

Number: 2730

Date: 2009 February – Joint Planning Office  
2009 March 31 Management &  
Communication Committee

**Type:**  Joint  HDH Specific  KGH Specific

**Category:** Property and Equipment

**TITLE:** Facility Planning

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### **Preamble**

Hospital space and facilities are a corporate resource. It is essential that a system of space allocation and planning control is established to ensure the most efficient and effective use of these limited resources. The Joint Planning Office (JPO) is responsible for maintaining these resources through the management of a space inventory database and the administration of the facility planning approval and implementation process, which may be preceded by a business case and/or capital budget process.

All facility planning projects (adjustments to space, infrastructure upgrades, etc.) should support the Hospital mission statement and be consistent with the standards outlined in the Master Program/Master Plan.

### **Policy statement**

All changes to Hospital space will follow the facility planning procedure to ensure that space is effectively allocated, utilized and designed in compliance with applicable building codes and current functional standards as defined by the MOHLTC. This process will be managed by the Joint Planning Office. All changes to hospital space that require capital resources will be approved in accordance with Policy #1550 "Purchasing Signing Authority"

### **Procedure**

#### 1. Space Allocation

##### 1.1. Space Requests:

- 1.1.1. If additional space is needed a Space Request Form (attached), signed by the Director responsible for the department requesting the space, must be submitted to the Project Assistant via email.
- 1.1.2. The requestor will be contacted to discuss options. If there are competing requests for vacant space, the issue will be presented to the relevant members of the Senior Leadership Team for a decision on allocating the space in question.

##### 1.2. Moves:

- 1.2.1. If a move is required a Move Form (attached), signed by the Director responsible for the portfolio requesting the move, must be submitted to the Project Assistant via email.
- 1.2.2. The JPO will coordinate the move and update the space inventory once the move is complete. In order to maintain the integrity of the space inventory, moves may not occur without JPO approval.

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### 1.3. Vacancies:

- 1.3.1. If staff who occupy office space is leaving, the Project Assistant is to be notified by the manager responsible for the change in occupancy. In collaboration with the manager/program, the JPO will jointly determine whether the newly vacant space is to be returned to inventory or retained for use by replacement staff. If the space is to be retained for replacement staff, the JPO is to be contacted to prepare the office for re-occupancy. The JPO is to be notified of any new hires, by hiring manager, in order to ensure that the space inventory remains current.

## 2. Facility Planning Requests

- 2.1. When a construction project is required, a Facility Planning Request (attached), signed by the Senior Leader responsible for the portfolio must be submitted to the Project Assistant.

Requests must describe the need for a project in the context of:

- i. Patient or staff risk issues
  - ii. Legislative requirements (Ontario Building Code, Occupational Health & Safety Act, Public Hospitals Act, etc.)
  - iii. Compliance with standards as identified by professional organizations
  - iv. Addressing situations that have an impact on the delivery and support of direct patient care
  - v. Improvements in operational productivity, efficiency and effectiveness
- 2.2. A Project Coordinator (PC) will contact the requestor to determine the scope of work. The PC will coordinate the development of a project cost estimate and prepare a Facility Planning Datasheet outlining all project costs. The development of this cost will involve an initial meeting with a representative from each of the following departments: Facility Engineering & Maintenance Services, Environmental Services, Security, Life Safety & Emergency Preparedness, Infection Control, Occupational Health & Safety, Information Systems, Accessibility Committee, and Respiratory Therapy (if required).
  - 2.3. Once the project scope and estimate are defined, the JPO will determine the appropriate approval process, which will be based on the amount of the project estimate. Approval levels are determined by policy #1550 "Purchasing Signing Authority". Urgent facility planning requests that were not anticipated during the budget process will be handled by the Joint Planning Office and presented to the appropriate committee for approval (Senior Leadership Team, Management & Communications Committee, etc.). Projects that exceed \$200,000 must be submitted to the MOHLTC for approval.
    - 2.3.1. If the project is urgent, the JPO will prepare a critical necessity submission for approval by the Chief Financial Officer and Executive Director.
    - 2.3.2. If the project request is being developed for the purposes of annual capital budget submissions, the JPO will submit the capital budget request for approval when submissions are called.

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- 2.3.3. If the project request is to create additional office space to accommodate new physicians, as indicated on the associated physician impact analysis, the JPO will prepare a project cost estimate and submit via the critical necessity process. Once the critical necessity form is approved, the JPO will approve the physician impact form.
- 2.3.4. If the scoping process results in a project that is less than \$25,000 and is not complicated by significant phasing requirements, work in a patient care area, etc., an expedited bidding and implementation process will be applied. Construction needs will be documented by the consultant team. Projects will be offered to pre-qualified contractors on a rotating basis to eliminate the need for the standard tendering process. Completed projects will be reviewed by the consultant team to insure that the project intent has been satisfied.

### 3. Project Reporting:

All project requests and approved projects will be reported to the Resources Planning Committee and the Board of Directors on a monthly basis via the Joint Planning Office Facility Planning Report. The report consists of two parts: "Projects Pending Approval" and "Approved Projects".

- 3.1. **Projects Pending Approval** will include the list of requests actively being processed by the Joint Planning Office. The priority of the request will be indicated on the report as determined by the prioritization criteria listed above. The project estimate will be reported once finalized. The project status will indicate the level of approval that is being sought by the JPO.
- 3.2. **Approved Projects** will include the list of approved projects under development in the Joint Planning Office. The report will outline the scope, financial status and schedule of each project.
  - 3.2.1. Financial: the approved cost, estimate at completion, and variance, if any, will be reported.
  - 3.2.2. Schedule: the current phase of work (design, construction, or close-out) and the schedule for completion of that phase will be reported along with a brief status report.

### 4. Change Order Approvals:

Each project budget will include a contingency allowance to fund unforeseeable conditions that may be encountered during construction. The allowance is calculated as a percentage of the construction value of the project. Renovation projects will include a 12 % allowance; new construction projects will include an 8% allowance. Change orders will be recommended to the Hospital by the prime consultant and should only be suggested for work that is required to achieve the approved scope of the project.

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Change orders that satisfy these criteria will be approved by the Director, Planning. Change orders that are not required to achieve the approved scope of the project may only be approved by the individual and/or committee with the ultimate signing authority for the project. Should the volume of change orders exceed the approved contingency allowance, the JPO will prepare the project for additional funding approvals as determined by the signing authority policy.

**5. Purchased Services:**

The prime consultant will solicit bids for all construction projects. The prime consultant will be responsible for all post-tender negotiations with the successful contractor. The JPO will solicit proposals for all direct consultant services as per purchasing department procedures. Construction and/or consulting contracts will be approved by the appropriate individual and/or committee as determined by the policy #1550 "Purchasing Signing Authority".

**Definitions:**

For the purposes of this policy, unless otherwise stated, the following definitions shall apply:

Facility Planning is defined as:

- The need for more or less space
- The movement of walls, doorways, etc., that would alter the entrance, exit or size of a space
- Any change to the use of space, i.e. office to research space, pharmacy to social work, etc.
- A change of occupant
- An alteration to the engineered design of the facility's infrastructure that would not be considered regular maintenance
- Equipment/furniture installation that may require alterations to space and/or infrastructure

**References:**

HDH #1550 Purchase Signing Authorities

**Replaces**

HDH #2730 – Inter hospital/Inter Departmental Moves