

2021-2022 High Value Statewide Replacement Fund - Medical Equipment

Form Preview

Section 1: General eligibility criteria

* indicates a required field

The High Value Statewide Replacement Fund

The High Value Statewide Replacement Fund - Medical Equipment focuses on replacing highest priority critical risk medical equipment assets, greater than \$300,000 (excluding GST), that are at the end of their effective lives and are used for acute services in Victorian public hospitals and that pose an unacceptable and immediate threat to patient/healthcare worker safety.

Pre-submission checklist

Is the proposal a single asset (not an aggregate or system) greater than \$300,000 (excluding GST)? *

- Yes
- No - project ineligible

Is the replacement/refurbishment of an existing asset (i.e. not additional to the asset base)? *

- Yes
- No - project ineligible

Does the asset support acute services in a Victorian public hospital? *

- Yes
- No - project ineligible

Is the requested asset in-scope for funding under the program? *

- Yes
- No - project ineligible

Refer to Appendix 1 of the guidelines - www.health.vic.gov.au/med-equip

Is the existing asset at end of life or overdue and time-critical to be replaced/renewed? *

- Yes
- No - project ineligible

Is the asset critical to acute service delivery or direct life safety? *

- Yes
- No - project ineligible

Is the asset owned by the health service (or if leased - at end of life and end of lease)? *

- Yes
- No - project ineligible

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Has the asset been committed to purchase (i.e. purchase committed or purchase order raised)? *

- Yes - project ineligible
- No

Have alternative options been considered such as: service reconfiguration, lease, private provider? *

- Yes
- No - project ineligible

Is the project ready for commencement, with health service's resources and governance to manage the process? *

- Yes
- No - project ineligible

Section 2: Applicant details

* indicates a required field

Health service

Health service *

Organisation Name

Confirm Health Service Name for data integrity purposes *

Confirm Health Service Name for data integrity purposes.

Region - select only 1 choice *

- Metropolitan
- Barwon South West
- Gippsland
- Grampians
- Hume
- Loddon Mallee

No more than 1 choice may be selected.

Project Management

This is the person who will be responsible for managing this project and will be liaising as required with the Department.

Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

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Phone Number *

Must be an Australian phone number.
eg: 03 9596 4378

Mobile Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Relevant Stakeholders

Relevant key stakeholders consulted *

- | | |
|--|---|
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Facilities Manager |
| <input type="checkbox"/> Director - Radiology | <input type="checkbox"/> Information Communication Technology Manager |
| <input type="checkbox"/> Director - Nuclear Medicine | <input type="checkbox"/> Infection Control Committee |
| <input type="checkbox"/> Director - Cardiology | <input type="checkbox"/> New Technology Committee |
| <input type="checkbox"/> Operational Director | <input type="checkbox"/> Occupational Health and Safety Officer |
| <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Biomedical Engineer Manager | |

Section 3: Requested asset

* indicates a required field

Health service CEO priority number *

The CEO must determine the priority for each submission

Requested Asset *

Hospital/campus *

Building (location of requested asset) *

Department (location of requested asset) *

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Indicate what type of medical equipment *

High level summary of the requested asset

Outline the scope of works *

Word count:

Must be no more than 100 words.

Rationale for the replacement of the asset: Provide the rationale for replacement of the asset including: critical risk issues and impact on service, major functions of the asset and how they relate to the services it supports.

The justification for replacement, articulating and demonstrating alignment with agreed strategic, service and master plans, statement of priorities, whole of government policies and strategies, and how the requested asset meets the identified service need and model of care.

Outline your rationale *

Word count:

Must be no more than 500 words.

Summarise the expected benefits and outcomes *

Word count:

Must be no more than 100 words.

Future service profile

(Medical) Indicate which requirements apply: *

- IT Storage and retrieval
- Cooling
- Electrical Load
- Uninterruptible power supply requirements
- Ceiling/ floor support
- Radiation safety - shielding, workflow etc
- Other:

If 'Other' - please outline what this relates to.

Outline the requirements in more detail based upon your selection. *

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Word count:

Must be no more than 200 words.

eg: Physical space requirements, IT storage & retrieval, cooling, electrical load & Uninterruptable Power Supply requirements, ceiling/floor support, Radiation safety

Bariatric - Identify the weight limit and bore size (for CT & MRI) for the requested unit. *

Word count:

Must be no more than 200 words.

Can any existing procedures and activities be minimised or disinvested as a result of the replacement technology. *

Yes

No

If 'Other' - please outline what this relates to.

Comments *

Word count:

Must be no more than 100 words.

What new clinical indications/procedures/services can this technology be used for over and above the existing indications/procedures/services with the existing equipment? *

Word count:

Must be no more than 200 words.

Has the replacement technology application been endorsed by the health service New Technology committee? *

Yes

No

If 'Other' - please outline what this relates to. Consultation with the health service New Technology committee is required

Comments *

Word count:

Must be no more than 100 words.

Indicate if the requested asset complies with the following: *

Australian Standards

Electrical Safety Standards

Radiation Safety Act

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Therapeutic Goods Administration

Other:

If 'Other' - please outline what this relates to.

Section 4: Service demand & utilisation

* indicates a required field

We need to understand how the requested medical equipment fits with service demand and the level of utilisation of all similar equipment across all campuses of the health service.

Download and complete the **Service demand and utilisation template** at the following website:

www.health.vic.gov.au/med-equip

Attach completed Service demand & utilisation spreadsheet *

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 5: Statement of requirements

Applies to:

- CT Scanners
- Magnetic Resonance Imaging (MRI)
- Fluoroscopy units
- Angiography or Cardiac Catheterisation Laboratories
- Ultrasounds

Download the Statement of requirements document at www.health.vic.gov.au/med-equip

Complete and attach the Statement of requirements document where required

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 6: Existing asset

* indicates a required field

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Existing asset requiring replacement *

Asset number(s) *

Write "N/A" if not applicable.

Serial number & biomedical number *

Please provide both the manufacturer's serial number and as per the Radiation Safety Register (if different). Write "N/A" if not applicable.

Building (existing location of asset) *

Department (existing area) *

Background for critical risk assessment

The response to questions and evidence provided in the section below provides background and context for the determination of the critical risk assessment.

What is the age of the existing asset? *

Ownership status *

- Owned
- Leased
- Private Provider
- Purchased Service

If 'Other' - please outline what this relates to.

How many years has the existing asset been owned by the health service? *

Must be a number.

What was the estimated effective life of the existing asset when first installed? *

Word count:

Must be no more than 200 words.

What year is technical support available until? *

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Please attach relevant technical support letter if limited or no further support available

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Indicate which applies regarding spare parts: *

- Not available
- Parts difficult to source
- Other:

If 'Other' - please outline what this relates to.

Comment *

Word count:

Must be no more than 100 words.

Indicate if the existing asset complies with the following: *

- Australian Standards
- Electrical Safety Standards
- Radiation Safety Act
- Therapeutic Goods Administration
- Other:

If 'Other' - please outline what this relates to.

Comment on compliance with regulation standards and other requirements *

Word count:

Must be no more than 100 words.

Reliability - existing asset

What is the frequency of breakdown of asset / interruption of service in each year for the last two years? *

Word count:

Must be no more than 200 words.

What is the duration of breakdown of the asset and impact on clinical service delivery? *

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Word count:

Must be no more than 200 words.

Outline the major upgrades that can be performed on the existing asset. *

Word count:

Must be no more than 200 words.

Attach relevant reports such as service and/or maintenance reports or de-identified clinical incident reports. Photos may also be attached. *

Attach a file:

A minimum of 1 file must be attached.

Please ensure information is de-identified for patient and staff details before uploading files. Please label all attachments clearly with health service name, project name and description of information

Decommissioning - existing asset

Identify the decommissioning, removal from service and disposal method for the existing asset(s). *

Word count:

Must be no more than 200 words.

Section 7: Financial summary

* indicates a required field

The following section is a financial summary of your application.

Equipment component cost (GST excl) *	Direct installation costs (GST excl)	Minor works costs (GST exclusive)	Other costs (GST exclusive) *
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Total project replacement cost

Total project replacement cost (GST exclusive) *

\$

This number/amount is calculated.

Total project replacement cost over \$1 million

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Is the total replacement cost over \$1 million dollars (excluding GST) *

- Yes
- No

Life cycle costing

Where the total project replacement cost is over \$1 million, complete the Life cycle costing template. Download [the Life Cycle costing template](#) and attach a completed version.

Completed life cycle costing spreadsheet *

Attach a file:

Section 8: Funding sources

* indicates a required field

Identify all funding sources for the total project cost. Note ALL are GST exclusive.

Funding requested from department - High Value Statewide Replacement Fund *

\$

What is the total financial support you are requesting in this application? (minimum request \$300,000 - GST exclusive).

Comments

Word count:

Must be no more than 100 words.

Specific-purpose capital grant *

\$

Must be a dollar amount. (GST exclusive).

Comments

Word count:

Must be no more than 100 words.

Health service contribution *

\$

Must be a dollar amount. (GST exclusive). This is your own contribution

Comments

Word count:

Must be no more than 100 words.

Other Contribution *

\$

Must be a dollar amount. (GST exclusive). Other Funding Contributions

Specify items and comment

Word count:

Must be no more than 100 words.

Total Funding Source

The total funding source should EQUAL the total project replacement cost

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Total Funding Source

\$

This number/amount is calculated. GST exclusive. This is auto calculated from responses above.

Total Project Replacement Cost

This number/amount is calculated. This is auto calculated from previous question

Section 9: Procurement and project timelines

* indicates a required field

Project timeline and key milestones

It is understood that if successful, health services will undertake processes to procure assets consistent with Government and appropriate policies.

Indicative start date *

Must be a date.
Use calendar icon to select indicative date.

Indicative date for finalised specifications (statement of requirements) *

Must be a date.
Use calendar icon to select indicative date.

Indicative date for tender commencement *

Must be a date.
Use calendar icon to select indicative date.

Comment

Word count:
Must be no more than 100 words.

Indicative date for tender evaluation completion *

Must be a date.
Use calendar icon to select indicative date.

Comment

Word count:
Must be no more than 100 words.

Indicative date for purchase order/ contract execution *

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Must be a date.
Use calendar icon to select indicative date.

Comment

Word count:
Must be no more than 100 words.

Indicative date project operational (project complete/installed, commissioned and fully operational) *

Must be a date.
Use calendar icon to select indicative date.

Indicative date for final project report and financial acquittal *

Must be a date.
Use calendar icon to select indicative date.

Any other relevant information

Word count:
Must be no more than 100 words.

Section 10: Project readiness and governance

* indicates a required field

Project readiness and implementation

Confirm whether the project has been scoped:

Preliminary scoping & documentation completed *

- Yes
- No

Attach preliminary scoping documents/ schematic design/ sketch plan/ design reports *

Attach a file:

Provide the location of existing and proposed asset replacement on a floorplan(s). Please label all attachments clearly with health service name, project name and description of information

Quotes & costings identified *

- Yes

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No

Attach quotes and costings *

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Transition planning identified *

Yes

No

Comments on project readiness and implementation, including the status of other current capital projects at your health service. *

Word count:

Must be no more than 200 words.

Identify the enablers and dependencies for project implementation including any decanting of services required. *

Word count:

Must be no more than 200 words.

Is this project dependent upon any other current or planned projects being completed? If so, please provide a brief description *

Word count:

Must be no more than 200 words.

Identify if operational areas have confirmed that the required works can be undertaken in the timeframes indicated in the proposal. *

Word count:

Must be no more than 200 words.

Governance

Outline the health service governance framework for this project implementation *

Include processes and reporting mechanisms and accountabilities. Include how project progress is reported to executive and frequency of reporting.

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Identify key project team members including project sponsor and project leader *

Outline technical staff and project management staff - their capability, capacity and experience/track record in managing similar projects in complexity

Outline the implementation plan for this project including key tasks and responsibilities *

Word count:

Must be no more than 200 words.

Identify project implementation risks such as time delays, cost overrun and operational disruption and discuss mitigation strategies. *

Word count:

Must be no more than 200 words.

Please attach relevant governance documentation *

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 11: Critical risk identification

* indicates a required field

Critical risk summary

Summarise the overall critical risk issues associated with the asset including the function it can no longer perform *

Word count:

Must be no more than 200 words.

What are the impacts if the asset fails? *

Word count:

Must be no more than 200 words.

Outline if the breakdowns or disruptions cause any impact on patient care, including: waiting lists, elective surgery, increased patient transfers or impact on other health services *

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Word count:
Must be no more than 200 words.

How are the risks outlined above currently being managed? *

Word count:
Must be no more than 200 words.

Section 12: Critical risk assessment

* indicates a required field

Scoring

Apply the following number scales to the risk questions below:

Consequence:

4 - Extreme
3 - Major
2 - Moderate
1 - Minor
- Insignificant

Likelihood:

04 - Almost certain
3 - Likely
2 - Possible
1 - Unlikely
0 - Rare

Risk Matrices

This following sections need to refer to the [Guidelines - Appendix 3: Risk Matrices.](#)

12.1 Clinical Risk

Consequence *

Please select risk score from drop down list.

What is the clinical and patient consequence when the asset fails / breaks down? *

Word count:
Must be no more than 200 words.

Likelihood *

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring? *

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Word count:

Must be no more than 200 words.

Total Clinical Risk *

This number/amount is calculated.

Weighted Clinical Risk Score

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 12.5 Highest Risk Score section below.

12.2 Occupational Health & Safety Risk

Consequence *

Please select risk score from drop down list.

What is the occupational health and safety consequence to staff when the asset fails / breaks down? *

Word count:

Must be no more than 200 words.

Likelihood *

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring? *

Word count:

Must be no more than 200 words.

Total Occupational Health and Safety Risk Score *

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 12.5 Highest Risk Score section below.

12.3 Service Availability Risk

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Consequence *

Please select risk score from drop down list.

What is the clinical service availability consequence when the asset fails / breaks down? *

Word count:

Must be no more than 200 words.

Likelihood *

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring? *

Word count:

Must be no more than 200 words.

Total Service Availability Risk Score *

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 12.5 Highest Risk Score section below.

12.4 Supporting documentation for risk

Attach risk, failure, de-identified incident reports or other supporting documentation. Photos may be attached. *

Attach a file:

Please ensure information is de-identified for patient and staff details before uploading files. Please label all attachments clearly with health service name, project name and description of information

12.5 Highest risk score

Nominate your highest risk score from either the weighted clinical risk score, total OH&S risk score or total service availability risk score calculated above *

Must be a number.

12.6 Critical risk - service level weighting

Apply the following number scale to the critical risk question below:

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1.6 - Statewide (e.g. major trauma centre, Liver/heart transplants)

1.4 - Multiple campuses of health service / service a number of other hospitals outside of health service/Region **1.2** - Critical clinical service area (e.g. Emergency Department, Operating Room, Intensive Care Unit, Neonatal Intensive Care Unit) **1.2** - Whole of site / hospital **1.0** - Single area or department

Service Level Weighting *

Comments on service level weighting *

Word count:

Must be no more than 200 words.

12.7 Overall Proposal Risk score

Overall proposal risk score *

This number/amount is calculated.

Calculated using highest risk score multiplied by the service level weighting.

Section 13: Other attachments

Any other supporting documentation. Photos may be attached.

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 14: Privacy & declaration

* indicates a required field

Privacy

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Our [privacy statement](#) is available for viewing.

Collection notice

The Department of Health and Human Services (the department) is committed to protecting your privacy. The department will collect and handle personal asset information collected via this form for the purposes of assessment of applications and monitoring of projects.

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If the department does not receive all relevant information we will not be able to assess and prioritise the lodged submission(s).

For more information on privacy management, please refer to the department's privacy policy by visiting our website: www.dhhs.vic.gov.au/privacy-statement

You may access your information that you provide to the department. The department can be contacted on assetmanagement@dhhs.vic.gov.au or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.

Chief Executive Officer

*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email *

Must be an email address.

Chief Financial Officer

*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email *

Must be an email address.

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that the Chief Executive Officer has endorsed this application and the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I hereby agree to the above: *

Yes

I confirm the asset for replacement (or elements of this project) has not received funding from another source or part of capital works on site. *

Yes

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Authority to submit

Authorised Officer *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.
eg: 03 9596 4378

Date *

Must be a date.
Use calendar icon to select date.

Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process?

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

Feedback/ Comments