4.5 Evaluation and Project Closeout

4.5.1 Project Performance Measures

Performance measurement provides information necessary for setting project goals and tracking achievement toward those goals. Both outcome and process measures are important sources of information to guide decision-making about the construction and maintenance of capital projects. Outcome measures focus on the state of the target population or social condition that a project is expected to have changed. Process measures examine how well a program is operating and how well it performs its intended functions.

Current Performance Measurement Process

The current process focuses on the Physical Condition outcome performance measure (also known as an indicator). This process identifies the percentage of Alberta health facilities rated as being in good, fair or poor physical condition. HEALTH uses this information to assist in decisions about IMP funding (see Chapter 6 for more information). As well, physical condition information is used for capital and program planning.

INFRA, in consultation with HEALTH and AHS is responsible for:

- establishing targets for this indicator;
- identifying and developing required changes to the methodology for measuring physical condition;
- developing a multi-year plan for facility evaluation; and
- completing annual updates of the multi-year plan.

AHS and INFRA share responsibility for compiling annual Facility Condition Indexes (FCI) for all health facilities. The FCI is used to rate the physical condition of health facilities over 1000 gross square meters in size.

Since 2008/09, FCIs have been assessed using two methods:

- INFRA contracts with independent consultants to conduct facility condition assessments over a five-year cycle, with one-fifth of owned buildings evaluated each year. The data collected is stored in an electronic database using a program called RECAPP; and
- for health facilities not evaluated by consultants through VFA, the FCI is calculated based on detailed five-year physical condition deficiency lists provided by AHS, supplemented with reviews by INFRA.

The FCIs are used to determine the percentage of Alberta health facilities with good, fair or poor ratings. The results are integrated into the INFRA and HEALTH annual reports and GoA's Measuring Up report.

Relationship of Performance Measurement to Other Evaluation Processes

Several evaluation processes may be used as part of project review and closeout, including:

- best practices identification/lessons learned;
- Post-Occupancy Evaluation (POE); and
- Building Performance Evaluation (BPE).

These processes may be incorporated into a broader performance measurement framework subject to consultation between INFRA, HEALTH and AHS. Both process measures (e.g., scope changes vs. Needs Assessment, planned vs. actual expenditures) as well as outcome measures (such as functionality relative to program needs) may be considered in ongoing development of performance measurement metrics.

4.5.2 Best Practices and Lessons Learned Review Process

The term "best practice" refers to documented procedures and processes that have been shown to produce successful results. By identifying programs, activities and strategies that work well, all parties build on strengths for future project development activities.

There are two components to a Best Practices review. They are:

- review of industry best practices by examining published academic papers and other literature documenting successful programs, activities and strategies in health capital project management; and
- lessons learned review at the end of specific stages of a health capital project to identify successes and opportunities for improvement.

The Project Implementation Management System (PIMS) used by INFRA includes a listing of suggested procedures to incorporate best practices and lessons learned into the design and consultant selection phases of capital projects. A best practices review is important for health facility construction management and delivery because it assists managers and staff in continuously improving how they conduct their programs.

INFRA will lead the ongoing process to identify industry best practices, document lessons learned in consultation with HEALTH and AHS.

4.5.3 Post-Occupancy Evaluation

INFRA has developed a Post-Occupancy Evaluation (POE) pilot process for evaluating facilities once construction has been completed and the facilities are operating. This pilot process will be adapted by the Standards and Guidelines Sub-committee for implementation within a health care facility. Once drafted, the process will be reviewed by the Joint Operations Committee concerning implementation.

4.5.4 Building Performance Evaluation (BPE)

A BPE process has been developed and has been successfully piloted. The process is currently undergoing review and will subsequently be updated. Implementation of the updated process will follow final review and approval by the Joint Operations Committee.

4.5.5 Project Closeout

Closeout

Project closeout occurs at the end of the project life cycle. It is the result of a culmination of activities that begin prior to the handover of a facility, ending with the cessation of all capital financial activity in support of the project.

The closeout process includes closing final contracts, closing the project management office, archiving records and producing the Project Completion Report. The Project Manager is expected to attain project closeout within three months following the completion of the warranty period (normally one year following the achievement of substantial performance).

While closeout should normally occur three months after the warranty period, unique project requirements that necessitate a phased commissioning process will influence the point where closeout may be possible. As well, significant scope changes that occur late in construction and near handover may delay commissioning and thus impact the date of closeout. For complex projects, F&E and IT procurement may continue for greater than one year following the turnover of a facility. The procurement timeline should be taken into account when determining a target close-out date. In no circumstance will a project plan to complete a close out greater than two years following turnover without prior approval of the Joint Steering Committee.

Standard Close

The Project Steering Committee will review projects that have completed Operational Commissioning to ascertain whether closeout can be achieved within three months after the

end of the warranty period. For projects that will close within this period the following process applies:

- complete the Overall Project Status Checklist (PIMS);
- conduct and document lessons learned sessions;
- complete the Project Completion Report;
- close the project office;
- release unneeded funds for reallocation; and
- change the project status to complete.

Note: Projects that are terminated without achieving Substantial Performance (or Interim Acceptance), or the completion of the warranty period, must still follow the closeout process delineated herein.

Project Completion Report

The Project Completion Report formally documents the project outcomes/performance against the approved project goals and objectives. To support continuous improvement and renewal/change, the report contains an important section on "lessons learned". The Project Manager is responsible for the preparation of the Project Completion Report.

The Project Completion Report shall provide an evaluation of the project in terms of:

- attainment of overall project objectives and the resources required;
- achievement of target dates and costs throughout the project;
- responsiveness to user needs;
- quality of workmanship;
- adherence to policies, standards, guidelines and specifications;
- deficiencies and problems; and
- recommendations which might affect future projects ("lessons learned").

For projects that terminate early, an 'Outstanding Issues' section shall be added to the Project Completion Report that includes the following:

- a description of the outstanding work that was not completed and how this work will be addressed (the work plan);
- a breakdown of the resources allocated for the completion of the outstanding work; and
- a synopsis on how the remaining funds were allocated to complete the outstanding issues.

Note: Projects that terminate prior to Substantial Performance or the completion of the warranty period must clearly state what happened to cause the termination and where that leaves the "need" that was not met.

The Project Director (INFRA) is responsible for reviewing the Project Completion Report. Prior to the final review and acceptance by INFRA a draft copy will be circulated for review and comment to the AHS and HEALTH representatives on the Project Steering Committee.

Recommendations for process change may be reviewed as lessons learned, or if significant and necessitate immediate consideration, shall be brought to the attention of the Joint Operations Committee by the Project Director.

Projects that complete or terminate with unresolved issues will complete the Project Completion Report and the accompanying work plan for subsequent review and approval by the Joint Steering Committee.

The Project Completion Report is to be placed on the official project file at INFRA. The lessons learned from individual projects are to be entered into the Consolidated Lessons Learned Library for review and adaptation as appropriate.

Project Completion Report Template

Project staff will use the Project Completion Report template (Appendix 4.4).

Furniture, Equipment and Information Technology

AHS provides a final report on the F&E/IT procurements as outlined in Chapter 7. These reports are reviewed by INFRA and appended to the closeout report that is prepared by the Project Manager.