Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control

Guidelines – Use of the Queensland Health Panel Arrangement

No. PL003-1
Central Sterilizing Department (CSD)
Total Solution Panel
Guideline – Queensland Health panel arrangement
Central Sterilizing Department Total Solution Panel
Published by the State of Queensland (Queensland Health), September, 2013

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Background

In 2009, the medical industry was engaged to offer an extensive range of health technology, plant and equipment, systems and devices that could manage a healthcare facility’s entire inventory of surgical products. The intent was to cover the end-to-end business processes involved in storing, transporting and reprocessing reusable surgical instruments and medical devices. The strategic purpose was to establish access to pre-qualified providers that could fit-out new or refurbish existing Central Sterilizing Departments (CSDs), source critical plant equipment, integrate sterile storage options as well as bring innovative capabilities to Queensland Health capital projects (e.g. Health Planning & Infrastructure Division (HPID) and clinical service planning). The Queensland Health Executive Management Team endorsed this approach in 2008 recognising the considerable health technology investment new hospital projects would require.

This strategic procurement approach was overseen by the Health Services Purchasing and Logistics Branch (HSPL).

Establishment of a new formal procurement arrangement for sterilizing health technology systems and equipment has been created under Queensland Health Central Sterilizing Department Total Solution Panel Arrangement PL003-1 (The Panel) with the following objectives, scope and exclusions:

Objectives

The objectives of The Panel are to:

- provide new, redeveloped and refurbished CSDs with solution options that fully integrate and standardize all cleaning, disinfection, sterilizing, transport and storage operations
- pre-qualify the medical industry so that only fit-for-purpose reprocessing solutions are available for:
  - all Perioperative needs across the Theatre, procedure and CSD business areas
  - matching the healthcare facility’s short and long term clinical service plans.
- manage selection of value-for-money options from The Panel without compromising functions
- ensure the best functional fit and technical suitability of the products to meet the healthcare facility’s business and information requirements
- support capacity assessments that shift sterilizing services to preferred business designs
- promote benefits from technical and whole-of-enterprise strategic advances in the provision of CSD information and sterilizing services
- ensure compliance with Queensland Health’s terms and conditions of contract including discounts, support services and compliance with customer requirements.

Scope

Enabling access to, selection and purchasing from the Panel for all health technology that reprocesses, stores and transports reusable medical devices:

- cleaning and washer-disinfector machines
- probe and scope high-level disinfection reprocessors
- sterilizers (steam and low temperature)
- systems, plant and peripheral equipment utilized by CSDs/Theatres.
- Surgical instrument management systems

**Exclusions:**

- Indirectly related or multi-purpose equipment such as Primary Steam Boilers, Water Chillers, Air Handling Units, Water Softeners, Theatre trolleys.
- Related items on offer from other Queensland Health Standing Offer Arrangements (SOA) such as:
  - *Queensland Health SOA – No. 7 Sterilizing Consumables*
  - *Queensland Health SOA – No. 705 Reusable Open Instruments (Surgical)*
  - *Queensland Health SOA – No. 706 Single Use Instruments (Surgical)*

**Inclusions:**

Clinical service or project planning is crucial where it is likely that there will be a direct impact on the healthcare facility's CSD. This may not always involve a new build or redesign as it could also be service planning reviews. It is crucial to ensure alignment with the *Clinical Services Capability Framework 3.1* [www.health.qld.gov.au/cscf/default.asp](http://www.health.qld.gov.au/cscf/default.asp).

HSPL Health Technology Procurement Unit (HTPU) utilization of the Panel for bi-annual procurement of HTER funded items.

Clinical, Business and Technical standards related to sterilizing and its associated equipment including the following Legislation, Polices and Guidelines that apply to sterilizing:

- Building Code of Australia
- Environmental Protection Act 1994 (Qld)
- Environmental Protection Regulation 2008 (Qld)
- Environmental Protection (Waste) Policy and Regulation 2000
- Environmental Protection (Waste Management) Regulation 2000 (Qld)
- Public Health Act 2005 (Qld)
- Sustainable Planning Act 2009 (Qld)
- Therapeutic Goods Act 1989 (Cth)
- Workplace Health and Safety (Codes of Practice) Notice 2005 (Qld)
- Workplace Health and Safety Act 2011(Qld)
- Clinical Services Capability Framework v3.1 Queensland Health
- Capital Works Management Framework, Department of Public Works (2009 )
- Environmental Protection (Waste Management) Policy 2000 (Qld)
- Queensland Health Facility Guidelines Oral Health Unit (June 2012)
- AHFG – Section B: Health Facilities Briefing and Planning- Oral Health
- AS/NZS 4187 Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.
- AS 1428: 2001 Design for Access and Mobility
- AS 4801: 2001 OH&S management systems
- BS EN 1422:1998 Sterilizers for Medical purposes.
- AS 1410 Sterilizers - Steam - Pre-Vacuum;
- AS 2182 Sterilizers - Steam - Bench top;
- AS 2192 Sterilizers - Steam - Downward displacement;
• AS 2487 Dry heat sterilizers.
• AS 3836 Rack conveyor washers for health care facilities.
• AS 2773.1 Ultrasonic cleaners for health care facilities - Non- portable;
• AS 2773.2 Ultrasonic cleaners for health care facilities - Bench top.

Panel Management
HSPL is responsible for managing the Panel

Ph: (07) 3006 2908
Address: Level 6 – ANZAC Square Building
200 Adelaide Street
Brisbane  QLD  4001
Postal: Health Services Purchasing & Logistics Branch
Strategic Procurement & Sourcing Unit
Queensland Health
GPO Box 48
Brisbane  QLD  4001
Email: HSPL@health.qld.gov.au

Panel Establishment and Duration:
The Panel was formally established in September 2010.

There is to be an annual review of the Panel membership to ensure any complaints and all contractual obligations are sufficiently managed. This is also to facilitate market or technology changes that may impact the membership, consortia adjustments or their product range.

The Panel expires in September 2015 with options for two 12 month extensions.

Panel Pricing
By using the vendors appointed to the Panel, Queensland Health is afforded special discounted pricing as well as competitive bidding through the Best and Final Offer (BFO) tendering process.

Panel Process
Please refer to Appendix 1 Total CSD Fit-Out Solution Checklist & Appendix 2: Specialty Product Provider Checklist

Entry criteria:
• Evidence-based concept designs in a facility’s CSD Business Solution Design (BSD)
• Endorsed healthcare facility Offer Evaluation & Probity Plan (OEPP)
• Endorsed healthcare facility BFO tender with specifications
• Agreed post-offer negotiation strategy.
Exit criteria:
- letter-of-engagement to successful vendor(s)
- conduct debriefs with unsuccessful vendors, if requested
- copies of all purchase orders to HSPL’s Strategic Procurement & Sourcing Unit.

When to utilise the CSD Solution Panel

The Panel arrangement took effect on 15 September, 2010 and was established to provide improved access for facilities and Hospital & Health Services (HHS) to pre-approved reprocessing services with agreed fees and discounts, thus reducing the process burden required to be undertaken when engaging the medical industry for such reprocessing health technology.

The Panel arrangement is mandatory for use by the whole of Queensland Health for disinfection/sterilizing health technology relating to the categories outlined below. Providers from The Panel arrangement must be used for any new/redevelopment project involving CSDs within the categories listed below.

The Providers

The successful vendors are placed into one of two categories:

1. Total CSD Fit-Out Solution providers with automation, standardisation and full integration
2. Specialty Product providers (minor, customised or specialist products not provided above).

The Total CSD Solution providers have the ability either within their own company or through partnerships with other companies, to provide an end-to-end fit out of a CSD inclusive of all machines, plant and information systems.

The Specialty Product providers source a range of specialised smaller machines or items that assist or complement a CSD fit-out. These may also be used as one off purchases to maintain clinical processes or enhance capabilities. Please note: Not all Specialty Product providers offer all product categories though the range on offer. The mix of providers does constantly change, hence the need to regularly tender from the Panel. This ensures the market and technological changes in health technology are continually reviewed and updated.

Members of The Panel have been provided with The Panel terms and conditions as well as BFO tenders. They have also been advised of the mandated process for such health technology tendering via HSPL.

Further information regarding the details of the categories or what you have to do to engage a CSD Solution provider from The Panel can be requested from HSPL’s Strategic Procurement and Sourcing Unit.
1 – CSD Total Solution Providers

These companies have the ability to provide all the essential equipment for:

**Cleaning/Disinfecting Machines**
- Ultrasonic Cleaners
- Batch Washer-Disinfectors
- Multi-Chamber Washer-Disinfectors
- Large (Trolley/Bed) Washer-Disinfectors
- Small Washer-Disinfectors (Dental, Wards, etc.)
- Endoscope Reprocessors
- Probe Reprocessors
- Dryers: Medical Devices, Anaesthetic
- Automation (Load/Unload systems, Return conveyors)

**Steam Sterilizing Machines**
- Small Sterilizers (Bench top)
- Medium to Large Steam Sterilizers
- Automation (Load/Unload systems, Return conveyors)

**Low Temperature Sterilizing Machines**
- Sterilizers (‘dry’ Hydrogen Peroxide/Plasma)

**Plant Requirements**
- Chemical Management System (Remote Automated Dosing)
- Reverse Osmosis (RO) Water Filtration System
- Clean (Clinical Grade) Steam Heat Exchanger Systems

**Surgical Product Logistics**
- Reusable Instrument Containers (Sterilizing)
- Trolleys, Robots etc
- Storage and Shelving systems (Sterile/non-Sterile stock, mobile/height adjustable)
- Washer/Sterilizer insert/rack transfer trolleys
- Washer insert/rack storage system

**Minor Equipment**
- Wash Stations (Height Adjustable)
- Work Stations (Height Adjustable, Pack/Wrapping instruments)
- Heat Sealers
- Task Lighting
- Magnifiers
- Instrument Cleaning Tools (Water & Air guns)

**Information Systems**

**Surgical Instrument Management Systems**
- Software – Surgical Instrument Management System (SIMS)
- Hardware (Barcode scanners, Sterilizing Label printers)
- Instrument etching solutions
2 – Specialty Product Providers
These companies provide a range of the smaller ticket items contained under the Surgical Product Logistics, Minor Equipment and Surgical Instrument Management Systems (SIMS) headings above.

List of providers
The following vendors were successful on being included on the panel.

CSD Total Solution Providers:

Device Technologies
www.device.com.au
Ph: 1800 429 551

Gallay Medical & Scientific
www.gallay.com.au
Ph: (07) 3245 3388

Getinge
www.getinge.com
Ph: 1300 155 500

In Vitro
www.invitro.com.au
Ph: (03) 9771 3700

Sterilising Equipment Sales & Service/s (SESS)
www.sess.com.au
Ph: (07) 3849 1077

Specialty Product Providers:

Austmel
www.austmel.com
Ph: 1800 074 085
  • SIMS

Lifehealthcare
www.lifehealthcare.com.au
Ph: 1800 060 168
  • Heat Sealer
  • Water & Air Guns

Regional Health Care
www.rchg.com.au
Ph: 1300 659 281
  • Probe Reprocessors

Smartline Machinery
www.smartlinemachinery.com.au
Ph: (07) 5478 9977
  • Loan Set lifting devices
  • Tables, Benches & Shelving
  • Scope Storage
  • Instrument Containers

BBraun
www.bbraun.com.au
Ph: (02) 9629 0200
  • Instrument containers

Medical Optical
www.medopt.com.au
Ph: 1800 225 065
  • Instrument containers

Scancare
www.scancare.com.au
Ph: 07) 5562 2661
  • SIMS
Rules of Engagement

Definitions

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Officer or similarly responsible person</td>
<td>The end users’ nominated representative to source and manage a tender from this panel.</td>
</tr>
<tr>
<td>Solution Provider</td>
<td>The successful vendor selected and engaged by the Project Officer or similarly responsible person, to perform the required CSD total or partial fit-out or related minor reprocessing services</td>
</tr>
<tr>
<td>Contract Manager</td>
<td>The person responsible for managing the Panel arrangement on behalf of Queensland Health.</td>
</tr>
</tbody>
</table>

Rules of Engagement

Upon engaging the CSD Solution Provider(s) from the Panel, the Project Officer or similarly responsible person must comply with the “Queensland Health Instructions for the Engagement of External Consultants” [www.health.qld.gov.au/qhpolicy/docs/pcd/qh-pcd-044-1-1.pdf](http://www.health.qld.gov.au/qhpolicy/docs/pcd/qh-pcd-044-1-1.pdf). Where more than one quote is obtained for further evaluation, Section 3.5 applies, as specified below.

When a requirement for a CSD Solution Provider is identified, the Project Officer or similarly responsible person:

- Must notify Panel Manager, HSPL via email HSPL@health.qld.gov.au with the intention to tender and engage a CSD Solution Provider;
- May need to undertake a Hospital & Health Service (HHS) Risk Assessment where a project methodology is not applied or there is no Managing Contractor overseeing the CSD Build/Redevelopment;
- May directly negotiate with a CSD Solution Provider for minor equipment items, subject to the total value and application of the Queensland Health Procurement Policy; and
- May directly for large projects or major equipment changes, conduct a tender through the BFO process from the Panel to select a suitable SCD Solution Provider.

Business Capability

The Panel Manager is to provide the following supporting services as part of the preliminary designs, development of the BFO tender and technical assistance during the selection process:

<table>
<thead>
<tr>
<th>Business Services:</th>
<th>Type of Capability Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Review/Redesign</td>
<td>Review of appropriateness and effectiveness of organisational structure and the redesign of organisational structure to achieve optimal accountability, reporting lines etc. Assessment of current structure of business unit/Hospital &amp; Health Service and suitability for business purpose with recommendation for improved effective structure.</td>
</tr>
<tr>
<td>Capability assessment and enhancement</td>
<td>Assessment of professional capability/competency in particular professional groups eg financial management, business management, operational roles etc, with recommended strategies for improving capability in those professional groups.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Business analysis and planning</td>
<td>Analysis of the business function or process, breaking it down into its component parts and the redesign of that process to achieve optimal effectiveness using business process modelling leading to benefits realisation.</td>
</tr>
<tr>
<td>Team establishment and development including performance management</td>
<td>Goal setting for teams, structure of teams, team dynamics, team effectiveness, building relationships.</td>
</tr>
<tr>
<td>Process re-engineering</td>
<td>Change management, communication and training, including training in quality tools and techniques</td>
</tr>
</tbody>
</table>

**Risk Assessment**

Where the Queensland Health project methodology has not been utilised, a HHS Risk Assessment is mandatory. If the overall risk is rated as high, and/or the project is complex and/or, patient related, advice must be sought from the Panel Manager. The risk management process example in Appendix 7 can be utilised for this purpose.

In addition, the Project Officer or similarly responsible person may specify that the CSD Solution Provider must be certified to AS/NZS ISO9001:2000 as a mandatory requirement, where practicable.

Where three (3) quotes are being sought due to low valued equipment and/or numbers (or a simple acquisition), these quotes shall be subject to a separate “non-tendered” evaluation process, using the following criteria, to ensure value-for-money is obtained:

1. Practicality of stated delivery, consideration of site constraints and user requirements including the time frame for achieving the project objectives; and
2. Proposed supply, installation, service connection, refurbishment finishings, relocations and removal costs of replaced equipment for the entire project fee.

**Note:** An amount of 20-30% of the total equipment and installation value should be reserved as part of the final payment conditions. This ensures sufficient leverage for the healthcare facility and Queensland Health, if not completely satisfied with the quality of the final deliverable. It will become more critical where HHS instigate User and Technical Acceptance testing independent of the manufacturer’s Installation and Operational Qualifications.
Approvals

<table>
<thead>
<tr>
<th>Categories:</th>
<th>Type of Delegation Required:</th>
<th>Authority to Approve:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To engage a Solution Provider from the panel via direct negotiation</td>
<td>Seek approval from a <strong>Type 2</strong> Procurement Delegate up to the appropriate value of the health technology.</td>
<td><strong>Type 2</strong>: Authority to approve a purchase from CSD Solution Panel Arrangement</td>
</tr>
<tr>
<td>To select a Solution Provider from multiple quotes</td>
<td>See approval from a <strong>Type 1</strong> Procurement Delegation up to the appropriate value of the health technology</td>
<td><strong>Type 1</strong>: Authority to approve a purchase from quotes/offers</td>
</tr>
<tr>
<td>To assign the Solution Provider Agreement</td>
<td>1. Seek approval from an appropriate financial delegate.  2. Agreement signed by an appropriate <strong>Type 5</strong> Procurement Delegate.</td>
<td><strong>Type 5</strong>: Authority to release orders, issue letters to successful suppliers, sign contracts/agreements; generally bind the State.</td>
</tr>
</tbody>
</table>

Performance Evaluation

At the conclusion of the CSD project, the Project Officer or similarly responsible person is required to forward to the Panel Manager, HSPL a copy of the Performance Report-CSD Solution Provider – Appendix 3 via email to: HSPL@health.qld.gov.au

This is for reporting to the Deputy-Director General Finance, Procurement & Legal Services.

The performance of the CSD Solution Providers will be reviewed annually during the term of the Panel Arrangement, against the Key Performance Indicators (KPIs). Performance of the KPIs will be measured by the Interim/Final Performance Evaluation Reports submitted by the Project Officers or similarly responsible persons for each engagement. Queensland Health requires 100% compliance with the KPIs.

Panel Member Responsibilities

Before and after the awarding of a Letter-of-Engagement with a Queensland Health business unit, division or HHS overseeing the CSD or other related health technology project for reprocessing services; then the following responsibilities are expected:

1. **Sourcing options**

   Specialty product quoting
   - Probity – no inducements or gifts
   - Comply with terms and conditions for CSD Solution Panel Arrangement No. PL003-1.
   - Conduct healthcare facility visits & assessments
   - Provide solution demonstrations of configurations
   - Submit formal written quotes and conditions

   Best and Final Offer tendering
   - Probity – no inducements or gifts
   - Comply with terms and conditions for CSD Solution Panel Arrangement No. PL003-1.
   - Conduct healthcare facility visits & assessments
   - Provide solution demonstrations of configurations
   - Clarifying proposed solutions and designs
## 2. Selection & negotiation process

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Details to be included in the email are:</th>
</tr>
</thead>
</table>
| Specialty | • A copy of the Letter-of-Engagement  
  • The Queensland Health Project Officer’s name, business unit and contact phone number. |
| CSD Solution | The Best & Final Offer number tendered must be quoted on all correspondence in relation to the relevant project and the CSD Solution Panel arrangement number. Details to be included in the email are:  
  • A copy of the Letter-of-Engagement  
  • The Queensland Health Project Officer’s name, business unit and contact phone number  
  • Project Category  
  • Project Details (including purpose/aim)  
  • The name of the CSD or related project  
  • The commencement and end date of project  
  • The successful consultant's contact person and phone number |

## 3. Solution implementation

| Details | The time spent on each task/stage  
  • The name and category of key personnel (eg partner, principal consultant, sales, technician)  
  • Who performed the task/stage  
  • The name of the CSD or related project, and  
  • The charge for each product and task. |
| Tax Invoices issued by the vendor must include, at minimum: |  
  • The name of the CSD or related project  
  • The Panel Number (PL003-1) with BFO Number (determined on request for BFO)  
  • The name of the Project Officer and their business unit |

## 4. Post-implementation Project

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Comply with terms and conditions for CSD Solution Panel Arrangement No. PL003-1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications (IQ &amp; OQ)</td>
<td></td>
</tr>
<tr>
<td>Rebates</td>
<td></td>
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<tr>
<td>Warranty</td>
<td></td>
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<tr>
<td>Support</td>
<td></td>
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</tbody>
</table>

### Exemption from CSD Solution Panel Arrangement

The Panel arrangement is mandatory for use by the whole of Queensland Health for Medical Industries (Sterilizing) relating to the abovementioned categories.

### Project Officer responsibility to Panel Manager

When a CSD build/redesign or major equipment replacement need has been identified and medical industry health technology for disinfection/sterilizing services are required, the Project Officer or similarly responsible person must:

- notify the Panel Manager (HSPL) via email to: [HSPL@health.qld.gov.au](mailto:HSPL@health.qld.gov.au)
- ensure the following details are included:
- Project Officer's name and contact phone number
- project category (HPID/HHS/Commonwealth/External)
- project details (including purpose/aim)
- expected start and end date
- where Queensland Health project methodology is not to be utilised, then submit a risk assessment using the Queensland Health guidelines (refer Appendix 4)
- select the appropriate procurement strategy for either:
  - directly negotiating with Specialty Product providers for minor equipment
  - for large projects, tender via the BFO process.

Once a CSD Solution Provider has been selected for disinfection/sterilizing services and Letter-of-Engagement issued, the Project Officer (or similarly responsible person) must:

- notify the Panel Manager via email to: HSPL@health.qld.gov.au
- provide the following details:
  - name of successful consultant
  - the successful consultant's contact person and phone number
  - the name of the CSD Project
  - copy of the Project Payment & Implementation Plan
  - project details (including purpose/aim)
  - project category (HPID/HHS/Commonwealth/External)
- forward to the Panel Manager a copy of the Final Report on Performance of CSD Solution Provider. (Appendix 3)
- provide a copy of the Purchase Order(s) to the Contract Manager via email: HSPL@health.qld.gov.au
- at the satisfied conclusion of all implementation activities, provide a copy of the final:
  - Installation Qualification
  - Operational Qualification to the Panel Manager.
- request the Panel Manager to facilitate:
  - independent Performance Qualification
  - user acceptance testing activities.
  - the approval process for any product exemptions. (This should be a scanned version with the appropriate signatures).

Note: When engaging CSD Solution Providers from this panel, the Project Officer or similarly responsible person must comply with Queensland Health’s Purchasing Policy and Procedures. Please refer to the Rules of Engagement section in this document for further information.
**Procurement Process**


The typical process for this will involve the steps in Appendix 1.

**Frequently Asked Questions**

## Appendix 1: Total CSD Fit-Out Solution Checklist

Please utilise the checklist below for Major Works / Total CSD Solution Providers.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Process / Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>-13 mths</td>
<td>Determine Day 0 (operational handover)</td>
<td></td>
</tr>
<tr>
<td>-13 mths</td>
<td>Is the Procurement for: Redesign, Redevelop, HTER replacement of significant items (Washers, Sterilizers)?</td>
<td></td>
</tr>
<tr>
<td>-13 mths</td>
<td>Confirm funding amounts &amp; source (i.e. HTER funding, Project funding, HHS funding)</td>
<td></td>
</tr>
<tr>
<td>-13 mths</td>
<td>Conduct health infrastructure evaluation</td>
<td></td>
</tr>
<tr>
<td>-12 mths</td>
<td>Create user groups dependant on requirements (signing conflict of interest form)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Functional (CSD / Theatre)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Operational (CSD / BEMS on Install, Train, Support)</td>
<td></td>
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<td></td>
<td>• Information Division (if SIMS is required)</td>
<td></td>
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<tr>
<td>-12 mths</td>
<td>Clearly define the requirements of facility / HHS &amp; develop Best and Final Offer (BFO) document</td>
<td></td>
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<tr>
<td></td>
<td>• Projected growth &amp; surgical throughput and how that will affect what is required</td>
<td></td>
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<tr>
<td></td>
<td>• Project Plan / timeline of anticipated works (start to operational handover &amp; audit, see timeline doc?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Business Solution Design (BSD) using maximum options such as largest footprint &amp; greatest cost as benchmark for the proposal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Concept plan (CAD drawings) of department layout, current configuration &amp; total footprint. (through engineering?)</td>
<td></td>
</tr>
<tr>
<td>-12 mths</td>
<td>Review through relevant HHS / Facility Director for sign off</td>
<td></td>
</tr>
<tr>
<td>-12 mths</td>
<td>Distribute to all Total CSD Solution Providers on the Panel</td>
<td></td>
</tr>
<tr>
<td>-10 mths</td>
<td>Review vendor responses to BFO and perform preliminary evaluations to narrow the field to only those that are compliant with HHS / facility needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cost / financial viability (in accordance with vendors panel pricing schedules)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fit for Purpose (i.e. within footprint, maintain or improves workflow &amp; WH&amp;S needs, provides adequate contingency, meets mandatory requirements of BFO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Support requirements</td>
<td></td>
</tr>
<tr>
<td>-9 mths</td>
<td>Remaining vendors (after Prelim evaluations) to demonstrate &amp; provide reference sites</td>
<td></td>
</tr>
<tr>
<td>-9 mths</td>
<td>User groups to evaluate &amp; score remaining vendors (see scoring template?) &amp; request any clarification questions</td>
<td></td>
</tr>
<tr>
<td>-8 mths</td>
<td>Final Report - scores collated to rank vendors &amp; approval sought for negotiations on Best Price</td>
<td></td>
</tr>
<tr>
<td>-8 mths</td>
<td>Post Offer Negotiations</td>
<td></td>
</tr>
<tr>
<td>-7 mths</td>
<td>Unsuccessful vendors notified &amp; debriefed</td>
<td></td>
</tr>
<tr>
<td>-7 mths</td>
<td>Successful vendors notified and final details of project worked out</td>
<td></td>
</tr>
<tr>
<td>-7 mths</td>
<td>Purchase Order(s) raised</td>
<td></td>
</tr>
<tr>
<td>-6 mths</td>
<td>Copy of invoice sent to HSPL for auditing</td>
<td></td>
</tr>
<tr>
<td>1-6 mths</td>
<td>Manufacture and Shipping of Equipment</td>
<td></td>
</tr>
<tr>
<td>-1 mth</td>
<td>Installation / works (Installation Qualification)</td>
<td></td>
</tr>
<tr>
<td>Day 0</td>
<td>Operational handover &amp; commissioning (Operational Qualification)</td>
<td></td>
</tr>
<tr>
<td>+1 mth</td>
<td>Post commissioning audit (Independent Performance Qualification)</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Specialty Product Provider Checklist

Please utilise the checklist below for Minor equipment / Specialty Product Providers.

<table>
<thead>
<tr>
<th>Process / Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the Procurement for Specialty/Minor equipment only?</td>
<td></td>
</tr>
<tr>
<td>Confirm funding &amp; source (i.e. HTER funding, Project funding, HHS funding)</td>
<td></td>
</tr>
<tr>
<td>Conduct health infrastructure evaluation</td>
<td></td>
</tr>
<tr>
<td>Clearly define the requirements of the department and equipment required</td>
<td></td>
</tr>
<tr>
<td>Request quotes for specifications from any/all (minimum 3 for orders between $20,000 &amp; $100,000) Panel providers (including total CSD solution providers) that can source the required equipment, referencing PL003-1 CSD Total Solution Panel (to ensure panel pricing is received)</td>
<td>☐</td>
</tr>
<tr>
<td>Review vendor submissions and quotes and check pricing against pricing schedule provided to HSPL as part of panel arrangement</td>
<td>☐</td>
</tr>
<tr>
<td>Select the vendor with the best fit response (cost &amp; usability/suitability)</td>
<td></td>
</tr>
<tr>
<td>Purchase orders raised</td>
<td></td>
</tr>
<tr>
<td>Copy of invoice sent to HSPL for auditing</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Performance Report-CSD Solution Provider

1. Interim/final report: <<Project Title – ID/#>>
   - Project Officer / Team
   - Business Areas
   - Financial Delegation/Authority

2. Project background:
   - Insert generic Project Description and approved Scope of work packages.
   - Objectives and Exclusions

3. Project parameters & tolerances:
   - Solution Provider(s) / FAMMIS Vendor # / Best Final Offer #
   - Timeline: ____________ [Schedule – Work Breakdown] [Engagement Dates]
   - Cost: stage 1/2/3/4/+n [Project Payment & Implementation Plan]
   - Quality Conditions: Regional Support/Extended Warranties/Acceptance Testing/Independent assessments
   - Itemised Contract Order: [Reference Letter of Engagement]

4. Deliverables:

<table>
<thead>
<tr>
<th>Stage:</th>
<th>Project Compliance:</th>
<th>Deliverables:</th>
<th>Status:</th>
<th>Corrective Actions:</th>
<th>Assigned to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contract Attributes</td>
<td>‘New CSD’ Business &amp; Information Requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sterilizing Health Technology System Specifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concept/Schematic/Detailed/Construction Designs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Planning Parameters</td>
<td>Project Payment &amp; Implementation Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Implementation Strategy</td>
<td>HHS /Capital Project Schedule alignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contracted items and cost compliance/variations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qualifications (Supply, Train, Install and Operational)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSD and BEMS Acceptance Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Post-Commissioning</td>
<td>Independent Performance Qualification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business Assurance Audit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Recommendations:
   - HHS/capital project
   - HSPL-contracts manager
   - HSPL-panel manager
   - Other funding authority – HTER/HPID

6. Sponsor authorisation:
   - Approval sign-off
   - Disapproved & comments
   - Conditional approval

7. Queensland health/HHS CEO/dept. Public works escalation:
   - Recommendation uptake status
   - Performance rectification measures
<table>
<thead>
<tr>
<th>ID</th>
<th>Situation Requiring Management Attention</th>
<th>Action Plan</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Management Alert**

<table>
<thead>
<tr>
<th>ID</th>
<th>Description of Accomplishment</th>
<th>Planned Completion</th>
<th>Date Completed</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Accomplishments During Reporting Period**

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Title/Description</th>
<th>Title/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
Appendix 4: Risk Management & Assessment Guidelines

Step 1: Identify all potential risks for the healthcare facility CSD project.
Step 2: For each identified risk, establish the extent of consequences of that risk not being managed, using Table 1. (i.e. Negligible, Minor, Moderate, Major or Extreme)
Step 3: Estimate the likelihood of each risk actually occurring, using Table 2.
Step 4: By combining consequence and likelihood assessments, determine the level of risk, using the risk matrix (i.e. Low, Medium, High, Very High or Extreme).
Step 5: Determine the best risk management strategies, especially focusing on treating those risks assessed as Very High and Extreme.
Step 6: Identify responsibility for each of the risk management strategies noting that some may be outside of the procurement process as shown in the sample table.

Table 1: Explanation of Consequence Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligible</td>
<td>1</td>
<td>The consequences are dealt with by routine operations.</td>
</tr>
<tr>
<td>Minor</td>
<td>2</td>
<td>The consequences would threaten the efficiency or effectiveness of some aspects of the project/program but would be dealt with internally.</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
<td>The consequences would not threaten the project/program, but would mean that the administration of the project/program could be subject to review or changed ways of operating.</td>
</tr>
<tr>
<td>Major</td>
<td>4</td>
<td>The consequences would threaten the survival or continued effective function of the project/program, or require intervention of top level management or by the elected representatives. It would also have very high consequences for the organisation both financially and politically.</td>
</tr>
<tr>
<td>Extreme</td>
<td>5</td>
<td>The consequences would threaten the survival of not only the project/program, but also the organisation, possibly causing major problems for clients, the administration of the project/program or for a large part of the public sector. It will also have extreme consequences for the organisation both financially and politically.</td>
</tr>
</tbody>
</table>
Table 2: Likelihood of Occurrence Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare</td>
<td>1</td>
<td>The event may occur only in exceptional circumstances</td>
</tr>
<tr>
<td>Unlikely</td>
<td>2</td>
<td>The event is not expected to occur</td>
</tr>
<tr>
<td>Possible</td>
<td>3</td>
<td>The event might occur at some time</td>
</tr>
<tr>
<td>Likely</td>
<td>4</td>
<td>The event will probably occur at least once</td>
</tr>
<tr>
<td>Almost Certain</td>
<td>5</td>
<td>The event will occur in most circumstances</td>
</tr>
</tbody>
</table>

The following table illustrates the descriptors and their respective calculated assessment that may be used combining likelihood and consequences.

Table 3: Calculated risk assessment

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Negligible = 1</th>
<th>Minor = 2</th>
<th>Moderate = 3</th>
<th>Major = 4</th>
<th>Extreme = 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare = 1</td>
<td>Low (1)</td>
<td>(Low (2))</td>
<td>Low (3)</td>
<td>Medium (4)</td>
<td>Medium (5)</td>
</tr>
<tr>
<td>Unlikely = 2</td>
<td>Low (2)</td>
<td>Medium (4)</td>
<td>Medium (6)</td>
<td>High (8)</td>
<td>High (10)</td>
</tr>
<tr>
<td>Possible = 3</td>
<td>Low (3)</td>
<td>Medium (6)</td>
<td>High (9)</td>
<td>Very High (12)</td>
<td>Very High (15)</td>
</tr>
<tr>
<td>Likely = 4</td>
<td>Medium (4)</td>
<td>High (8)</td>
<td>Very High (12)</td>
<td>Very High (16)</td>
<td>Extreme (20)</td>
</tr>
<tr>
<td>Almost Certain = 5</td>
<td>Medium (5)</td>
<td>High (10)</td>
<td>Very High (15)</td>
<td>Extreme (20)</td>
<td>Extreme (25)</td>
</tr>
</tbody>
</table>

Legend for Risk Descriptors:
- **Extreme Risk** – Immediate action required, senior management will be involved, preparation of detailed plan.
- **Very High Risk** – Detailed research and management planning required at a senior level.
- **High Risk** – Senior management attention needed and management responsibility specified.
- **Medium Risk** – Manage by specific monitoring or response procedures.
- **Low Risk** – Manage by routine procedures, unlikely to need specific application of resources.
Appendix 5: Sample Topics for a Risk Assessment

Any number of Risk Assessment topics including the related activities suggested below can be used or expanded upon, pending the outcomes from team reviews and key stakeholder input. The list of risk activities may not be applicable for a healthcare facility and its requirements given the varying clinical service capabilities. Each activity deemed applicable should be written in its own right either using suggested topics or tailoring for the project’s needs. The crucial consideration is ensuring sufficient analysis has been undertaken and the appropriate endorsement of the results sought. Overall Risk Rating Calculated: HIGH (9+12+9+9+6+12+6+9+9+9+6=96/11=8.73)

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Potential Impact</th>
<th>Probability</th>
<th>Severity</th>
<th>Mitigation Strategy</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accuracy of advice, assessment or misinterpretation of requirements for either; Design, Function, Performance, Durability, Support.</td>
<td>o No improvement to situation and requirements with probable increased confusion/poor service delivery</td>
<td>Possible</td>
<td>Moderate</td>
<td>o Ensure sufficient analysis of issues and clear instructions are provided during CSD Business Design and Specification development including scope of the required outcomes.</td>
<td>Perioperative services</td>
</tr>
<tr>
<td>o (High)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Specification quality impacted from a lack of; Time, Expertise, Resources, Bias, Project designs, Project input</td>
<td>o Solution options mismatch needs and the processed could be delayed or upheld.</td>
<td>Possible</td>
<td>Major</td>
<td>o Ensure specifications reflect the Business Design developed. o Use functional and performance specifications rather than overly technical specifications. o Apply relevant Australian or international standards. o Describe the service requirements clearly and in detail. o Define the outcomes required. o Involve direct &amp; indirect business areas to be impacted</td>
<td>HHS &amp; HPID Projects</td>
</tr>
<tr>
<td>o (Very High)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version 1.0 September 2013 User Guidelines for the Queensland Health Panel Arrangement No. PL003-1
| 3. Selecting appropriate procurement method against CSD Project category for either;  
  • Value  
  • Complexity  
  • Budget type  
  • Responsibility | o Assessment of requirements does not reflect the relevant method of acquisition.  
  o (High) | Possible | Moderate | o Ensure suitably trained staff undertake the procurement process  
  o Review with Panel Manager, HPID, HSPL etc  
  o Seek formal endorsement from both Procurement and Financial Delegations.  
  o Track and escalate variations if scope changes may impact classification | HHS & HPID Projects |
|---|---|---|---|---|
| 4. Inadequate BFO information provided on either;  
  • Designs,  
  • Equipment,  
  • Capacity,  
  • Concepts, or  
  • Projects. | o The lack of information or variation in tender details impact the accuracy or quality of responses.  
  o (High) | Possible | Moderate | o Review tenders before issued.  
  o Invite broader project involvement where a Managing Contractor involved.  
  o Check Price/ currency exchange variations updated for average rate in current Quarter. | HSPL |
| 5. Poorly managed tender process on;  
  • Inquiries,  
  • Favouritism,  
  • Confidentiality,  
  • Justification,  
  • Selection, or  
  • Reporting. | o Tender conduct could lead to recourse from supplier complaints, political intervention, panel reputation, project impacts or inappropriate selection.  
  o (Medium) | Unlikely | Moderate | o Review personnel and potential effort impact on normal workloads.  
  o Brief staff on evaluation process and plan.  
  o Secure agreed resource contingency for evaluation teams.  
  o Comply with the Evaluation Plan and Queensland Health Purchasing Policy & Procedures.  
  o Establish formal security procedures that manage storing and access to documents.  
  o All staff involved in the tender process are to sign an ‘Acknowledgment of Obligations’ Form.  
  o Ensure sufficient clarification of all operational and technical concerns.  
  o Conduct reference checks on supplier before awarding contract. | HHS & HPID Projects |
### 6. Poorly managed Post-Offer Negotiation process on:
- Strategy,
- Expectations,
- Consensus,
- Concessions, or
- Project constraints

<table>
<thead>
<tr>
<th>Possible</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many stakeholders complicate and delay Contract disputes Service delivery delays Possible cost variations Reduction in value for money Claims of unethical and unfair behaviour Failure to secure mandatory conditions Inability to finalise contract Loss of agreed terms/variations for engagement Unauthorised increase in the scope of the contract</td>
<td>Establish small dedicated team that develops an endorsed strategy prior to process Define terms carefully Record obligations of all parties Clarify all ambiguities before signing contract &amp; review draft contract with the supplier Keep full documentation Ensure negotiators are adequately trained Negotiate on commercial terms and record all negotiations and agreements Distinguish between essential and desirable requirements before negotiating Consider variations in the contract and agree on prices Seek legal redress if non-acceptance causes loss Ensure delegate approval before entering into contract or giving verbal advice to commence work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Very High)</th>
<th>HHS &amp; HPID Projects</th>
</tr>
</thead>
</table>

### 7. Poorly managed Contract administration

<table>
<thead>
<tr>
<th>Unlikely</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract disputes Supplier will not honour contract Service delivery delays Unauthorised increase in the scope of the contract Need to restart the procurement process Potential liability to pay for unauthorised work Possible legal action</td>
<td>Ensure proper contract administration – regular reviews, inspections, progress reports, accurate/complete documentation involving Contract hubs. Negotiate supplier concerns – ensure that integrity of the contract remains Confirm verbal acceptance of a contract with written advice Accept all contracts in writing Ensure that contract amendments are issued for all agreed variations Record all discussions and negotiations All instructions confirmed in writing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium</th>
<th>HHS &amp; Contract Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure legal redress if non-acceptance causes loss Ensure delegate approval before entering into contract or giving verbal advice to commence work</td>
<td></td>
</tr>
</tbody>
</table>
### 8. Time management of CSD Project based on:
- HPID,
- HTER,
- BEMS,
- Perioperative, or
- Provider.

<table>
<thead>
<tr>
<th>Possible</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional costs or operational impacts incurred.</td>
<td></td>
</tr>
<tr>
<td>Purchase Orders not issued by 30/06/YYYY</td>
<td></td>
</tr>
<tr>
<td>(High)</td>
<td></td>
</tr>
</tbody>
</table>

- Ensure an agreed Project Implementation and Payment Plan is established and monitored.
- Capital project representation with site team to use and support the CSD solution.
- Request roll over with other HTER Funds

**HHS & HPID Projects**


<table>
<thead>
<tr>
<th>Possible</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently poor outcomes</td>
<td></td>
</tr>
<tr>
<td>No provision of measurable outcomes to measure improvement following deployment</td>
<td></td>
</tr>
<tr>
<td>(High)</td>
<td></td>
</tr>
</tbody>
</table>

- Monitoring of performance and escalating of Interim/Final reports.
- Instructions on expectations with regard to measuring improvements against implementation plan.
- Ensure User and Technical support Acceptance Testing linked to payment plan.

**HHS & Contract Manager**

### 10. Change of personnel in the middle of a CSD Project.

<table>
<thead>
<tr>
<th>Possible</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of continuity within the project and possible change of approach midstream</td>
<td></td>
</tr>
<tr>
<td>(High)</td>
<td></td>
</tr>
</tbody>
</table>

- Ensure provider has adequate systems and processes in place to ensure continuity of project work at a high standard.
- Nominate and secure key personnel in implementation and payment plans.

**HHS & HPID Projects**

### 11. Deadlock over CSD Project strategy.

<table>
<thead>
<tr>
<th>Unlikely</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope adjustment with deployment or capability delays</td>
<td></td>
</tr>
<tr>
<td>(Medium)</td>
<td></td>
</tr>
</tbody>
</table>

- Invoke tender conditions in order to modify options and procurement path.

**HHS & HPID Projects**
Revision History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date of Issue</th>
<th>Date of Next Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>September 2013</td>
<td>September 2014</td>
</tr>
<tr>
<td>2.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Document Custodian

Director
Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control

Approving Officer

Dr Jeannette Young
Chief Health Officer

Approval Date

xx / xx / 2013