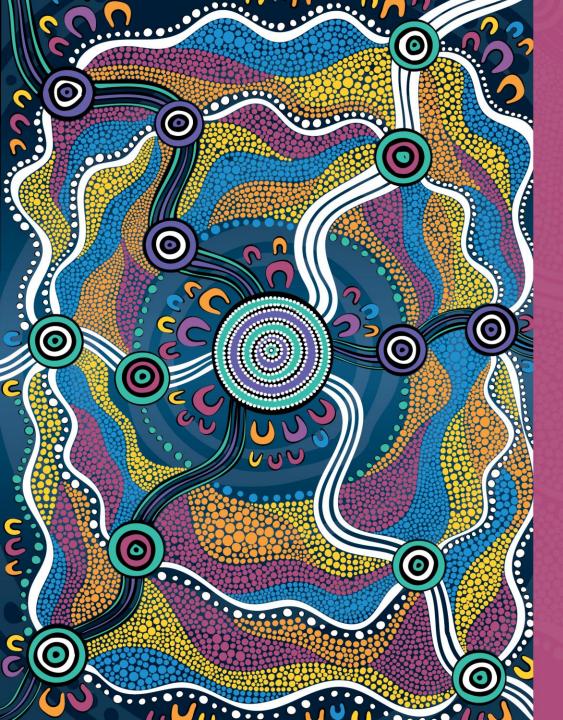
Furniture, Fixtures and Equipment (FF&E)

Marija Juraja, RN, GCNS Inf Ctrl, CICP-E November 2023

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Acknowledgement of Country

We acknowledge that this land we meet, work, live and play on is the traditional lands of the Kaurna people, and we respect their spiritual relationship with this country.

We pay our respects to their leaders, past, present and emerging and acknowledge that their language, cultural and traditional beliefs held for over 60,000 years are still as important and relevant to the living Kaurna and all Aboriginal people today.

Artwork

Wardli Purrutinthi,"Place to live or to be alive"

Designed by accomplished Aboriginal South Australian artist Allan Sumner, a descendant of the Ngarrindjeri, Kaurna and Yankunytjatjara people.

Overview

- Your role, teams role
- Understand Furniture, Fixtures and Equipment (FF&E) including Major and Minor Medical Equipment (MME)
- Process to identify transfer equipment
- Procurement process for FF&E/MME
- Sustainability
- Testing??



ICP Role

- Lead for IPCU services
- Key point of contact to liaise with the project team
- Review equipment lists to ensure all equipment has been accurately captured based on IPC requirements
- Provide parameters for staff to assess equipment that can transfer
- Provide IPC specifications for new FF&E/MME that is to be procured
- Participate in evaluation and selection process
- Prioritise participation and attendance, proxies

FF&E Management Team

Site or organisation Redevelopment team

- Project Manager -site
- Project Manager -Biomedical
- Project Manager –Furniture/Fixtures

Possible State/Territory or Government team

- Tenders/Contracts
- Finance

Architects

- Design architect
- Interior designer

Builder

Project Manager -site

Infection Prevention & Control Unit

- Designated ICP and Clinical Nurse
- Medical Scientist



What is FF&E?

FF&E refers to **Furniture**, **Fixtures and Equipment** and can be large fixed equipment or loose items with no permanent connection to the structure of the building. Fixtures or fittings refer to items affixed in some way to the building (floor, wall or ceiling).

Below are some common examples:

- **Furniture**: desks, visitor chairs, office chairs, tambours, bookcases
- **Fixtures**: PPE stations, brackets and dispensers
- **Equipment**: exercise bike, parallel bars, wheelchairs, trolleys, IV stand

FF&E can be separated into two sub-groups:

- Clinical FF&E: items that are used in a clinical environment within patient areas such as theatres, treatment bays and therapy areas
- **Non-clinical FF&E:** items that are used within non-clinical environments such as offices, waiting rooms, staff rooms and meeting rooms









FF&E Transfer Considerations

Clinical and Non-Clinical FF&E

Part of the FF&E Validation process involves identifying what existing equipment will be transferred into the new Clinical Services Building (CSB) and what is required new. Transfer Principles are developed to determine equipment or furniture suitable to transfer.

New equipment maybe required where spaces have expanded and equipment does not exist. Furniture and appliances are also generally new, whereas other mobile equipment may be relocated.

Some factors to consider when determining whether equipment is suitable to transfer:

- Timing of relocation and impact on clinical service provision
- Cost/ logistics of relocation
- Infection control requirements
- Work Health and Safety
- Compatibility with new building and systems
- Interior Design





Additional Considerations

Positives

- Lifts profile of the unit/valued!!!
- Opportunity to standardise reduce confusion across sites/services
- Opportunity to change equipment
- Opportunity to re-educate

Negatives

- Long process when its new build and the world changes
- So many stakeholders to engage and they change!



What is MME?

MME is **Major and Minor Medical Equipment** is a subset of FF&E and refers to equipment or technology managed by Biomedical Engineering.

Examples are:

- Pendants, lights and theatre integration
- Equipment for cleaning, disinfecting and sterilising reusable medical devices
- Medical imaging scanning equipment
- Infusion pumps
- Physiological monitoring
- Patient beds
- Medical gas attachments (flow meters and adaptors)
- Endoscopy Scopes
- Anaesthetic machines









MME Transfer Considerations

Biomedical Engineering should undertake an assessment of the current condition and expected future life of all MME and be documented in an asset database for future reference and tracking. Also included in the database should be information on the end of expected support life by the vendor/manufacturer. This information will identify items for transfer to the new Clinical Services Building.

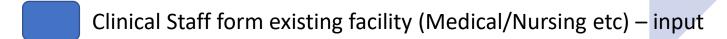
Further to being placed on the transfer list the following factors are also suitably assessed:

- compatibility
- suitability
- current and expected future condition (at time of transfer)
- support life
- costs of ongoing servicing vs costs of replacement
- impact to service delivery during transfer

All FF&E/ MME lists will be provided to each clinical area with transfer items indicated (asset numbers provided where available).

FF&E Procurement Process

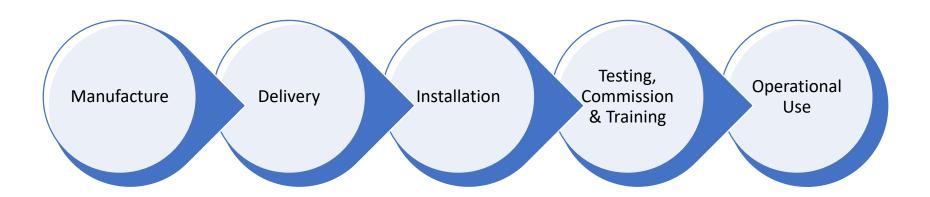




Builder and FF&E Management Team

FF&E Procurement

- FF&E/MME procurement process has a start and end date.
- Equipment is grouped into bundles, such as trolleys, beds/barouches, public furniture, physiological monitoring.
- Program and timing of each 'bundle' has to consider lead times and size of orders, working backwards from when installation is required within the building.



Evaluations

All equipment to be procured will be evaluated by site staff, via a stakeholder process to:

- identify performance specifications
- review products
- evaluate product

Additional evaluation may be obtained where necessary from:

- WH&S
- WorkFit Services
- Infection Control
- Digital Health/ Digital Design
- Project Governance / Budget Alignment
- Financial delegates for items with ongoing costs
- Any other relevant third parties as required

Consumers are also engaged to assist in the evaluation of non-clinical furniture such as visitor and waiting room chairs.



Will the FF&E meet IC requirements?



Testing Surfaces

Material and surfaces samples testing with:

- Diluted bleach 1000ppm
- Toothpaste
- Vegemite
- Pen black







- Tested with microfibre cloth and bucket method
- Tested with disposable quaternary detergent/disinfectant wipe
- 70% disposable isopropyl wipe



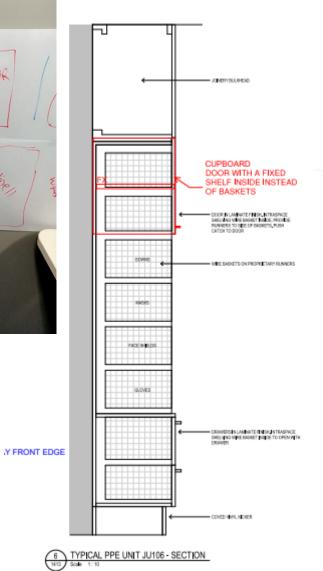


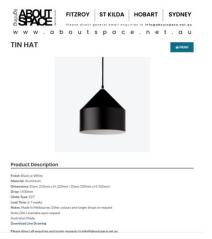
Consideration for Sustainability

- Infection risks is (more or less) eliminated by single use devices, and a quick and easy alternative
- Single use devices provide a significant contribution to hospital waste and carbon admissions
- Equipment that can be effectively cleaned and reused i.e. torniquets, BP cuffs – save the disposable for high- risk patients
- Disposable wipes for patient care and cleaning can we look at alternatives compostable, biodegradable and reduce waste?
- Point of use trays- can they be recycled or reused?
- Chemicals can we look at alternatives that still meet TBP requirements but don't impact on the environment and degradation of equipment, and chemical sensitivity?
- Do we discard or do we repurpose?



Idea to design!





Fixtures can they be reached to clean dust?



Do the washing machines meet the parameters for self –laundering?

Any questions?



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