

21 April 2021

Ms Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network
72 King William Road
North Adelaide SA 5006

ATT: Ms Wendy Rowell
Director, nWCH Commissioning and Engagement

Dear Ms Gough

Re: nWCH PAEDIATRIC INTENSIVE CARE UNIT – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES

We are writing to you in relation to the above matter.

The Paediatric Intensive Care Unit (**PICU**) have serious concerns regarding both the bed numbers proposed and the Functional Design Brief.

SASMOA nor the doctors situated in the PICU are prepared to endorse the documents as the planning does not meet the patient demand requirements, accommodation, and resourcing for a PICU in a new paediatric hospital.

Bed Allocation

The current Women's and Children's Hospital provides an allocation of 13 beds to PICU. The proposed treatment space document allocates only 12 beds to PICU in the new hospital. This is grossly inadequate. SASMOA understands that this bed number has been determined by ESC based on averaging, a poor predictor for PICU needs and without built in flexibility and surge capacity. SASMOA further understands that the bed numbers were also determined applying adult ICU modelling rather than paediatric modelling which gives rise to the concern of inadequate skill set of some of the planner's abilities and the lack of clinical engagement with the clinical professionals who have the knowledge and abilities to advise on bed numbers.

SASMOA also understands from the doctors, the planners hold a presumption that nothing will change into the future, except that PICU bed demand will decrease. At the same time these same planners predict growth and expansion in NALHN with no highlighted increase of PICU beds. This conclusion lacks insight as it is clear increased PICU bed numbers are essential in the new Women's and Children's Hospital for this state-wide service paediatric services.

New paediatric hospital of similar size, in Australia, when planned, have doubled PICU bed capacity, why has the ESC and WCHN reduced bed capacity for this service. The question has become has the ESC and Government knowingly not increased PICU bed capacity because of limited space at the new hospital proposed site to the detriment of paediatric patients?

There has also been a lack of consideration of pandemic planning for the new hospital. What advice has been provided by WCH Infectious Diseases Consultants and the SA Health Chief Public Health Officer (also a paediatrician) in bed planning and appropriate accommodation for the new hospital given now known knowledge related to a pandemic?

Current advice from doctors in PICU is to increase bed capacity using appropriate methodology and data to a 24 bed maximum, split into two pods of 12 beds. Currently, and more conservatively, the doctors in PICU advise at the very least, the minimum requirement for a future PICU at the new Women's and Children's Hospital requires 16 beds, split into two 8 bed pods. If this number is not provided, future elective surgery will be cancelled as the children will not have access to PICU beds.

Room design requires positive and negative pressure rooms.

SASMOA seeks to be clear this is not a negotiation of beds; what clinicians are advising are the necessary number of future beds for the care of children in South Australia.

There are significant issues in relation to the data that the PICU have identified. These concerns include inaccurate recording of length of stay over financial years by planners. The written methodology source, to determine the PICU beds, that has been used for planning the new hospital has a clear disclaimer that the modelling documentation is not used for the planning of a complex paediatric hospital, this has been ignored in the modelling for PICU beds in the nWCH by ESC. The requirements for PICU beds in a complex paediatric hospital are very different from an adult hospital. This is known around the country and must be known to the planners of our new Women's and Children's Hospital, yet ignored.

The PICU (and Department of General Medicine) doctors are unaware of any formal plan for a High Dependency Unit (HDU). If a HDU is under consideration will a HDU be accommodated in a separate area of the PICU. Paediatric care is becoming increasingly more complex and more HDU presentations will occur into the future. HDU bed numbers are not currently accommodated into the bed numbers provided and this anomaly requires resolution and confirmation. Can the employer advise on the provision of HDU beds at the new Women's and Children's Hospital as a matter of urgency. There is no mention of a HDU in the FDB.

Many other hospital units have raised concerns regarding the PICU bed numbers and the lack of PICU beds in the new hospital, in particular, other services advise patients require the back up support of PICU and are concerned their patients who deteriorate and require PICU services will not have access to the PICU beds' placing patient at risk and causing bed blockage.

There needs to be large single rooms for patients with adjoining quality and safe sleeping accommodation for parents.

There also needs to be a private space for doctors to provide news to parents regarding the child's condition, including end of life discussion. Currently, this may be done in a public space which is completely unsatisfactory for families and loved ones and the clinicians.

Further accommodation requirements are provided in the attached SDM for the service.

Adjacencies

PICU are very concerned regarding the space allocations on the floors. PICU doctors seek to make it clear that consideration of vertical adjacencies is not the same as horizontal adjacencies. Vertical adjacencies are "a nonsense" and are not clinically acceptable. Vertical adjacencies will lead to adverse events and places an immediate risk to patients in the new hospital if implemented. PICU must be situated on the hot floor with theatres, anaesthetics and the Angio suite. These services are all complementary and intertwined and cannot be separated. Indeed, such paediatric services, we are advised by doctors are not separated between floors, in any other hospital.

If space is an issue, then consideration should be given to splitting women's and paediatrics surgical services onto different floors in the new Women's and Children's Hospital. Doctors request to know has any consideration been given to this suggestion as a way of resolution to accommodating all necessary required theatre services. This would also address noise concerns.

A procedure room is also required in the space allocation and planning for the new Women's and Children's Hospital. This procedure can operate like an operating room.

State-wide Services

CSSD – Paediatric requirements are not the same as adult requirements. A solution needs to be identified for CSSD and PICU otherwise significant storage requirements for sterilised equipment need to be built into the service accommodation.

SA Pathology – there must be clearly identifiable and efficient pathology services on site. Previous experience of doctors has been delays in pathology services has led to delays in patient care.

Accommodation

The doctors require individual, enclosed office accommodation to perform their duties and responsibilities. This accommodation needs to be a defined separate space from the theatres to

perform clinical and non-clinical duties privately and quietly. This work cannot be undertaken in a shared space and this is not conducive to efficiently performing duties. Consideration of office accommodation must take into account pandemic considerations.

Other spaces required within the Unit include a large enough tearoom for all staff on shift. Family sleeping areas need to be on site with appropriate beds and ensuite. This is currently available in other hospitals and should be replicated in the nWCH. There should be a separate meeting room close to the ward for talking to the families. Currently confidential information is provided on the ward and is inappropriate when a child is critically ill.

A simulation lab should be designed as close to the floor as possible, predominately for nursing staff. This is critical, as if it is not close by, staff numbers will need to double for both nursing and medical while simulation labs are run, and staff undergo training and maintenance of skills.

Trainee/College Requirements

College requirements provide that registrars require their own space, including own office and own workspace on the ward. The registrars require sleeping accommodation and shower facilities near the PICU for fatigue management and delays in shift finalisation.

Adequate meeting rooms and training are a College requirement.

The College also requires a separate room for telehealth requirements. This should have all teleconferencing facilities already set up.

These are requirements set out by the college, and without these the Unit could lose college accreditation. The writers note in the attached SDM that the College is already concerned about training and accommodation for registrars in this Unit.

Another area of concern is that there is no communication between the Clinical Services Plan and the Functional Design Brief, they appear to be operating independently. What is the reason for this disconnect?

The numbers and spaces provided for PICU do not complement the underpinning principle of a, "world class, state of the art" hospital. There is no consideration of new advances in technology. There is no vision for providing care closer to home. Currently the planners are only considering and calculating the patient demand until 2026, which is questionable and short sighted. Based on the current proposals (beds and FDB) the planners and ESC are preparing to design and build a subscale, new Women's and Children's Hospital and not what the clinicians, patients and community expect for the clinical care of patients.

Based on the above, PICU staff have advised that they will not be signing off on the proposed treatment spaces or the functional design brief. SASMOA also endorses the view of these doctors and seek further consultation and engagement on this matter.

Should you have any further questions please do not hesitate to contact the writers.

Yours sincerely



Bernadette Mulholland
SASMOA, Chief Industrial Officer



Tea Boromisa
SASMOA, Principal Industrial Relations Adviser