KING'S FUND NHS TRAVELLING FELLOWSHIP: AN EXAMINATION OF ESTATE MANGEMENT TECHNIQUES IN AMERICAN HOSPITALS

QUESTIONNAIRE

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1 BACKGROUND INFORMATION ON THE PROVISION OF MEDICAL SERVICES IN THE STATE OF MASSACHUSETTS

The object of this series of questions is to establish the role of the State authority in the provision of Health Care Services in the State of Massachusetts.

1 Is there any form of long term or strategic planning for Health Care Services carried out at Federal or State level, if so:

(a) What services are taken account of and what parameters are used in the assessment.

(b) How do the Federal/State Authorities ensure that their plans are put into operation by the Hospital Authorities.

(c) If there is no Federal/State involvement in Health Care Planning who provides the general overview and who sets standards and monitors their implementation.

2 Are the planned services intended to cover all the population of the State, if not:

(a) Who is excluded

(b) Grounds for exclusion

(c) Are services provided for patients from adjacent States other than for casual visitors or people on holiday.

3 Is there any attempt to integrate hospital service provision with Municipal Authorities (ie City/County) such as Community Care etc, if so what services are provided and how are they funded.

4 Are these arrangements typical of those in other States in the USA if not what other variations are there.

2 BACKGROUND INFORMATION ON OPERATION OF HOSPITALS IN MASSACHUSETTS

The object of this series of questions is to provide a broad backcloth against which specific questions relating to the Estate can be set. This will allow more objective comparisons to be made between Estate practice in American hospitals and those in Britain.

1 Is there any reason to believe that the way this hospital operates is markedly different from other hospitals of its type in any other State of the USA.

2 Are there any local conditions that the hospital authorities recognise and to take account of in the way they run any of the medical or estate services.

3 Is the current environment in which the hospital currently operates a stable one, if not what are the changes that are taking place and what are the motivating forces aims and objectives behind the changes.

4 What range of medical services are provided by the hospital.

5 Number of beds allocated for each of these services.

6 Number of admissions per year for day care and the cost of care per in-patient day.

7 Number of patients treated per year in the accident and emergency unit, what is the average cost per patient.

8 How was it decided that the range of services listed under items 4 to 7 above be provided at this hospital.

9 Is the continued provision of these services reviewed on a regular basis if so:

(a) Who carries out this review

(b) What parameters are used in the review

10 Is there any form of long term strategic planning carried out by:

(a) The hospital authorities

(b) The Health Organisation or Alliance to which the hospital belongs

(c) Any medical insurance company

(d) The hospital in conjunction with the Federal or State Authority

If so what is the basis of this strategy what are the parameters used how frequently are the reviews carried out and what form of feed back/monitoring system is there.

11 In the absence of a co-ordinated strategic plan how does the hospital market its services

12 In what way does the hospital compete or co-operate with other hospitals

13 How are patients referred to the hospital:

(a) From General Practitioners

(b) From Self Referral

(c) Others

14 To what extent is the local hospital a community hospital with its own local client population

15 What population does the hospital see itself serving and actually catering for:

(a) Numbers of people served

(b) A geographical area served

16 How are the statistics for item 15 above taken into account with respect to:

(a) Different age ranges of the population

(b) Different medical services needed

(c) The patients ability to pay for the anticipated service

How are these statistics:

(d) Collected

(e) Monitored

17 Are any medical services provided on a subsidised basis, thus:

(a) Do all medical departments have to balance their own budgets or do the hospital authorities consider the whole hospital as an operating unit and look at the overall balance sheet.

(b) Is any medical department able to provide a service to a patient that is below cost or free of charge

18 Do the services provided by the hospital cater for the whole community if not:

(a) Who is excluded

(b) Grounds for exclusion

19 How is the Hospital financed:-

(a) Grants

(b) Federal/State/City Aid

(c) Donations

(d) Patient Charges

(e) Others

20 Have alternative means of income generation been considered, if so what are these various other sources and could an indication be given as to the amount of income generated per year.

3 FRAMEWORK OF REGULATORY AND MANAGERIAL BODIES

The object of this series of questions is to establish:

(a) The regulatory framework in which hospitals in Massachusetts operate

(b) What extent this regulatory framework constrains or assists the normal day to day operation of the hospital

It would be of assistance if a command structure (family tree) or box plan could be provided illustrating the control/advisory mechanisms from Federal or State level down to the hospital level. These should include a number of strands so as to give a broad backcloth to the Estate function and should include the following along with explanatory notes where possible

1 Method of hospital licensing/registration

2 Method of licensing of:

(a) Medical staff

(b) Nursing staff

(c) Estates professional staff ie engineers, architects etc

3 The role of the American Hospitals Association

4 Operating systems of the medical insurance organisations:

(a) Blue Cross

(b) Medicare

(c) Others

5 Regulations regarding:

(a) Gas supplies

(b) Electricity supplies

(c) Water supplies

(d) Health and Safety

(e) Specialist hospital services such as piped medical gases, sterilisers etc

(f) Building regulations

(g) Fire regulations

(h) Asbestos

(i) Pest control

(j) Electrical medical equipment

(k) Waste disposal and incinerators

(l) Legionnaires Disease

(m) General environmental health matters

6 Federal/State audit of hospital accounts

7 Who monitors quality standards with regard to patient care, patient services and the Estate? Are sanctions applied where quality is poor, if so to whom are they directed?

4 ESTATE MANAGEMENT STRUCTURE AND WORKING POLICY FOR EACH HOSPITAL

The object of this series of questions is to determine the general management policy towards the estate and to establish where the estate function fits into the overall hospital management structure and the extent of estate involvement in:

(a) The general hospital management

(b) The management of the total estate

1 Again it would help if a command structure or box plan of the management board down through the estates element could be provided along with a brief outline of the duties of each member of staff or the group or department, stating who the most senior estates officer is responsible to.

2 Where applicable, could the required qualifications for the post be shown along with those that the post holder actually has.

3 Could inputs from other agencies be shown such as contractors, consultants, management groups etc

4 What are the methods of assessing manning levels and how are these measured and monitored.

5 Does the hospital have a business plan, if so how does the estate fit into this plan?

6 Who holds the budget for the estates department, how is the budget allocated ie from historical amounts or against an annually produced priced schedule of work. Does the budget identify separate accounts for:-

(a) Staffing

(b) Maintenance

(c) New Work

(d) Others

7 How are the estates costs identified within the hospital accounting/charging framework, ie are estate costs:-

(a) Identified and charged by clinical or administrative department.

(b) Aggregated as part of a general overhead for the whole hospital, if so, how is this overhead charged.

(c) Other

8 To what extent are estates staff involved in multi skilled working ie do engineers carry out a range of duties covering electrical or mechanical or building work etc.

5 ESTATE MANAGEMENT

The object of this series of questions is to determine how the overall Estate Management Function is handled in hospitals in Massachusetts.

1 How is estate maintenance work carried out:

(a) All by the hospitals own staff

(b) All by outside contractors

(c) A mixture of the hospital staff and contractors staff

2 If the answer to the above question is 1 (c) then what is the proportion of work done by both groups and how is this proportion arrived at.

3 Where maintenance work is done by contractors what form of specification/contract is used and how is the work monitored and paid for. How long do contracts run for.

4 How is emergency work handled both during normal working hours and nights and weekends. If this work is done by contractors how is the system operated, monitored and work paid for.

5 What form of estate records are kept:

(a) Comprehensive asset register

(b) Record drawings of buildings and all services

(c) Land/site records.

(d) An assessment of standards with respect to Functional Suitability, Space Utilisation, Energy Performance, Fire & Safety Requirements, Physical Condition, along the lines of the Northern Regional Health Authority's "one line profile".

How are the above records/registers compiled and maintained, do these include statutory compliance with Federal/State regulations outlined on previous sheets, if so, who monitors these so as ensure compliance.

6 Who is deemed to be the owner of the assets and what is the agreed definition of an asset.

7 Who has the budget for maintaining the assets.

8 Who decides the level of maintenance to be provided for an asset and what is the basis of this calculation.

9 Who decides when an asset is to be replaced and what is the basis for this decision, are life cycle costing techniques used.

10 What form of "high tech" computer based maintenance monitoring systems are used.

11 What are the annual costs for the total estate function for the hospital.

12 What range of activities is the Estates Department responsible/ budgeted for:-

(a) Building & Engineering Maintenance

(b) Energy

(c) Grounds & Gardens

(d) Cleaning

(e) Maintenance of Furniture

(f) Maintenance of Medical Equipment

(g) Major upgrading works

(h) Others

Give a brief list of main items covered by the various categories listed above. Can the budget be broken down under these headings.

13 Details of hospital accommodation

(a) Construction

(b) Height (Number of Floors)

(c) Age or range of ages of various parts

(d) Total floor area (measured inside the external walls)

(e) Volume of heated space

6 NEW BUILD AND DEVELOPMENT WORK

The object of this series of questions is to establish the hospital authorities general view with regard to new build solutions to problems of old building stock, poor functional suitabilty, poor or inappropriate space allocation or major replacement of services.

1 Are new build solutions accepted and funded by the hospital authority or does the Estate Manager have to accept that he " does the best with what he has."

2 With regard to possible new build solutions or major improvement/ extension work:

(a) Who decides the make up of the brief and weighs the various cost and technical options?

(b) Who is responsible for the design?

(c) Are there Federal/State/Hospital design guides?

(d) What form of specification/contract is used?

(e) How is the work monitored on behalf of the hospital authorities?

(f) What is the basis for payment for the work?

(g) How is the budget for this type of work arrived at and who holds the budget?

(h) How are price increases over budget allocation handled?

(i) Who sets the design standards for such items as space and service allocations and who monitors these standards?

(j) Is there a multi-disciplinary approach to the design involving all those who will be working within the new accommodation as well as the designing architect/engineer etc?

3 What would be the normal method of providing funds for new building provision or a major extension/modification? Would there be some method of repayment for these funds or would this be assumed to be a free good, ie would funds be provided without any requirement for these to be paid back?

4 With a system of charging for capital, there is a risk of conflict arising between the needs to keep costs down and the need to maintain the quality of the built environment. Have such problems arisen, if so, how have they been reconciled?

7 ENERGY MANAGEMENT

The purpose of this series of questions is to explore the range of energy conservation and energy management techniques currently in use in American hospitals.

1 Do the Federal/State authorities have an energy management policy

2 Does the hospital have an energy management policy

3 How are energy conservation schemes funded

4 In the funding of energy conservation schemes what are typical pay back periods

5 Have hospitals taken advantage of funds from outside consultants using contract energy management schemes ie consultant funds the scheme and takes a share in the savings for an agreed period.

6 What form of energy records are maintained by the hospital for the various fuels used

7 How is target setting and monitoring carried out

8 To what extent have computer based energy management control systems been installed in hospitals

9 To what extent have zoning and sub-metering arrangements been allowed for so as to be able to measure/cost energy usage in individual departments within the hospital, are clinical/administrative departments charged for heating.

10 Are hospitals able to arrange bulk contracts with fuel suppliers for groups of hospitals alliances etc and thereby get a more advantageous rate

11 Is dual firing of boilers ie by gas and/or oil used in an attempt to gain more advantageous contracts from fuel suppliers

12 To what extent do hospitals co-operate with each other within energy management groups, committees etc

13 What tariffs do fuel supply companies operate that are applicable to hospitals including standing charges and unit charges

(a) Electricity

(b) Gas

(c) Oil

(d) Coal

14 What is the figure for the total energy used for the hospital with energy used in laundry shown separately.

15 When were serious efforts first made to reduce energy consumption. What work has been undertaken since that time and what schemes are currently being undertaken/planned.

16 Has consideration been given to:-

(a) Combined heat and power scheme

(b) Heat recovery from incinerators and ventilation plant

(c) Decentralising boier plant

17 Does the Hospital/Group have an identified Energy Manager.

18 What is the current trend in energy usage.

8 TRAINING

The object of this series of questions is to establish the hospital management committment to training of estates staff and to place this against the back ground of training provision in the State as a whole.

1 Are staff able to be recruited who are trained in estates matters. If so where/how are they trained. What levels of qualifications are available.

2 Is there a general/particular shortage of trained people in the estate field, if so how is the problem being tackled.

3 In general is there seen to be a need for training.

4 Method of establishing the training need.

5 Total funds spent on training against total numbers of staff.

6 Details of training programmes.

7 Are there Federal/State/Hospital standards applicable to:

(a) Specific members of staff

(b) Specific topics ie sterilizers

8 Is training provided during working hours.

9 Does training play a part in manpower planning, staff performance appraisals, career development plans.

10 Details of local training organisations/providers and groups or associations who come together to organise/provide training.

11 Is there provision for apprentice training within the hospital system in the State.

12 What are the apprentice training arrangements within the State, ie with other employers, or in training groups etc.

RPT/NF
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