



Canberra Health Services Consultation Paper

Building 2 Foyer Patient Transport

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1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person- centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400,000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire, and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- The Canberra Hospital: a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research: a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- Mental Health, Justice Health, Alcohol and Drug Services: provide a range of health services from prevention and treatment through to recovery and maintenance at several locations and in varied environments for people suffering from mental health issues.
- Dhulwa Secure Mental Health Unit: a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- Six community health centres: providing a range of general and specialist health services to people of all ages.
- Five Walk-in Centres: which provide free treatment for minor illness and injury.
- A range of community-based health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra, and the Australian Catholic University.

On 1 October 2018, ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

2. Purpose

The purpose of this paper is to describe the proposed changes to patient transfers through Building 2, Main Foyer, Canberra Hospital.

The proposed changes to patient transfers will impact Infrastructure and Health Support Services and the majority of Clinical divisions of Canberra Health Services, including:

- Allied Health
- Cancer and Ambulatory Support
- Division of Medicine
- Division of Surgery
- Medical Services
- Mental Health, Justice Health and Alcohol and Drug Services
- Nursing and Midwifery and Patient Support Services
- Rehabilitation, Aged and Community Services
- Women, Youth and Children

The changes to transporting and escorting patients who are currently admitted to bed-based services at the Canberra Hospital aim to ensure:

- safety for patients and staff during the patient transport process
- respecting patient dignity and privacy during the patient transport process
- efficient and effective transport processes are adhered to as required by clinical and operational demands; and
- safe, appropriate, and continuous physiological and psychological care to all patients during intra-hospital transports.

3. Current model

Wardpersons provide 24/7 clinical support at Canberra Hospital. This includes providing internal transport services for the transfer of patients throughout the hospital campus.

Upon request from clinical areas, patients are transferred between wards in Building 3, Level 2, and services in Building 12, Level 2 and Level 3 on a daily routine basis depending on the clinical needs of the patient.

Treating teams in the requesting clinical department, staff in Building 2 Main Foyer (Level 2) and public users of Level 2 open area are impacted by the current process as patients in beds or wheelchairs are transferred through extremely busy and open public areas.

The current primary pathway being used, via the main public foyer between Building 12 to Building 3, Level 2 (to avoid using lift #10 in Building 2/3) is not appropriate. This route exposes our patients in a very public setting which impacts on their privacy and dignity.

Collectively we need to consider more appropriate patient transport pathways and to work together to ensure we commit to this change management process.

The current transport method is to move patients in beds or wheelchairs to and from clinical services in Building 12 to Building 3, Level 2 to avoid using lift #10 in Building 2/3.

Nursing, Midwifery and Patient Support Services, Ward Services division undertook several time trial transfers between Nuclear Medicine (Building 12, Level 2) and Ward 14A (Building 3, Level 2) to determine the difference in time it takes to remove patient transfers through the Main Foyer.

These time trials focused on the time difference it would take to utilise Lifts 22 and Lift 23 (located in Building 12) Lifts 1, 2 and 3 (Located in Building 1) and Lift 10 (Building 3/2) to avoid the Main Foyer. The data from these trials indicated that utilising lifts to remove patient transfer from the Main Foyer added an average 4.5 minutes per transfer.

Ward Services undertake approximately three (3) patient transfers between Building 12 and Building 3 daily. Therefore, the increased average total time to remove patient transfers through the Main Foyer each day is approximately 13.5 minutes.



Building 3, Level 2 corridor, leaving 14A en route to Imaging.



Building 3, Level 2 corridor, outside 11A.



Entering Main Foyer area from Building 3.



Approaching Building 1, Level 2, Staff lift area.



Building 12, Level 2, exiting Imaging and approaching Lifts 22 and 23.



Building 1, Level 3, en route to lift 10.



Building 1, Level 3 outside lift 10.



Building 12, Level 2 Imaging corridor.



Exiting Lift 10 on Building 3, Level 2.



Building 3, Level 2 outside Lift 10.

4. Rationale for change

Transporting patients in beds or wheelchairs between Building 3 and Building 12 through Building 2 Main Public Foyer (Level 2) impacts on patient privacy, dignity, and safety.

Current practices can be improved.

Investment of over \$650M in our new Canberra Hospital Expansion building will include upgrade work in the current Building 2 Main Foyer and a new dedicated Level 3 link between Buildings 1/2 and the new Critical Services Building (CSB) – Building 5.

Patient movements between Building 3 and the new Building 5 will be required after go-live of new buildings. Failure to address the current Building 2 patient transport arrangements between wards and clinical services e.g., radiology and perioperative services is not progressive.

Building 2 foyer upgrade works will commence in the second part of 2023 with the creation of an Aboriginal and Torres Strait Islander Welcome area in the space currently occupied by the overflow Zouki café in Building 2. Additionally, once Building 5 Clinical operations commence in the second half of 2024, upgrades to current Building 2, Main Public Foyer will commence leading to pedestrian traffic disruption in this congested space.

To ensure that the new patient transfer route via Building 2, Level 3 provides patient privacy and dignity, the ability for internal/external groups to book the Building 2, Level 3 corridor/mezzanine area will be removed.

Now is the time to maintain our progressive and patient-centred approach to health care by implementing alternative patient transport pathways, so that our business continuity at go live runs smoothly.

5. Implementation

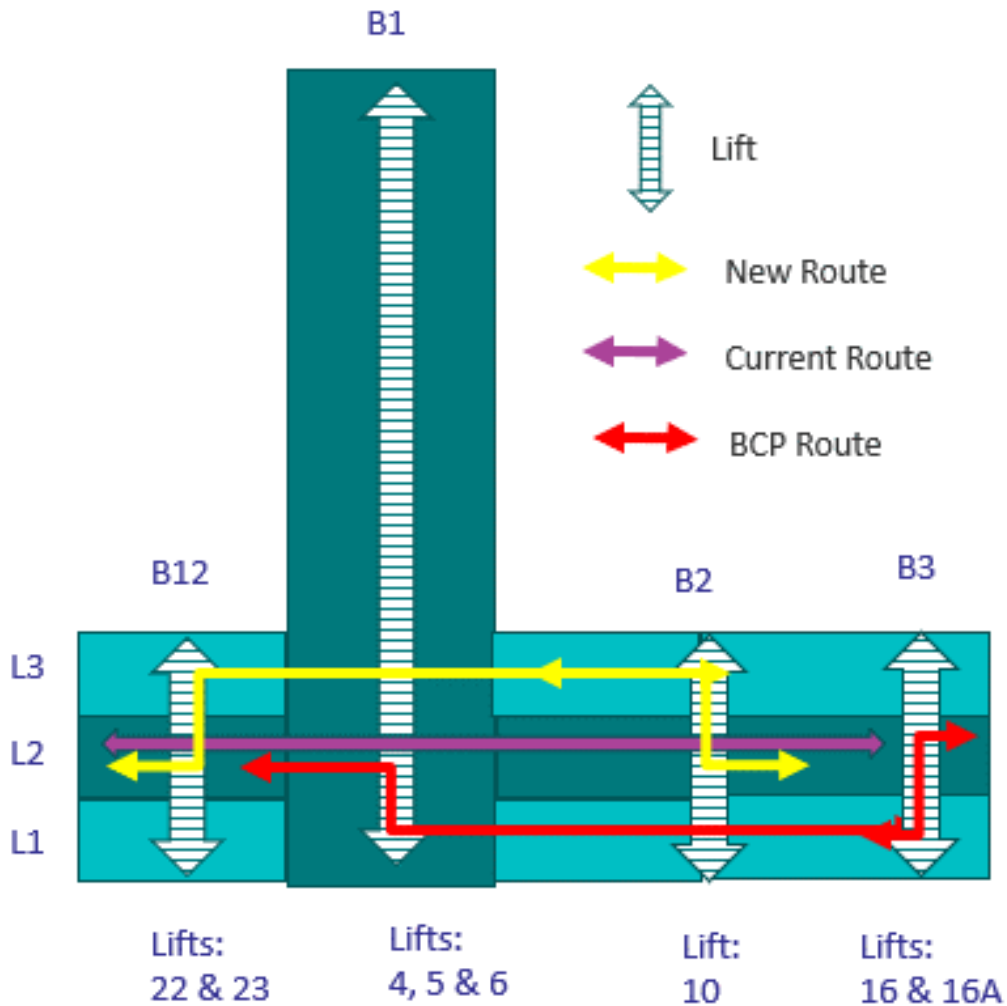
5.1 Scope of the future model

All patient transfers from any Ward in Building 3 to be routed through Building 2, Level 3 to avoid patient movements in Building 2 Main Public Foyer.

To facilitate transfers, Building 2, Lift 10, located adjacent to the current main entrance into Building 2 will be the primary patient transport lift between Building 3/2 for onward movement to Building 1 wards or Building 12 services including imaging, perioperative services, etc.

5.2 Physical Design/structure

Primary route for patients requiring transfer from Building 3, Level 2 wards to Building 1 should use lift 10. This will require Lift 10 to be dedicated for patient transfers. Lift 10 can transport patients to Levels 2 and 3 in Building 1.



Dedicated swipe access will be available for Wardpersons to prioritise patient transfers in this lift.

Lift 10 is a dedicated staff and patient lift service only and is signed accordingly with the below lift sleeve:



5.3 Benefits of the future model

Future model will remove patient transfer activities from Building 2 Main Public Foyer resulting in the following key benefits:

- Patient privacy improved.
- Patient dignity improved.

5.4 Implementation of the future model

It is expected that implementation of the future model will begin by Quarter 4 2023.

5.5 Related change process

Building works in the Building 2 Main Public Foyer are expected to commence in the latter part of 2023 to coincide with the works aligned with the completion of CSB - Building 5.

Post go live of Building 5 in 2024, all clinical patient movements from Building 3 wards into the new CSB Building 5 can only be accessed through the Level 3 clinical link bridge. No patient movements will be permitted through the Welcome Hall connecting Building 5 and the existing Building 2.

5.6 Implications for not undertaking the change

Failure to implement this change will result in significant reputational risk for CHS given the significant investment in building upgrades at Canberra Hospital.

Additionally, the improvement to patient privacy and dignity will be a lost opportunity if the proposed changes are not implemented.

6. Consultation Timeframe

This proposal provides more detail in relation to the proposed changes to Building 2 Foyer Patient Transport.

Feedback can be provided via email to IHSS@act.gov.au

Feedback is due by 14 July 2023.

In particular, we are seeking responses to the following questions:

1. Do you have any concerns about the proposal, if so, what are they?
2. Do you have any other feedback you would like to be considered in relation to the Building 2 Foyer Patient Transport changes?

For any further information relating to the Building 2 Foyer Patient Transport changes, please contact IHSS at ihss@act.gov.au