

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 CHILDRENS ANAESTHETICS – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES**

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

SASMOA cannot support the proposed allocation of Treatment Spaces for this service and the new Women's and Children's Hospital.

Doctors in the Department advise that many of the discussions in which they have been involved have focused on minimising the number of nurses in the new hospital.

**Treatment Spaces**

The Children's Anaesthetics Department (**the Department**) have serious concerns regarding treatment spaces provided by WCHN and SA Health in relation to the new Women's and Children's Hospital (**nWCH**) for their service requirements. One of the main area of concern is the pre-anaesthetics assessment area.

The treatment spaces proposed for this function is three rooms. The doctors in the Department submit that this is significantly inadequate, the professional, evidence-based view, of these clinicians, is that this should be increased to 15 treatment spaces. These rooms are used for both pre and post operation and are an integral part of infection control and patient care.

There are also other pre anaesthetic assessment areas which need to be provided at the new WCH. These spaces are necessary for patients who come in advance of surgery.

Currently there has been no information provided to the Department regarding the theatre holding bay, however in the absence of this information, the theatre holding bay needs to be larger at the nWCH than what is currently provided. Please advise the proposal for the holding bay.

There is currently no toilet provided in the holding bay, this is required for the new space as currently, due to the absence of a toilet, many procedures are delayed because children are required to use alternative toilet facilities prior to surgery. Please advise response specifically to this proposal.

There is significant concern and rejection of the proposal to reduce the number of Paediatric Beds. Currently the WCH has around 71 paediatric medicine beds including Cassia Ward 20 beds, the Short Stay Unit 32 beds and 17 beds in the Rose Ward. The bed numbers provided for paediatric medicine for the new WCH are less than current numbers with no expansion built in to the numbers. This will be discussed further in SASMOA's General Medicine feedback.

Rose Ward is a 17-bed medical/surgical ward that primarily looks after babies from birth to 12 months. Rose Ward is well recognised amongst clinicians in WCH and the community. Additionally, there appears no replication of Rose Ward proposed for the nWCH, this is untenable.

Rose Ward currently functions as a baby high dependency unit. However, Rose Ward has not been functioning in this capacity for the past three months. Doctors are concerned the employer's intention is to close Rose Ward.

Failure to provide a Rose Ward or High Dependency Unit in addition to the Paediatric Intensive Care Unit (PICU) which, under the current proposed treatment spaces is expected to reduce its bed capacity by one when the nWCH opens, is poor planning and will mean insufficient beds for babies requiring a high dependency unit or PICU bed. This is not endorsed by either the doctors or the community.

A lack of sufficient paediatric beds and access to a Rose Ward in the new WCH is not appropriate or good clinical planning and results in a low level, "tertiary hospital" not the promised, "world class, state of the art". Can you clarify the employer's position on Rose Ward both currently and in the new Women's and Children's Hospital.

Doctors in the service note that since COVID-19 there has been a treatment and recovery room within the Michael Rice Centre. The clinical view of the doctors is that this has worked well and if this space is not maintained in the new hospital, it will be a loss for the children. There should be an option to maintain this space in the new hospital.

### **Co-Location of Services**

Co-location to the theatres is necessary allowing easy anaesthetic access to theatres for emergency procedures. The service needs to be adjacent to PICU to ensure registrars and consultants in the Department can attend for emergencies at short notice. Currently, the writers are advised, the adjacencies for this Department have not been confirmed and this has been cause for concern.

There cannot be a situation where there is not co-location of anaesthetics and surgery leaving children to be brought up and down lifts, this will result in major problems for the clinical care of these patients.

There is also rejection of a reduction in the number of theatres proposed for the new Women's and Children's Hospital, this does not make clinical sense. What needs to be done is an increase of theatres.

### **Trainee and College Requirements**

Registrars currently have a separate room within the Department, this has a sleep area which is essential for overnight shifts and fatigue management. Currently this area is situated within the office allocation of the Department which is currently adjacent to PICU due to demand and need. Doctors advise that this sleep space must remain near PICU in the new WCH.

The college requirements outline that trainees need their own working spaces and office accommodation. These standards are essential to college accreditation, and employment of registrars for the hospital. Should the WCHN not comply with college requirements, registration will be forfeited and registrars not employable. This will reduce the number of cases that can be seen, and the number of surgeries performed.

### **Office Requirements**

The Department and the office accommodation will need to be co-located to attend emergencies on the hot floor. Attendance occurs multiple times a day, and there is data that would demonstrate this clinical need. Failure to include the Department on the hot floor at the nWCH will have a flow on effect and cause delays in patient care, this would be unacceptable.

Consultants require individual, enclosed office accommodation similar to the current accommodation provided at WCH. The accommodation is required to conduct clinical and non-clinical duties in a quiet, private and confidential space.

Consultants perform multiple telephone consults which occur throughout the day discussing confidential, medical information with patients and third parties. The medical staff find it unacceptable and professionally compromising to undertake patient discussion in an open plan setting.

A further requirement in the Department is the provision of a central common area within the office accommodation. This is currently provided and provides an essential, positive space to vide teaching, supervision, meetings and general case conferences which assist in patient care. This common area is central to the functioning of the Department.

Close car parking spaces will be essential. If the close provision of car parking is not provided then a room with a bed will be required. Sleeping arrangements are currently provided for in the Department to ensure safe patient care and address work fatigue however, this is not the preferred model.

### **Links to other services**

Links to other services are essential to the functioning of the Department. As discussed, PICU is a principal adjacency however there are other clinical services which are just as critical for the efficient functioning of the anaesthetic services.

SA Pathology is an essential service for worked performed by anaesthetic specialists. Without current, paediatric pathology services on site, transfusions cannot be performed. The pathology services need to be placed and situated within the new hospital. Failure to provide paediatric pathology on site services will negatively impact patient care.

CSD, if shared with the RAH, will only be efficient if exchange/turnover is prompt. To enable efficiency in sterilisation for paediatric anaesthetic services it will require the provision of significantly, sizeable storage areas to facilitate necessary processes which will impact on spatial requirements for theatres. The doctors submit that the shared usage of CSD will not provide any cost savings and such a decision to share this service with the RAH does not make sense.

### **Expansion/Research**

There needs to be sufficient space available within the nWCH to accommodate research. Currently when research is conducted, usually by a research nurse, it is the registrar room which is appropriated to conduct the research. This is not appropriate and impacts on the registrars ability to perform their duties and breaches colleges requirements. Ideally the new WCH will require appropriate research spaces on the floor or within the Department to allow necessary research to occur.

### **Service Delivery Model (SDM)**

The writers have attached the SDM specific to this service. There are several matters regarding the space and FDB that requires inclusion into FDB from this document. Can you respond to the matters provided for in 3.1,6.3, 6.5, 8.1, 8.3 and 9 highlighted in red.

There are several concerns raised above and areas will need clarification to the Department.

SASMOA does not endorse nor the doctors in the Department the FDB or proposed treatment spaces until their concerns above are addressed.

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

Yours sincerely



Bernadette Mulholland  
**SASMOA, Chief Industrial Officer**



Tea Boromisa  
**SASMOA, Principal Industrial Relations Adviser**