GROWING TOGETHER

Towards delivering world-class health facilities in Malaysia

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A presentation by :

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GROWING TOGETHER

Towards delivering world-class health facilities in Malaysia

This paper shall discuss the need for a tighter-knit sustainable working relationship between the Malaysian public sector and the private sector design consultancy professional services towards the delivery of better health facility buildings in Malaysia.

As there is an **urgent need** in the **<u>healthcare sector</u> to construct new facilities and upgrade existing facilities across the country**, it is imperative to adopt a macro perspective of how best to approach human resource capacity building towards achieving the highest project delivery standards.

The **key stakeholders** from the public sector are: the users from the **Ministry of Health Malaysia (KKM)**; the health facility planning and project review teams at KKM; the construction professionals at the **Public Works Department (JKR)** comprising various construction professionals; the **private sector professional construction consultancy firms** such as architects, health facility planners, engineers of various specialisations, town planners, interior designers, medical equipment planners, and landscape architects.







CONTENT

ABOUT US

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An introduction to the work of our company, Perunding Alam Bina Sdn Bhd - a multidisciplinary practice with health facility planning specialisation spanning almost 40 years.

PROPOSALS FOR RMK-12

Venturing a perspective of existing challenges and how these items may be captured in RMK-12

OUR BIM JOURNEY

Outlining issues faced with developing BIM capability within the firm and suggestions for implementation by other practices.

RECOMMENDATIONS

Recommendations on how to build capacity to deliver a larger number of high quality projects





ABOUT US

Perunding Alam Bina Sdn Bhd (PAB) was established in 1974 as a partnership and in 1981 as a body corporate architecture practice.

We offer a variety of professional services namely, architecture, health facility planning, town planning, landscape architecture, project management and interior design.

PAB has been involved in health facility projects since 1981, ie. almost 40 years of involvement in delivering public health facilities in Malaysia.





OUR PHILOSOPHY



MISSION

To provide design excellence and responsible project management that contributes to the best outcomes for our built environment.



VISION

To be a leading architecture practice contributing to a sustainable and vibrant built environment.



VALUES

Contextual Creativity Provide context driven solutions which are timeless, efficient and cost effective.



Communication

To participate directly and closely with our clients, allied professionals in obtaining the best outcomes.



Unique solutions

To treat every project on its own merits and to complete each project to the best of our abilities.





OUR SERVICES



ARCHITECTURE

Brief Formulation, Site Surveys & Reports, Feasibility Studies, Concept Development, Architectural Design, Authority Submissions, Working Drawings & Coordination, Project Procurement, Contract Administration, Site Supervision



HEALTH FACILITY PLANNING

Brief Formulation, Project Programming, Concept Development, Schedule of Accommodation, Room Data Sheets, 4-wall Elevations, Applications & Submissions

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LANDSCAPE ARCHITECTURE

Site Master Planning, Landscape Design, Working Drawings & Specifications, Pre-Contract Procedures, Post-Contract Evaluation, Implementation



PROJECT MANAGEMENT

Project Planning & Programming Project Coordination Site Supervision Contract Administration



URBAN DESIGN AND PLANNING

Site Selection, Feasibility Studies, Master Planning, Urban & Regional Planning, Urban Design, Reports & Submissions



ASSOCIATED SERVICES

Interior Design Signage & Identity Basic GBI Facilitation



OUR HISTORY 40 YEARS OF EXPERIENCE IN PUBLIC HEALTH FACILITY DESIGN IN MALAYSIA

Institut Jantung Negara

PAB appointed as the medical planners and architects for IJN.

1989-1992

1998 - 2004 Hospital Sultan Ismail Johor Bahru Health facility planners in collaboration with GDP as architects.



1994

Department of Chemistry Buildings



1974

PAB established PAB was founded in Kuala Lumpur in May 1974

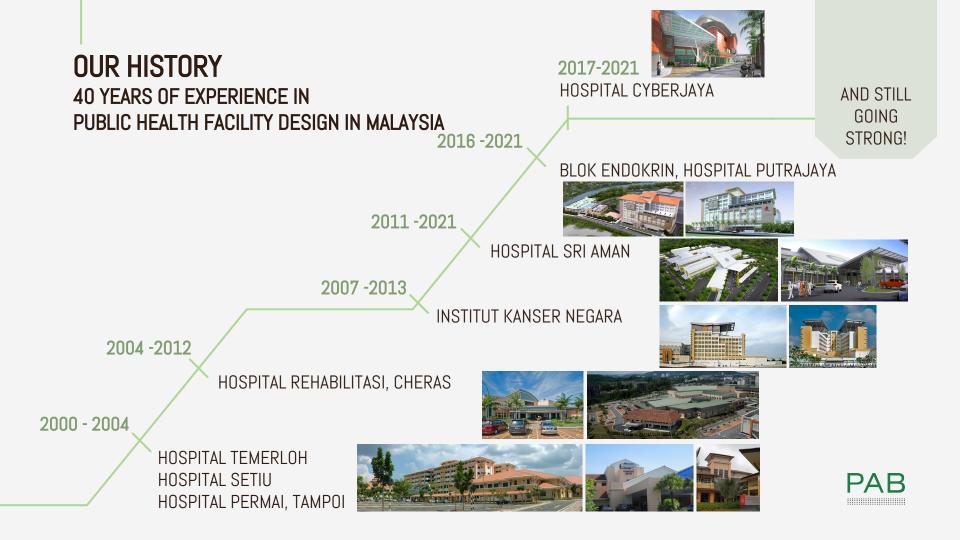
> **1981-1993** USM Kubang Kerian



1991 - 1994 Melaka General Hospital Upgrade







CYBERJAYA HOSPITAL, CYBERJAYA COMPLETION IS EXPECTED IN 2020 288 BEDS

This 288 bedded hospital is being developed by Cyberview Sdn. Bhd. (subsidiary of MOF) on a 12.8 acre site. This new healthcare facility will compliment Putrajaya and Serdang Hospital in serving mainly Cyberjaya, Putrajaya and surrounding part of Selangor Darul Ehsan.

Once completed, this hospital will be the first healthcare facility in Malaysia to be accredited with GBI platinum certification. Among the energy efficient features are solar panels, naturally ventilated atrium, rain water and daylight harvesting and many other M&E features.

The development includes 28 units of staff accomodation and nurses hostel for 20 nurses and a multi-storey car park block to house 790 car park bays.



H





ENDOCRINE HOSPITAL, PUTRAJAYA COMPLETION IS EXPECTED IN 2020 220 BEDS

The 220 bed Endocrine Complex will be built as an annexe to the existing Putrajaya Hospital connected by a link-bridge at level 2. This new facility shall be the Centre-of-Excellence for endocrinology related cases such as diabetes, obesity and metabolic complications, complete with training and research facilities.







SRI AMAN HOSPITAL, SARAWAK COMPLETION IS EXPECTED IN 2021 108 BEDS

This 108-bed hospital (expandable to 200 beds) development is based on the Award Winning Design in the Hospital Design Competition organized by JKR in 2010.

The facility will be a replacement hospital to the existing 148 bed Sri Aman Hospital serving the district surrounding Bandar Sri Aman, Sarawak.





INSTITUT KANSER NEGARA COMPLETED 2013 252 BEDS

The National Cancer Institute located in Putrajaya is the first of its kind in providing a complete canter treatment and management in South East Asia.

It serves as the national referral centre with state-of-the-art equipment and facilities.





HOSPITAL REHABILITASI, CHERAS COMPLETED 2012 166 BEDS

The rehabilitation hospital was constructed to replace the Lady Templer hospital on its 50.1 acre site in Cheras.This hospital provides training and research in rehabilitation and disability management.

This 166-bed hospital development includes staff accomodation and has the capacity to expand 300 beds in the future.











1100

EXTENSION TO GLENEAGLES HOSPITAL, KUALA LUMPUR COMPLETED 2015 100 BEDS

This 10-storey development includes 100 in-patient beds, 54 Medical Suites, a Health Screening, Daycare & Haemodialysis Centre in an annex building with a covered link-bridge to the existing Gleneagles Kuala Lumpur Hospital.





O2 PROPOSALS FOR RMK-12



Malaysia Annual % GDP Growth 1960-2019



GDP growth (annual %) - Malaysia

World Bank national accounts data, and OECD National Accounts data files



Update

World Bank revises Malaysia's 2020 GDP forecast to larger 4.9% contraction

"In addition, the elevated unemployment rate and other weaknesses in the labour market would continue to weigh on private consumption.

"Reflecting these developments, most demand components (net exports, private consumption and private investment) are expected to contract in 2020. Government expenditure is expected to increase mainly due to stimulus spending," the World Bank said. - The Edge Markets, September 29, 2020



PAM Research & Futures Survey (May & July 2020) Impact of Covid-19 on Architecture Firms

Key findings:

90% firms have less than 20 employees.

75% are Sole Proprietors.

35,000 people are employed by **1,608** architecture firms

As of July 2020,

- **24%** of Architecture firms have retrenched at least 25% of their staff.
- **72%** of firms cannot sustain salaries beyond 3 months after austerity measures (retrenchment, pay cuts, etc)
- **21%** of firms reported their reserves have been depleted and will require a loan to sustain themselves.
- 4% firms have decided to close down.
- **11%** are considering closure in near future.

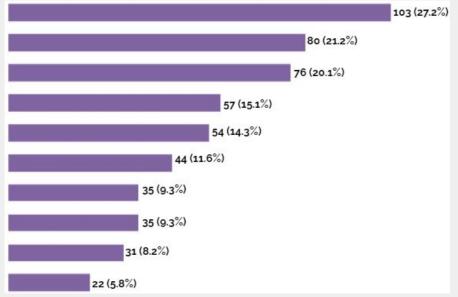






PAM Research & Futures Survey (July 2020) How are architecture firms managing their financial risks?





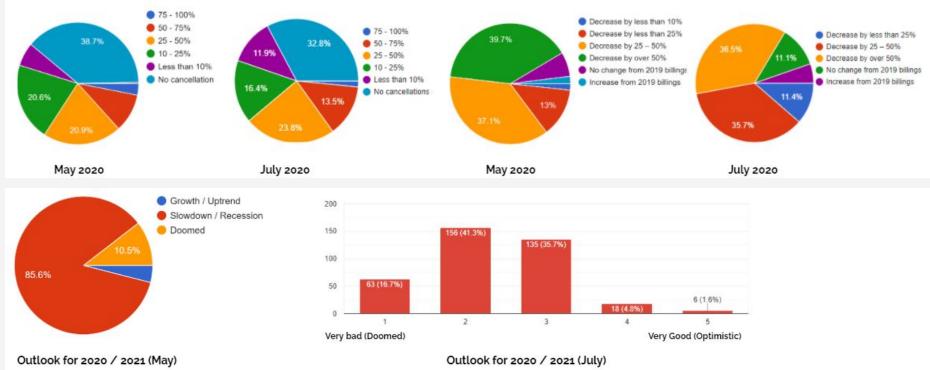
We are okay. No austerity measures required for now. Salary reduction by 20% with reduced working days. We have sought short term loans to assist our cash flow. We will/have liquidated private assets to keep the company running. We are utilising an overdraft facility. Salary reduction more than 30% with reduced working days. Salary reduction by 10% Rightsizing: offering early retirement, VSS, retrenchment etc. Salary reduction by 30% with reduced working days. We will/have liquidated company assets to keep the company running.

PAM Research & Futures Survey (July 2020) Fee billings for 2020 and Outlook for 2021





Fee billing projection 2020/2021



PAM Research & Futures Survey (July 2020) Quantum of fees owed to Architecture firms by Client Group





Owed to practices by 'Federal Government Ministries, Federal Government Departments, Federal Government Agencies, Public Universities'



Owed to practices by 'Government Linked Companies (GLCs), Government Linked Investment Companies (GLICs) and their subsidiaries'



Owed to practices by 'State Governments, State Government Agencies, Local Governments, Local Authorities, City Corporations, and Companies owned by them'



Owed to practices by Public Listed Companies (non-GLCs) and their subsidiaries At least 36% of architecture firms are actively involved in public works



RMK12 - The survival of **Malaysian construction** professional consultancy firms relies on access to government works





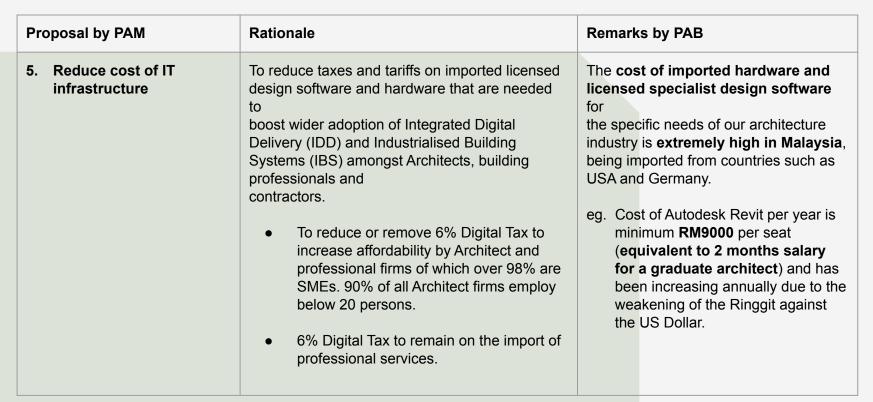
Proposal by PAM	Rationale	Remarks by PAB
 Implementation of many smaller projects across the country Rejuvenation of secondary cities & small towns 	 To spur the building industry, the Government, across Federal, state & district level, to implement larger number of smaller projects across the nation, eg: Retrofit existing hospitals / repurpose old buildings for pandemic needs. Rehabilitate under-used older government owned buildings to address changing social needs. 	Increased investment in healthcare infrastructure and ancillary facilities will provide long term benefits for all and at the same time provide multiplier effects with the inclusion of a larger pool of professional consultants and building contractors. However, the large number of smaller projects would require closer
	 Refurbishment & greening of older government buildings with Malaysia's GBI and other green sustainability standards. Rehabilitate deteriorating public housing projects to improve amenities including existing government quarters. 	collaboration between the public and private sector to ensure high quality outcomes are achieved. There is a need to address better procurement methods to achieve these ends.



Proposal by PAM	Rationale	Remarks by PAB
2. RFP for separate appointment of architects instead under Contractor's Design & Build	 Appointment Architects in the RFPs for government sector projects to be based on fair experience and capacity needed to service the various complexities and scale of the projects. Projects should cease being awarded by Design and Build or Turnkey under Contractors as the contractor will impose on Architects / Engineers a low fee, not in compliance to the Architects Act 1967 - Architects (Scale of Minimum Fees) Rules 2010. Consultants selected in the RFP by the Government may then be nominated / seconded to the selected Contractor. To ensure projects are evenly distributed, Government may select pre-qualified Architects on a rotational basis. 	Recent requirements by JKR requiring high levels of BIM compliance is beyond the Basic Services stipulated in the Architects (Scale of Minimum Fees) Rules 2010, and should be considered as an additional service. As there has been no published reference to correctly ascertain the amount of fees adequate to cover cost of hardware, software, training of human resources and compliance to JKR requirements, fees charged to the turnkey contractor tends to be underpriced.



Proposal by PAM		Rationale	Remarks by PAB			
3.	Use of collaborative teams of smaller architect practices for large-scale projects	To incentivize the use of collaboration of several smaller architecture practices to provide services for large-scale projects, to help SMEs build capacity and enhance experience and in any case, the complexity of large-scale projects often requires various areas of expertise.	Experience requirements for projects should be tiered according to the size of the firm to enable younger architecture firms to participate and gain experience.			
4.	Increase and improve training of building trades	To emphasize and increase funding & incentives for training of building trades to improve skill and quality of work of Malaysian contractors. To encourage association / guilds of building tradesmen and craftsmen.	This will improve quality of construction projects and must work hand in hand with the adoption of BIM and increasing the use of prefabrication and industrialised building (IBS) technology. Bearing in mind that the cost of construction in Malaysia is amongst the lowest in the world, there is no immediate incentive for contractors to increase the adoption of IBS.			

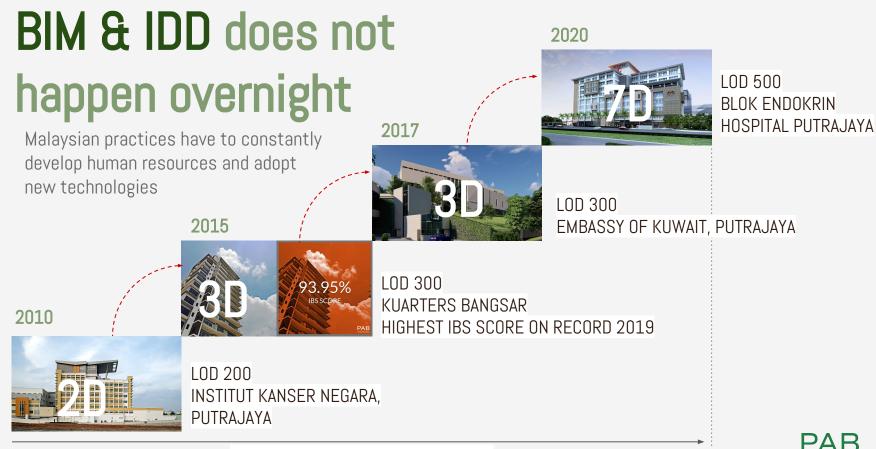




RMK-12 is an opportunity to address national development disparities through an economic stimulus for the construction sector.







PAB's 10 year journey with BIM & IDD

Window mullion schedule extracted directly from the BIM model

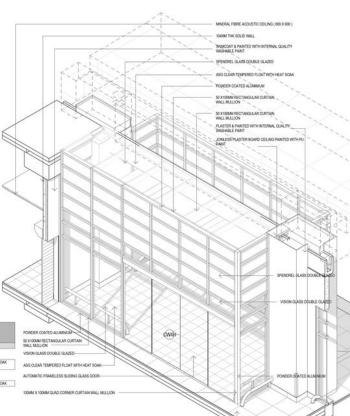
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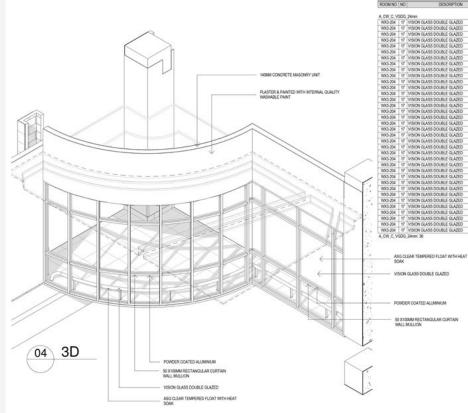
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## Virtual building vs. constructed building



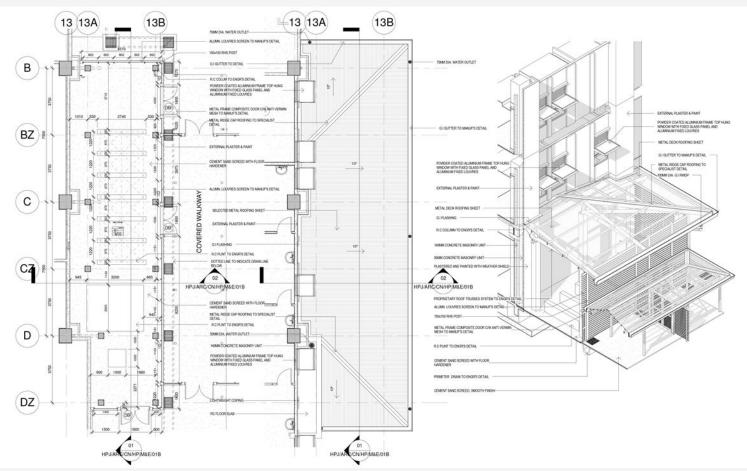
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VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm	825 mm	0.95 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	325 mm	825 mm	0.27 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm		0.95 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	156 mm	825 mm	0.13 m
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VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	686 mm	825 mm	0.57 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	825 mm	0.59 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	825 mm	0.59 m
VISION GLASS DOUBLE GLAZED	A CW C VGOG 24mm	325 mm	1450 mm	0.47 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm	1450 mm	1.67 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm	1450 mm	1.67 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	353 mm	1450 mm	0.51 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm	525 mm	0.60 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	1150 mm	525 mm	0.60 m
ISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	325 mm	525 mm	0.17 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	353 mm	525 mm	0.19 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	686 mm	1450 mm	0.99 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	686 mm	525 mm	0.36 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	1450 mm	1.03 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	710 mm	525 mm	0.37 m
VISION GLASS DOUBLE GLAZED	A_CW_C_VGDG_24mm	156 mm	525 mm	0.08 m
VISION GLASS DOUBLE GLAZED	A CW C VGDG 24mm	156 mm	1450 mm	0.23 m

PANEL SCHEDULE - 17 - WX3-204 - CORRIDOR



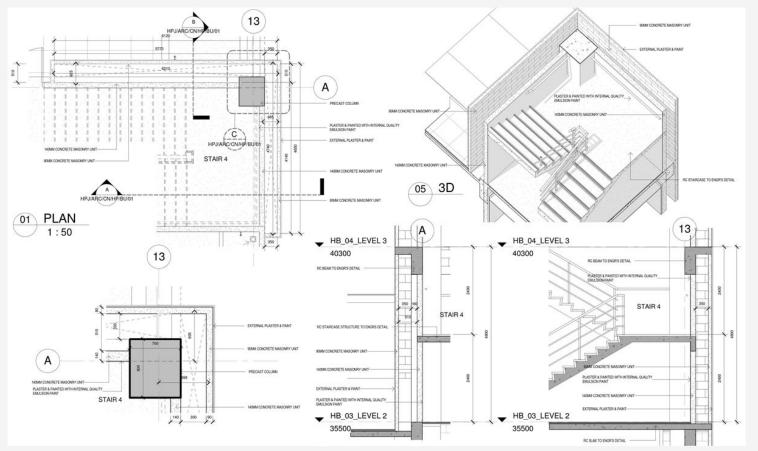
## PAB

## Water tanks and roof details fully modelled



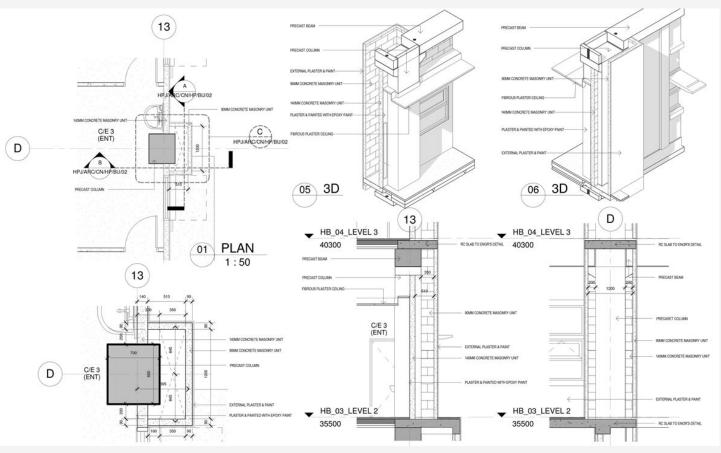


## Staircase details in 3D



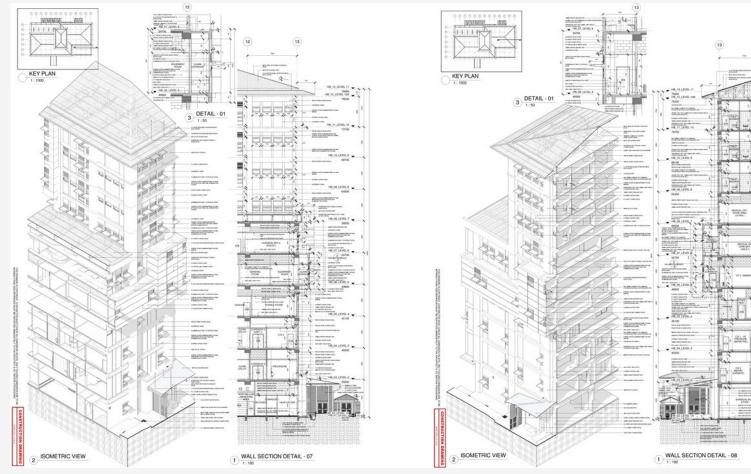
PAB

## Selected wall details



PAB

## **Detailed wall sections**



PAB

12

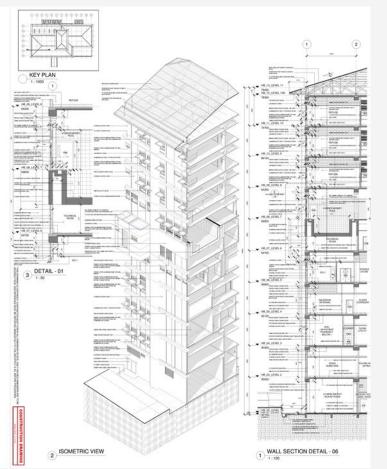
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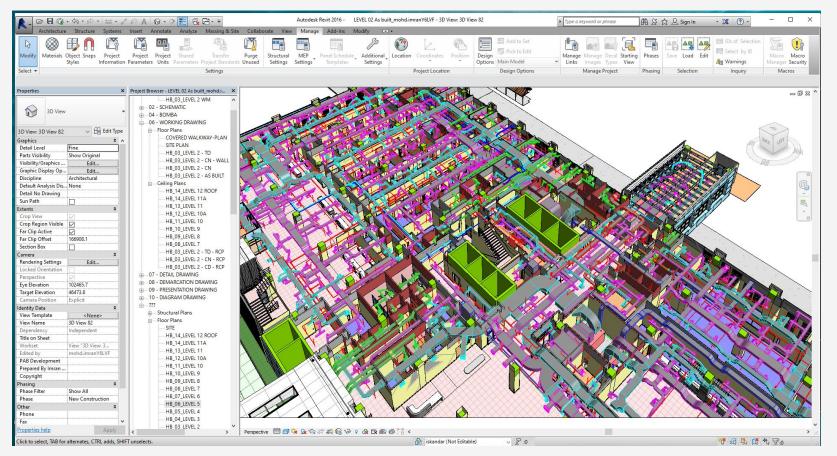
#### **Detailed wall sections**



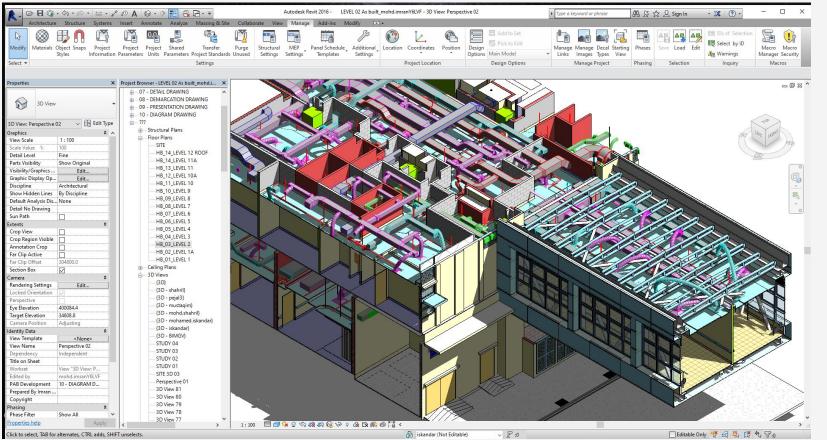


PAB

#### Virtual coordination of all services



#### Virtual coordination of all services





#### How do we derive fair fees for BIM & IDD?

Excerpts from Architect's Act 1967 - Architects (Scale of Minimum Fees) Rules 2010

An architectural consultancy practice which provides the Basic Services shall be paid in accordance with the minimum scale of fees.

#### 7. Phases for Basic Services

The Basic Services that may be provided by the architectural consultancy practice shall be for any or all of the following phases:

(a) Schematic Design Phase;
(b) Design Development Phase;
(c) Contract Documentation Phase;
(d) Contract Implementation and Management Phase;
(e) Final Completion Phase.

#### 10. <u>Basic Services</u> under Contract Documentation Phase

The Basic Services that may be provided by the architectural consultancy practice under the Contract Documentation Phase shall be any or all of the following:

(a) upon approval by the client of the updated preliminary estimates of construction costs and the project planning and implementation schedule, **preparing and finalizing detailed drawings and other particulars necessary to the stage of completion** <u>sufficient to enable bills of quantities to</u> <u>be prepared</u>;



#### How do we derive fair fees for BIM & IDD?

Excerpts from Architect's Act 1967 - Architects (Scale of Minimum Fees) Rules 2010

#### **14. Additional Services**

The Additional Services that may be provided by the architectural consultancy practice under a separate appointment shall be any or all of the following:

- (a) advisory services;
- (b) survey and investigation services;
- (c) planning and development services;
- (d) financial advisory services;
- (e) exceptional negotiations and protracted involvement services;
- (f) project management consultancy services;

#### (g) miscellaneous services.



#### 21. Miscellaneous services

The miscellaneous services that may be provided by the architectural consultancy practice shall be any or all of the following:

- (a) providing landscape design services,
- (b) advising the client on the selection of works of art or commissioning of decorative works and supervising their installation;
- (c) undertaking **special studies** in connection with the development of designs for prototype buildings or models, including their testing and evaluation;
- (d) providing **illumination** design services



Does not cover BIM scope of

services

#### Conventional project cost (technical team) over 4 years

Illustration purposes only

Role	Remuneration / year	Software / year	Hardware / year	Training / year	Involvement / year	Total (MYR)
Technical Manager	125,000	1000	1200	500	2	255,400
Draftsman 1	70,200	1000	1200	500	4	385,200
Draftsman 2	54,600	1000	1200	500	4	291,600
Draftsman 1	70,200	1000	1200	500	3	288,900
Draftsman 2	54,600	1000	1200	500	3	218,700
Draftsman 2	54,600	1000	1200	500	2	145,800
Total			1	1	1	1,307,600
						· · · · · · · · · · · · · · · · · · ·

*Note: Remuneration costs includes salary + min. 1 month bonus, EPF, SOCSO, health insurance, allowances and other benefits.



#### Conventional project cost (technical team) over 4 years

Illustration purposes only

Role	Remuneration / year	Software / year	Hardware / year	Training / year	Involvement / year	Total (MYR)
BIM Manager	140,400	9000	5000	1500	2	311,800
BIM Coordinator	109,200	9000	5000	1500	4	498,800
BIM Modeller 1	109,200	9000	5000	800	3	372,000
BIM Modeller 2	78,000	9000	5000	800	3	325,200
BIM Modeller 2	78,000	9000	5000	800	2	216,800
Total					1,555,300	

Smaller team but significantly higher additional overhead costs. <u>19% higher cost</u> compared to conventional documentation. Up to 25% if <u>unforeseen circumstances</u> are encountered.

#### **Unforeseen BIM Implementation Costs**

Based on PAB's experience

- Older existing employees find it **difficult to reskill**.
- Skilled individuals rampantly poached by other firms, contractors or private sector developers.
- High turnover leads to **repeated training costs** incurred by the company / or higher employment costs.
- Lack of BIM library creates initial delays to the project.

- **Delays caused by other consultants** who are brought in by D&B Contractor but do not have BIM capabilities.
- Client group misunderstands BIM processes and makes ad-hoc requests which obstructs the work programme.
- BIM execution **plan not followed through** by all parties.
- Consultant pressured by D&B Contractor to provide documentation to avoid Liquidated Damages. Leads to **doubling up resources** (2 teams).



#### **BIM: Input vs Output**

Reality of data entry

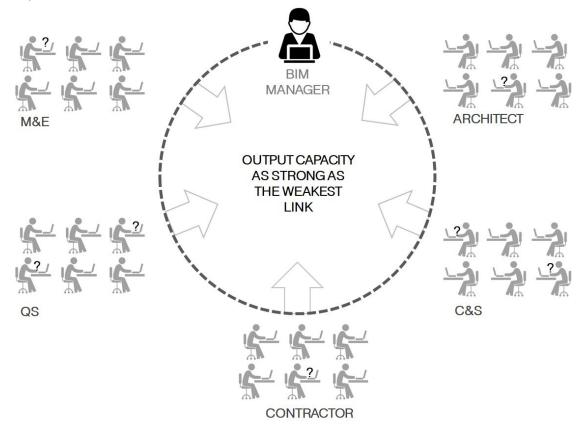
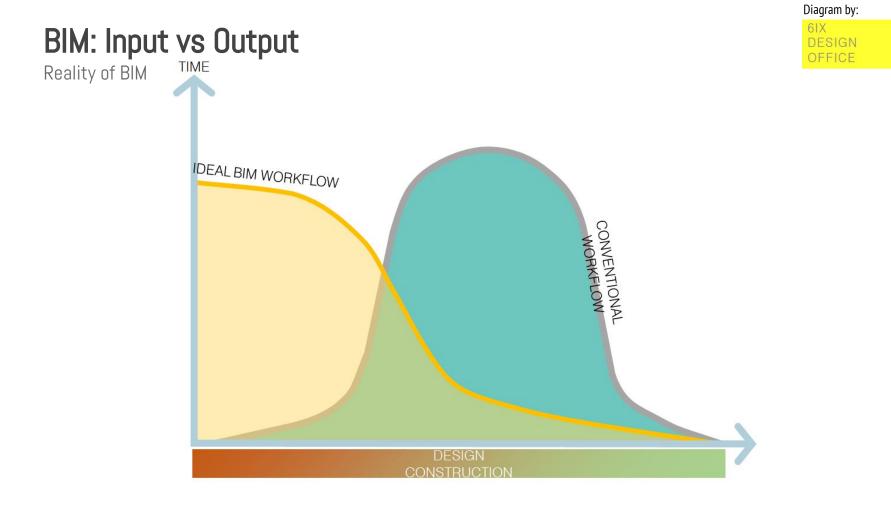
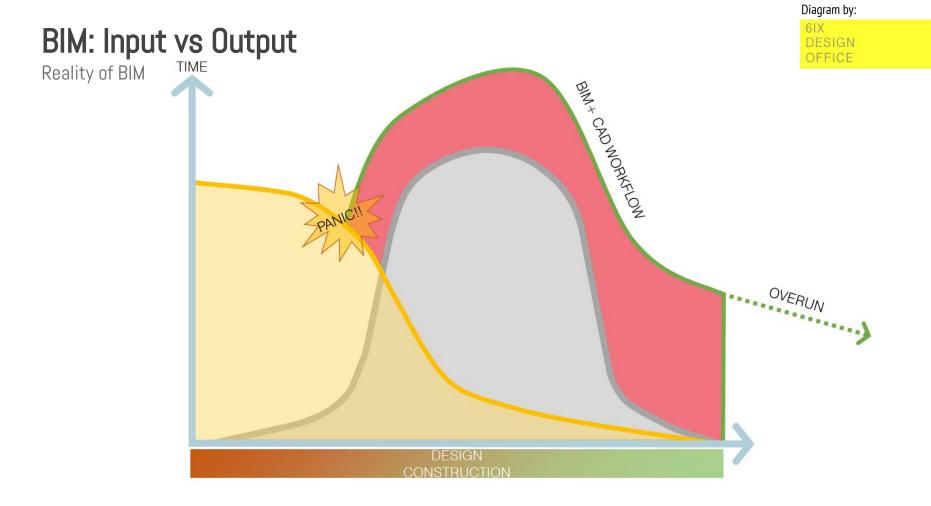
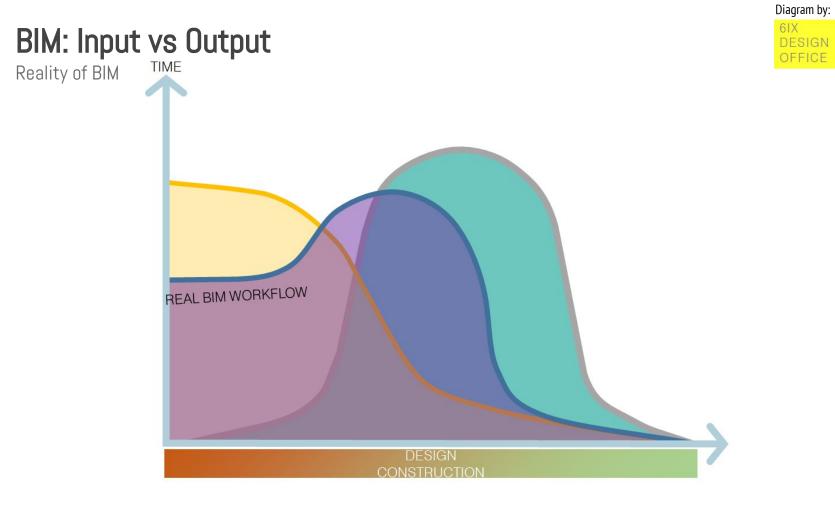
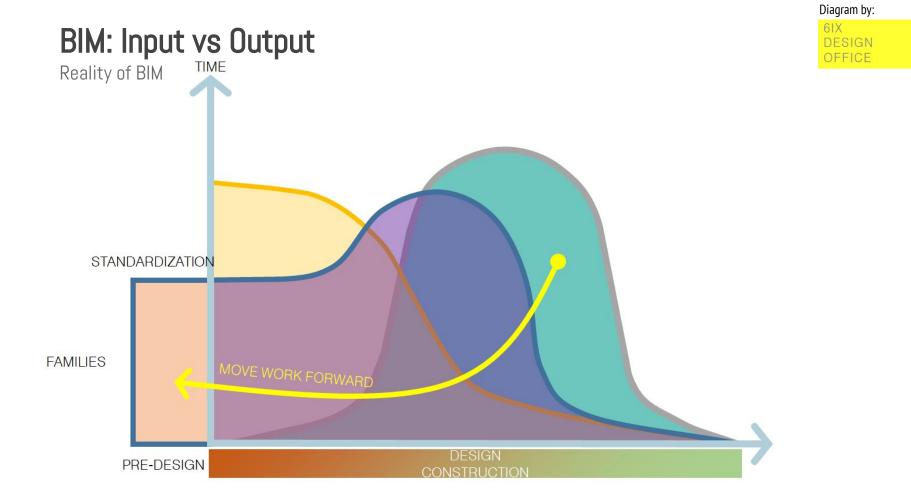


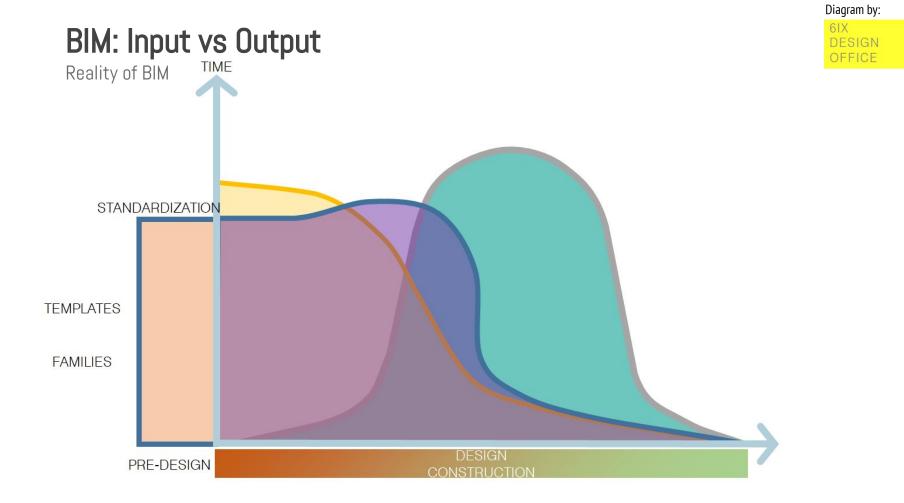
Diagram by: 6IX DESIGN OFFICE

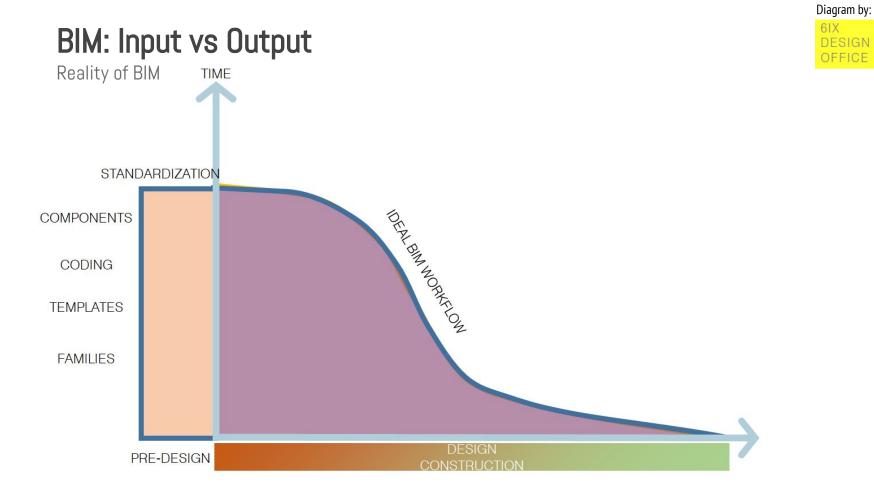








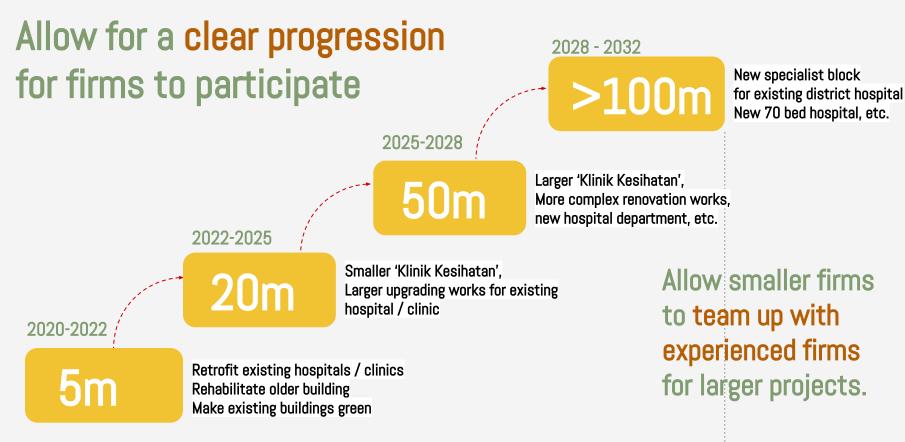




# 04 RECOMMENDATIONS



# Public sector should build capacity in partnership with the private sector







## Need for a specialised health facility planning course tailor made for Malaysia.

# An opportunity to export services to ASEAN.





# Sustainability also includes using technology <u>effectively</u>

#### **Global Comparison of Cost of Construction**

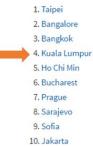


#### Which cities are most expensive for construction?

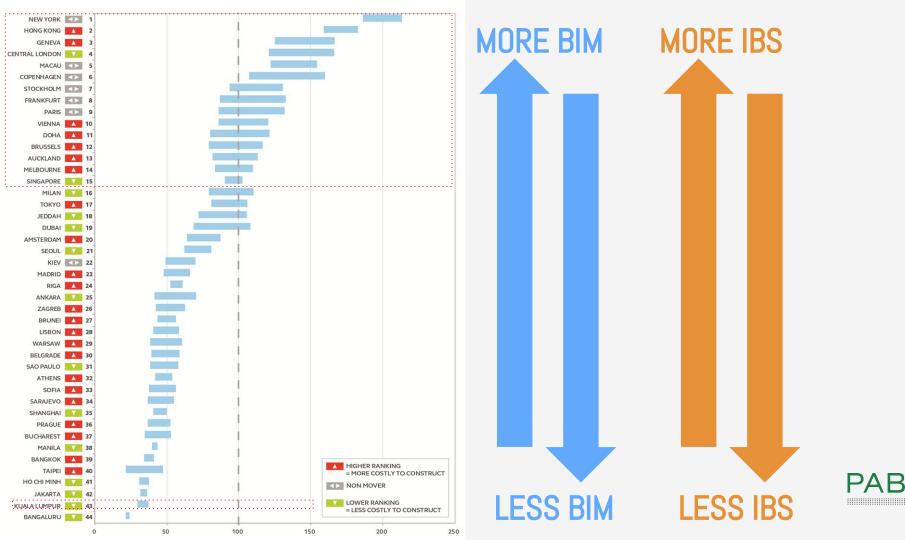
Dense cities with high cost building locations, such as New York and Hong Kong, continue to prosper and see significant development activity thanks to their attractiveness as desirable global cities for commerce and people. In this year's rankings our assessment is based on typical developments in city locations, illustrating the significant product quality, supply chain and cost differential factors specific to these locations.

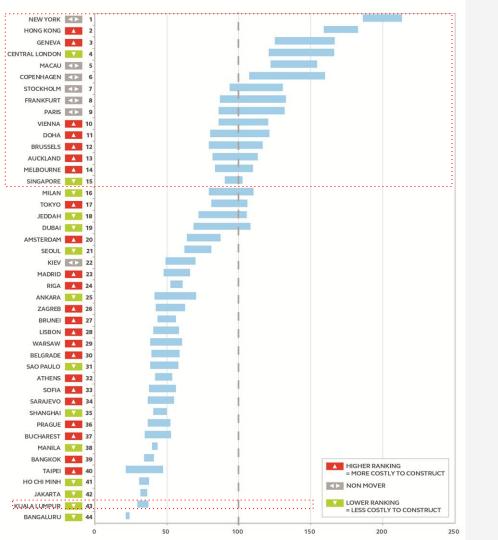
Find out more about some of the cities profiled using the interactive graph, or download the full International Cost Comparison chart.

#### TOP 10 CHEAPEST CITIES FOR CONSTRUCTION









### Higher skilled labour & Industrialised processes = cost premium



RM 300 million new hospital in Malaysia

Equivalent construction cost:

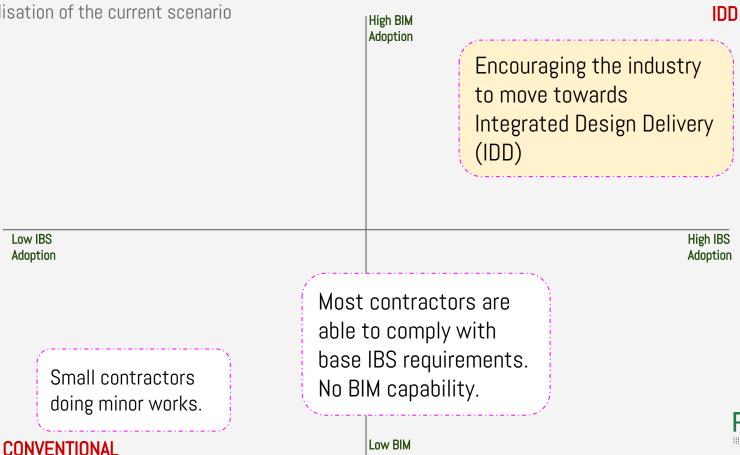
RM 1.0 billion in MelbourneRM 1.2 billion in LondonRM 2.0 billion in New York

330% higher400% higher660% higher



#### Idealised Adoption of IDD by Contractors

Visualisation of the current scenario



Adoption



#### Adoption of IBS and BIM by Contractors A gross mismatch of abilities High BIM Adoption Х Pool of Contractors with Х high adoption of IBS and BIM with IDD capability. Awarded contractors Х Х end up adopting BIM by Do not tender for outsourcing requirements **Government Hospitals** Х to a BIM consultant, but this does not translate to Х IDD during construction. High IBS Low IBS Adoption Adoption Х Х Pool of Contractors Tendering /for Government Hospitals Х Х X Х Х PAR Low BIM Adoption



#### Malaysia Annual % GDP Growth 1960-2019



#### GDP growth (annual %) - Malaysia

World Bank national accounts data, and OECD National Accounts data files



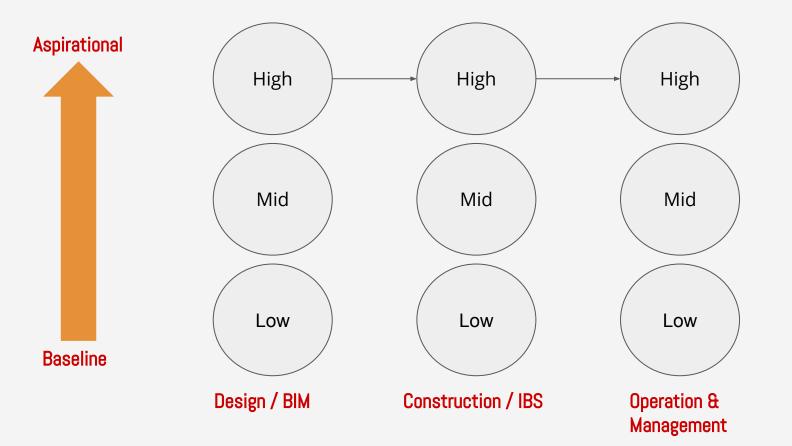
#### Update

World Bank revises Malaysia's 2020 GDP forecast to larger 4.9% contraction

"In addition, the elevated unemployment rate and other weaknesses in the labour market would continue to weigh on private consumption.

"Reflecting these developments, most demand components (net exports, private consumption and private investment) are expected to contract in 2020. Government expenditure is expected to increase mainly due to stimulus spending," the World Bank said. - The Edge Markets, September 29, 2020



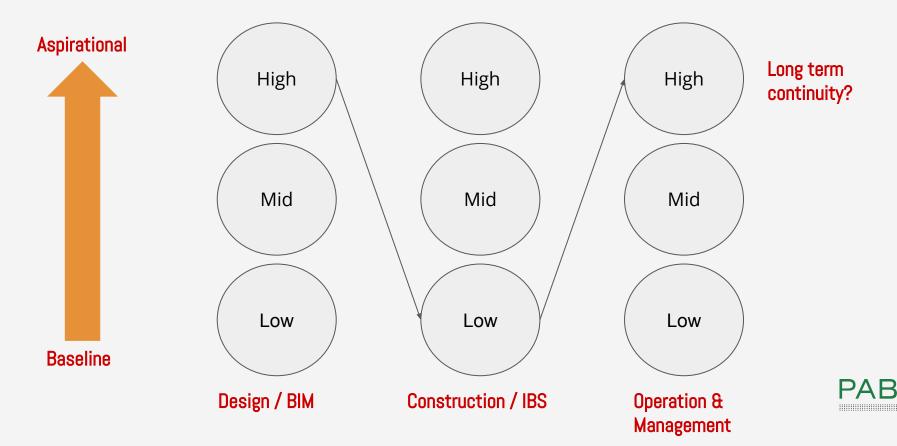


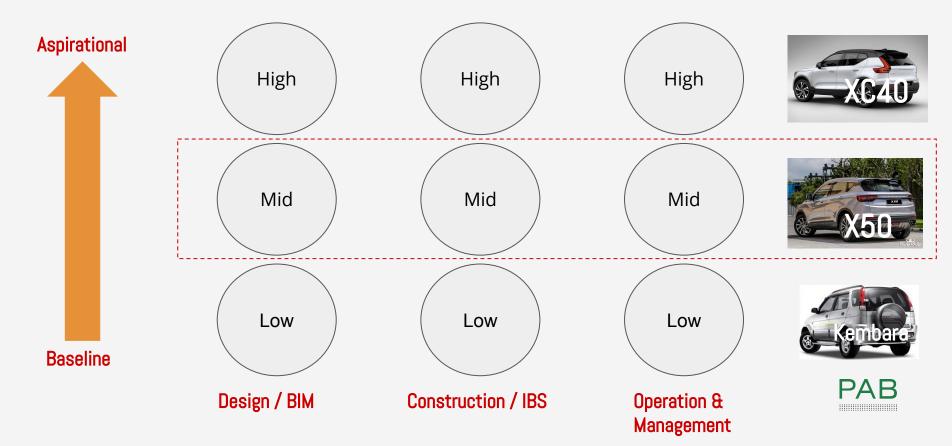
#### Juxtaposition of virtual building vs. actual construction

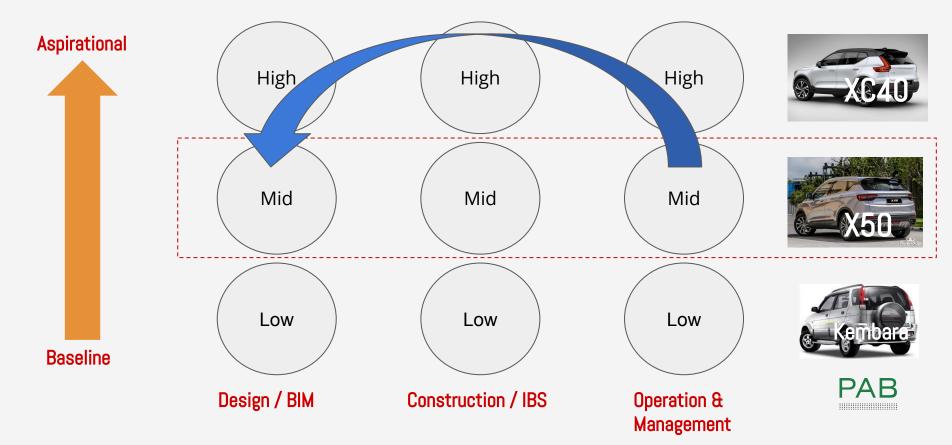












#### BIM implementation (Based on PAM Proposal)

JKR to appoint consultant team through RFP	Interaction Process	Tender Documentation	Tender based on final agreed design	Novation of Consultant Team
Architects may serve as lead consultant. Consultant Team appointed based on fair experience & capabilities to deliver on BIM requirements.	Health facility planner to go through interactions with KKM using 2D floor plans and a sample of 'kit-of-parts'.	Signoff obtained with KKM before mobilising full revit modelling	Consultant team will prepare <b>Design</b> <b>Development of 50%</b> enough for Tender Documents to be prepared for Contractor to provide highly competitive tender.	Consultant Team novated to successful D&B contractor. Team proceeds to apply for KM & BP under new contractor, complete remaining 50% of design development.
Past experience and portfolio of BIM experience / capabilities	LOD 200 for Interaction with KKM. No 3D.	LOD 300 GA sufficient for BP & Tender purposes.	LOD 300 GA sufficient for BP & Tender purposes.	LOD 300 model developed to LOD 500 PAB

#### BIM implementation (D&B Status Quo + Refinements)

Design + Build Tender Submission	Contract Award	Interaction Process	Authority submissions	Construction Documentation
Contractor Pre-qualified based on experience and capability	Only hardcopies and PDF submission of contract documents to determine scope of the project	Health facility planner to go through interactions with KKM using 2D floor plans and a sample of 'kit-of-parts'.	Signoff obtained before mobilising full BIM modelling	Contractor's internal team to use model to develop details at LOD 400-500 and produce 'shop-drawing' details.
Contractor's Consultant team to be assessed based on experience and capability.				Move towards using model for fabrication, ie. IDD.
LOD 300 BIM Model of 1 department only		LOD 200 for Interaction with KKM. No 3D.	LOD 300 GA sufficient for BP purposes.	LOD 300 developed to LOD 500
				PAB

#### In conclusion...

- Allow for **clear progression** for private sector to participate.
  - Encourage participation for young firms with strong design credentials.
  - Allow for collaborations with established Health Facility Planners / Architects
- Maintain D&B Procurement Method due to benefit to JKR, ie. single point of contact and liability with Contractor.
  - Adopt Hybrid procurement initial design development by consultant team up to 50% with KKM + JKR.
     Novate consultant team to successful D&B Contractor.
  - Or Retain existing D&B arrangement but with streamlined BIM requirements.

- Suggestion for KKM to collaborate with academic subject matter experts to **develop a local Health Facility Planning course**.
  - Post-graduate Diploma / Masters
     Degree based on KKM requirements.
  - Architects to develop capabilities to export expertise in health facility architecture to ASEAN.
- Establish medium term goals for BIM and IDD adoption to allow consultants and contractors to build capability progressively
- As a way forward, establish a **working group** between private sector representatives with KKM, Cawangan Kerja Kesihatan JKR, and Unit BIM to



Does anyone have any questions?

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## **TERIMA KASIH**



