	Year previous to construction	Design Projection in PFP / PDP	Current Year Actual Exp	Year to year difference	Projection → Actual difference
Employee related					
<b>Evaluation Comment</b>					
VMO					
<b>Evaluation Comment</b>					
Goods and Services					
<b>Evaluation Comment</b>					
Maintenance					
<b>Evaluation Comment</b>					

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

[Insert Response](#)

**Evaluation Comment**

## SECTION 4 - RECORDS OF MEETINGS & INTERVIEWS

### Record of Meeting / Group Interviews Proforma

**Project** .....

**Project No** .....

**Subject** .....

**Location** ..... **Date** .....

**Participants** .....

.....

.....

#### Planning Process

**Positives** .....

.....

**Negatives** .....

.....

#### Service Provision

**Positives** .....

.....

**Negatives** .....

.....

#### Functionality

**Positives** .....

.....

**Negatives** .....

.....

#### General Comments

.....

.....

.....

# Record of Meeting / Group Interview - Example 1

**Project** XXXX Health Service Post Occupancy Evaluation  
**Project No** XXXX.....  
**Subject** Site Interviews - Engineering Services.....  
**Location** XXXX Health Service ..... **Date** XXXX.....  
**Participants** Name or participant # A/Mgr Maintenance Services..ZZAHS.....  
 Name or participant # Group Engineer.....ZZAHS.....  
 Name or participant # Maintenance Supervisor.....XXXX.....  
 Name or participant # Engineer.....XXXX.....

## Planning Process

- An engineering representative was present at all meetings.
- Staff input was a problem due to difficulties getting relief to enable staff to devote time to the redevelopment and a lack of understanding of what was being proposed.
- Collocation hasn't been completely successful. The vision was not thoroughly thought through or properly documented. Communication and employment issues have subsequently arisen.

## Service Provision

- Positives • Good communication clinical areas to engineering.  
 Negatives • Staff levels reviewed for new facility before sufficient operating experience.

## Functionality

### XXXX District Hospital

- Positives • New facility means less maintenance.  
 • Plant access via service walkways in roof space.  
 • Level access to all facilities.  
 Negatives • Curtain tracks too low for lifters.

### Community Health Centre

- Positives • Integration with other services.  
 Negatives • Air conditioning of rooms is not effectively zoned resulting in discomfort for occupants.  
 • No insulation in ceilings - essential for Young's climate.

### YYYY Centre

- Positives • General planning is good.  
 • Central staff station works well.  
 • Privacy of palliative care.  
 Negatives • Zoning of air conditioning is unsatisfactory.

## General Comments

- Light fittings vary and are not in Government contract.
- Provision of a single light in internal ensuite renders them unusable in the event of a failed globe.
- Epoxy floor in Kitchen has failed.
- Temperature problems in Retherm room area result of a late design change.
- Web FM and Health AMMS are expensive, and neither useful or functional.
- Strike plates on doors protrude too far and catch clothing.
- Signage is inadequate.
- Pavers were installed in driveway outside MCC entrance. These could not handle traffic loads and have been replaced.
- Pan sanitisers have been installed too close to walls and services to prevent maintenance access.
- Eastern bank and retaining wall is eroding.

- Security*
- Staffing of 3 for Internal security is inadequate. Security risk has increased from previous facilities due to large footprint and long corridors.
  - Security report was made available which recommended CCTV in carpark and ability to locate duress alarm source.
- Communications*
- Software for communications, nurse call, security, lighting, etc is inadequate for needs. A basic system only was installed. Initial training was inadequate.
- Warm Water*
- Warm water system may have been better as a centralised system rather than mixing valves. 63 TMVs are installed and maintenance workload has increased. Monthly testing is a resourcing problem.
  - Legionella has been found in system. A possible cause could be uninsulated cold water pipes in hot ceiling space become warm creating suitable breeding conditions.
- Car Parking*
- Public vehicle access and parking is a problem. Public traffic tends to flow through the ambulance bay rather than around it.
  - Carparking spaces are tight. A change from 90° to 45° bays is being considered.
- The original number of parking spaces provided was inadequate.
- Fire Regulations*
- There were some conflicts identified between BCA, Health Dept Guidelines and Australian Standards leading to confusion. Additional extinguishers and fire blankets were obtained.
- Energy Conservation*
- Conservation measures were minimal.
  - BMS was enhanced after handover.
  - Lack of ceiling space insulation caused considerable loss of heat.
- Acoustics*
- Major problem throughout and in particular YDH Staff Station, Community Health consulting rooms. Noise transfer occurs through ductwork.
- Dental Clinic*
- Inadequate radiation protection to surgeries has resulted in excessive exposure to radiation by some staff.
  - Workroom across corridor is unsatisfactory.
- Roofing*
- Box gutters have overflowed 3 times and flooded ED.
  - Roof access anchor points were not provided in initial contract.

# Record of Meeting / Group Interview - Example 2

**Project** XXXX Health Service Post Occupancy Evaluation.....  
**Project No** XXXX .....  
**Subject** Site Interviews - Hotel Services.....  
**Location** XXXX Health Service..... **Date** XXXX.....  
**Participants** Name or participant # Hotel Services Manager.. # XXXX.....  
 Name or participant # Hotel Services Deputy Manager.. # XXXX.....  
 Name or participant # Various domestic staff.....

**Planning Process**

Input from staff was ignored.

**Service Provision**

- Hotel services are provided to the site by YYYY. There have been some transitional staffing management issues as previously each facility employed their own staff and existing employment arrangements were maintained.
- Government contract ordering procedures are found to be excessively bureaucratic, resulting in long waits for goods and lack of choice. YYYY has entered into separate supply agreements which differ from those for XXXX, resulting in different brands of products being used in each part of the facility.
- Costs have increased but so has workload for both catering and cleaning.
- Different linen services are used by YYYY and XXXX.

**Functionality**

- Positives**
- Generally the collocation is working well.
  - New facilities are much easier to clean.
- Negatives**
- Floor finish has failed and needs to be replaced.
  - Suspended ceilings limit ability to control pests in ceiling space and permit entry of dust.
  - Tiles in kitchen should extend full height to avoid ongoing maintenance of painted walls.
  - Plasterboard walls are easily marked and dented.
  - Kitchen is not connected to emergency power, meaning considerable wastage of food if power is lost for a period of time.
  - Cleaners’ stores are too small.
  - Can’t get trolleys in theatres.
  - No washing machine is provided for on-site washing of mops, etc.
  - Dining room not large enough for all staff.
  - Community Health toilets are too small.
  - Access to Hotel Services Manager’s office is through Kitchen. External access is desirable for domestic staff.
  - Access to dirty linen area should be by roller door from loading dock rather than internal door.
  - There is shared clean and dirty linen storage with potential for cross contamination.



### **General Comments**

- Initial space allocation for cleaners' supplies was inadequate. Additional space has been acquired.
- A former store room has been converted to a reheat pantry. This area has inadequate ventilation. Work is in progress to correct this.
- Site rainwater should be collected for reuse for landscaping.

## Record of Telephone Conversation - Example 3

**Project** XXXX Health Service Post Occupancy Evaluation.....  
**Project No** 0603.....  
**Subject** Telephone Conversation - Nursing / Clinical Services XXXX .....  
**Location** XXXX..... **Date** XXXX.....  
**Participants** Senior Nurse..... XXXX.....  
Manager..... XXXX.....

### Planning Process

Planning process suffered from not having a project manager at the beginning to liaise with and advise staff.

### Service Provision

- No service plan was prepared for future Young Health Service.
- Oncology service is expected to increase to 5 days per week.
- Beds and treatment spaces are generally adequate for current demand.

### Functionality

- Negatives
- After hours entrance through ED waiting.
  - Inadequate storage in ED.
  - Staff office is required in ED.
  - Limited observation of ED waiting area.
  - Oncology unit conflicts with Day Only unit, occupying day only beds. Oncology would have been better located where Blood Bank is to free up facilities for Day Only.
  - Operating Theatres should have been located directly behind inpatient area to provide privacy for patients being transferred.
  - Bathroom is underutilised.
  - Nursery is unable to be observed from staff station.
  - HDU rooms are too small.
  - Pharmacy and patient waiting area is oversized.
  - Pathology is oversized.
  - Administration offices are too small.
  - No office is provided for Health Service Site Manager.
  - General lack of acoustic privacy and confidentiality for staff and patients.

### General Comments

- Planned staffing levels have not been achieved resulting in ED waiting area having to be managed from central staff station.
- Day Only unit has not been commissioned.
- Procedures room is not used.
- Original plans included a door between mortuary and viewing room, but was not constructed.
- After hours toilet was originally included in ED waiting area but later deleted.

## SECTION 5 - FINAL REPORT

### NSW Health Post Occupancy Evaluation Guideline Final Draft: May 2004

NSW Health - Post Occupancy Evaluation  
10 May 2004 Page:30

#### 4.4 APPENDIX D - STANDARD POE REPORT FORMAT Report Framework

Below is a framework for the standard POE report, with brief comments outlining the content required.

1. Table of Contents
2. Executive Summary
3. Introduction
  - a. Purpose of the Evaluation  
This should note who has commissioned the study and the purpose of the study.
  - b. Project Information  
This should summarise the key project information for the health facility that is the subject of the POE. It should also supply in a standard format the information that summarises the project implementation parameters including:
    - The total project cost, at PFP, PDP stages, then the final cost at project completion;
    - Program of works including start and finish dates, both as estimated at PDP stage and the final result;
    - Details of the Project Team that implemented the project;
    - Details of the Contractor and the procurement method used;
    - Any other project information relevant to the study and that is collected by the general information proforma.
  - c. Participants in the Evaluation
    - List the POE team members and their respective roles;
    - List the stakeholder representatives and their roles within the health service.
  - d. Outline of the Methodology Used
    - Set out a summary of the site visits, questionnaires, interviews and workshops used to gather stakeholder feedback - documentation may be included in appendices to the report as required;
    - Provide a summary of those who were interviewed or attended the workshop;
    - Provide a summary of the feedback collected, and of any issues that require referral to NSW Health for further input or advice.

#### 4. Data Collection and Analysis

##### a. Tools Used

Comment on the data collection tools and any of the fields or areas not used and reasons for this. Where relevant note any particular techniques that were required to obtain results, note any issues arising from use of the data collection tools, where these required modification to achieve their purpose etc.

##### b. Quantitative Data Collection

- Completed Data Collection Templates in hard and soft copy;
- Conclusions drawn from analysis including those that have been assessed further in qualitative terms.

##### c. Qualitative Data Collection

- Completed Data Collection Template in hard and soft copy;
- Conclusions drawn from analysis of qualitative data collected.

##### d. Data Analysis

- A summary of the conclusions drawn from both the quantitative and qualitative data, especially the interrelationships between these;
- Depending on the primary focus of the POE (e.g. service delivery outcomes, functionality or review of the procurement process), the following framework may be useful in reporting the analysis of the data collected.

#### **Services**

*Health Service Outcomes Achieved:* Both the quantitative and qualitative data collected should be evaluated to indicate if and how services outcomes required by the PFP or PDP were achieved.

#### **Functionality**

*Design Issues Raised:* A summary of any issues raised that may be directly attributed to a specific design criteria.

*Compliance with HFG's:* Based on the comparative analysis done prior to the workshop(s) does the project meet the current guidelines and in what area(s) is it deficient?

*Compliance with PDP:* Does the finished facility match the outcomes required in the PDP and if applicable, what areas require attention?

*Compliance with POFP:* Comparison should be made between the project documentation and the process of facility planning (POFP) determined by NSW Health. This section should noted any deviations and their overall effect on the project.

*Best Practice Outcomes:* Using available benchmark information, the report should indicate compliance or non compliance with these.

#### **Procurement Process**

*Project Implementation:* Did implementation of the project follow NSW Health accepted procedures? This may include compliance with the POFP, provision of an adequate budget, a realistic program and achievable objectives.

#### 5. Conclusions and Recommendations

##### a. Results of Collection and Analysis of Data

- Summarise in key areas as noted above under data analysis.

##### b. Key Outcomes and Recommendations from POE

- Outcomes that should be incorporated into future review of the current NSW POFP
- Outcomes that should be incorporated into future review of the current Australasian HFG
- Outcomes that should guide future planning and implementation of health facility projects.
- Any other relevant outcomes or recommendations.

### **POE Methodology Review**

At the completion of the POE process, the Consultant (or the Project Officer, where no consultant is engaged) shall prepare a review of this methodology, as used to conduct the POE. A separate but short report to NSW Health will include the following details in regard to the evaluation study:

- A brief description of the application of the methodology;
- A summary of the strengths and weaknesses of the methodology;
- Definitive recommendations for improving the process for the future.

Centre for Health Assets Australasia

Level 1, Red Centre (West Wing)  
Faculty of the Built Environment  
The University of NSW  
UNSW Sydney NSW 2052 AUSTRALIA

Tel: +61 2 9385 5619  
Fax: +61 2 9385 5935  
Email: [CHAA.Admin@unsw.edu.au](mailto:CHAA.Admin@unsw.edu.au)  
Web: [www.chaa.net.au](http://www.chaa.net.au)