Asset Stewardship & Project Development Model (Care of Risk & Quality)

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Key Learning Outcomes

- Describe the Core Components of Asset Management in Health Care

- Summarize LMFM’s Asset Stewardship role to manage quality and risk.

- Understand how Owners Project Requirements form a baseline to inform project development.

- Define the Enablers to optimize a collaborative project delivery process.
The goal of asset management is to provide and sustain a required level of service in the most cost effective way through the creation, acquisition, operation and maintenance, renewal and disposal of assets to provide for present and future health care needs.

The life-cycle approach is central to asset management by taking account of the total cost of an asset throughout its life.

A key indication of successful asset management is a better service, not a better asset.
Asset Management Framework
Conceptual Model

**FM Strategic Plan**: CREATE, BUILD, SUSTAIN
Capital, Innovation, Customer, Optimization, EES, Savings

- **Customers**
- **Legislation**
- **Stakeholders**
- **Market**

- **Organization & People Enablers**
- **Asset Management Strategy Planning & Engineering**
- **Asset Management Decision Making**

- **Asset Knowledge Enablers (including engineering)**

- **Risk & Review Business Continuity Performance**

- **Use**
  - Acquire
  - Create
  - Life cycle Delivery ROA
  - Eng/Arch Standards

- **Operate**
  - Maintain
  - Sustain
  - Protect

- **Sustain**
  - Protect

- **Maintain**
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- **Operate**
  - Use

- **Acquire**
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Asset Stewardship (Care of Risk & Quality) R&D and Project Development Model

**How do we achieve LMMF MVP?**
- through "Quality"

**Where do we describe what must be planned and built?**
- through OPRs

**Who’s to do what when and how?**
- through process: PDG, compliance checklists, PM, Tririga, reports, KPIs, etc.

**How do we ensure quality?**
- Holistic commissioning, inspections, checklists, shop drawings etc.

**Standards via Off-Project R & D**

**FMBOK**

**Quality Assurance: Holistic Commissioning**

**Content**
**Process**
**QA: Checklists**

OPR: **QUALITY:**
- Min. LCC
- Reliability
- Functionality
- Operability
- Maintainability
- Accessible
- Aligned
- Risk ROI
- Safe
- Legal
- Comfortable
- Attractive
- TBL and HBE
LMFM Project Development
Asset Stewardship

Key Drivers

- Quality Improvement
- Risk management
- Information sharing
- Integrated processes
- Maximized saving opportunities
- Sustainable service delivery
Gaps/Intents in Project Stages

- Business Case
- Functional Planning
- Procurement
- Construction
- Commissioning/evaluation
- Occupancy - handover
- Operations & Maintenance
Business Case

Gaps
• Missing key information for costing
• Insufficient detail
• No approved standardized facility programming (kit).

Intent
• Increase access to performance requirements.
• Align with LMFM policy & objectives for major risk factors:
  • LCC, BIM, Post Disaster Status
Functional Planning

Gap
- Users unclear of intents & functions of spaces.
- Decisions based on current space and practices.
- Jump to design.
- Clashes can be missed.

Intent
- Performance requirements as baseline for discussion
- Includes all stakeholders

“Before I state the problem, are there any solutions?”
Procurement Process – DBB, DB, P3, IPD

Gap
- Evolving procurement process
- Performance vs Prescriptive

Intent
- Base line performance requirements for project specification.
- Support for decision making
- Clear communication
  - Users
  - proponents
Construction

Gap:
- Change in roles in monitoring construction quality control.

Intent:
- Using performance based data:
  - Monitor for compliance
  - Risk and quality,
- Documentation of status and changes
Commissioning & Evaluation

Gap

- Commissioning gaps
- Evaluations not part of project scope of work.
- Lessons learned not documented

Intent

- Expand Commissioning
- Scope to include evaluations
- Document, share & implement lessons learned.

The only real MISTAKE is the one from which we learn nothing

~ Henry Ford
Operations & Maintenance

Gap
- Handover process
- Difficulty readily accessing technical and warranty data
- Maintenance & Life Cycle Costs – policy development

Intent
- Provide:
  - Better building data to operate and maintain.
  - Easy access technical & warranty information
- Implement LCC policy
Owners Project Requirement Process

Process
- Stakeholder engagement
  - Starts with **baseline** OPRs
  - Performance based
  - Clinical and technical

Output:
- Detailed **project specific** OPRs.
**Intent:** Allows for personal hygiene, toileting and showering.

**Client Experience:**
- Shower controls are easy to turn on and understand how to use.
- 7.3.4.1(1) Provide fixtures as described in the Appendix 1A [Clinical Specifications] and as needed to comply with all applicable codes and regulations.
  - (2) Provide all plumbing fixtures made of impervious, durable materials suitable for a hospital facility. Select fixtures with proven acceptable hospital performance from previous installations. In all washrooms accessible to Patients use plumbing fixtures approved by the New York State Office of Mental Health, Patient Safety Standards – Materials and Systems Guidelines. Hand held showers will not be used.
  - (3) Consult with the Authority on the selection of fixtures, and give particular attention to performance relative to infection prevention and control.
  - (20) Provide Patient showers with electronically controlled pressure balanced and high temperature limit shower valves, for tempered water supply through single push button (Piezo) that are flush to ensure anti-ligature safety, and anti-ligature shower heads. Locate mixing valve away from client reach within secured cabinet while reducing dead-leg to shower. Design shower bases to ensure that the water is contained within the shower area. ADA accessible Patient showers must be free of barriers with no lip between the washroom floor and shower. Install a floor drain at the drying area outside of each shower.

**Staff Experience:**
- Able to turn off water supply from outside the room.
Ensuite Bathroom OPR

Intent: allow for personal hygiene etc.

Room Size: 6 NSM
Patient can be alone in the space
Patient Access: free
Speech Privacy required: No

Patient Experience:
• Able to call for assistance
• Shower controls are easy to turn on and understand how to use

Staff Experience:
• Able to call for help with personal duress
• Able to access water controls from outside the room

Safety And Security:
• Potential for self harm and barricading is mitigated
• Unable to hide items in ceiling or furniture.

Sustainability:
• Provide durable finishes to protect walls, doors and floors from wear and tear.
• Strategies to address flooding
The Story – The Statement of Requirements

Intent - Provide information to enable consultants to produce an optimal innovative design.

- **Space Intents**
  - In Clinical Specifications

- **Space performance requirements**
  - In Clinical Specifications.
  - Informs technical specifications.

- **Technical Performance requirements**
  - SOR technical specifications.
  - Matrixes & Algorithms.
Proposed FM Body of Knowledge

LMFM Project Resources & Information
Real Estate; Planning & Projects; Energy & Sustainability; Facilities Maintenance Operations Systems Support; Education

Flowchart:
- Intake
  - Asset Management Committee
  - Director
  - RISK
  - Quality
  - Output
- FMBOK

Output

FM Body of Knowledge

- **Data Base**
  - Space & System OPRs

- **Information for sharing**
  - Guidelines/Standards
  - Evaluations
  - Research & Development

- **Tools**
  - Templates
    - Baseline SORs,
  - Checklists
  - Matrixes
  - Algorithms
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Use
Operate
Sustain
Protect

Dispoese
Renew
Maintain
Sustain
Protect

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Thank you for coming.

We would be happy to answer any questions.
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- Sustainable service delivery
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