

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

The Behavioural Assessment Rooms (BAR) provide a safe space within the ED to observe, assess and manage patients exhibiting behavioural disturbance, also providing time for the effects of drug or alcohol intoxication to wear off. An assessment will be made to determine the diagnosis, management pathway, or referral to an appropriate service for ongoing treatment. These spaces within the ED are to be located at the entrance and modelled on 'behavioural assessment rooms' (BARs).

#### 7.3.6. Clinical Forensic Medical Suites (CFMS)

The ED will accommodate examination suites for the Clinical Forensic Medical Service (CFMS). Staff from CFMS and Child at Risk Health Unit (CARHU) will use the facility to assess and collect evidence in cases including:

- adult sexual assault
- childhood sexual abuse
- childhood physical abuse
- victims of general assault including domestic violence
- traffic medicine and collection under the Road Transport Act for the purpose of police bloods
- occupational exposure assessments on Australian Federal Police (AFP) Officers
- follow up assessments for all of the above.

Patients appropriate to this service, who present to the ED, will be triaged. Patients requiring medical treatment will be streamed to the appropriate area depending on the severity of their injuries. When clinically stable, the patient will then be assessed within the CFMS area.

A CFMS staff member will see the patient in the dedicated CFMS consultation room for forensic evidence collection. The only people with access to the consultation room will be the patient, staff members and support persons (including agencies Canberra Rape Crisis Centre, Domestic Violence Crisis Service, NSW counselling support, AFP investigating officers). Preventing contamination of forensic specimens is paramount. The clinical suite is subject to a DNA decontamination process and register prior to and after each consultation to forensic and infection control standard. Police will conduct interviews in the adjoining lounge room. Family and friends will also provide support within this space. The CFMS requirements include:

- a design that will facilitate a one way flow
- two consult rooms are required
- the unit will be accessed initially through a family/ waiting room
- this will lead into an interview room with access to ICT -computer and telephone
- this will then flow to the consult rooms which will have an ensuite
- the ensuite is to be accessible from the consult room only
- family room to be accessible by swipe, to be an enclosed space where the door can be closed
- the family room is to have a beverage bay
- the family room is to have a less clinical feel, but still must be able to be decontaminated to forensic standards.

The requirements of the treatment/ consult room include:

- to be electronically access controlled with programming enabling access to CFMS staff only
- bank of lockable storage cupboards along the full width of the room which is to contain an examination trolley h1400 x w1000 x d600. Cupboard to have a bench within, and storage above the bench
- a locked, enclosed cupboard to have space allowance for a full height, single glass door, lockable forensic fridge (current size h2200 x d700 x w700) with allowance for adequate ventilation
- one small wall is to be painted 18% Grey – wall is to be full height and at least 2m wide, to enable standardised forensic photography



- consult desk to be positioned so that patient sits adjacent to desk
- all surfaces to withstand cleaning with bleach
- the examination beds are to be accessible from both sides and by a staff member sitting on a stool at the base of the couch. The couch is larger than a standard bed approx. 600x1700
- a ceiling mounted examination light
- wall mounted speculum light source adjacent to the couch
- the ensuite is to have a curtain track around the entry door to enable a staff member to stand inside the ensuite, whilst maintaining patient privacy
- the shower is not to have a shower curtain (risk of forensic contamination), and must have a accessible bench
- the specialised requirements of this department will require further investigation and articulation at the Room Data Sheet phase.

### 7.3.7. Women's Assessment Centre (WAC)

The WAC is a discrete outpatient unit located adjacent to the ED for the provision of care for women experiencing issues or difficulties in the early stages of pregnancy up to 20 weeks gestation, as well as women experiencing gynaecological issues. The unit will be staffed by appropriately trained obstetrics/gynaecology staff and will be under the governance of the division of Women Youth and Children. The unit will be staffed from 0800 to 2200 hours by registered midwives' with Women's Youth and Children medical staff rostered as required. As demand increases the staffing model and operational hours may change. At this stage of planning it is anticipated that the unit will be closed from 2200 to 0800 and all presentations will be assessed in the ED.

When presenting problems obviously present as gynaecological/obstetric issues in line with agreed guidelines, patients once triaged will be discharged from the ED and transferred to the WAC.

Alternatively if symptoms are ambiguous patients will be accessed by ED staff. Once transferred to the WAC, patients will be removed from the Emergency Department Information System (EDIS) and be transferred to the CH ACT Patient Administration System (ACTPAS).

Adult women with undifferentiated abdominal pain will be seen in the ED rather than the WAC. Access to the WAC will be via both appointment, and as triaged through the ED. Women attending WAC via booked appointment will be required to be admitted in ACTPAS in order to capture their occasion of service. Women attending this service will usually require a pelvic examination as well as pelvic/vaginal ultrasound. For many women and their partners attending this service, this may be a time of particular loss and stress especially if there has been a foetal loss, the environment of the WAC is therefore to support privacy. The WAC specific design requirements are:

- one treatment rooms with gynaecological examination couch that can be accessed from both sides and the end of the couch
- examination light positioned to facilitate pelvic examinations
- fixed duress in all rooms
- adjoining ensuite
- play area within the sub wait
- dedicated space for confidential phone follow up and organising of appointments
- an environment that promotes auditory and visual privacy
- provide a non-institutional environment
- homelike interiors promoting a calm and stress free environment
- provision of space for a wall mounted trophon disinfecting cabinet, space for soaking probes prior to disinfection, PPE rack.



## 7.4. Short Stay Units

### 7.4.1. Adult EMU

The Adult EMU, under the governance of Critical Care, will provide ongoing management, care and observation of patients requiring assessment and short stay admissions. Discharge from the EMU is to be within 24 hours. 85% of patients are discharged home; the remainder are admitted to an Inpatient Unit. Patients waiting for inpatient beds will not occupy EMU.

- solid wall between bays (1/2 length with remainder curtain).
- TVs in each patient bay.

### 7.4.2. Paediatric EMU

The Paediatric EMU, under the governance of Critical Care, will provide ongoing management, care and observation of paediatric patients requiring assessment and short stay admissions. Discharge from the paediatric EMU is to be within 24 hours. 85% of patients are discharged home, whilst the remainder are admitted to an IPU. Patients waiting for inpatient beds will not occupy EMU. Specific design requirements include:

- solid wall between bays (1/2 length with remainder curtain)
- facility for parent overnight stay to be provided by the bedside
- a patient television in each bay
- support areas will be shared with Paediatric Acute.

### 7.4.3. Mental Health Short Stay Unit (MHSSU)

The MHSSU is a standalone short stay mental health inpatient unit adjacent to the ED, staffed with appropriately trained Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS) staff, medical, allied and nursing staff. The MHSSU will be operational 24 hours a day, 365 days a year and provides opportunity for extended clinical observation, crisis stabilisation, mental health assessment and intervention for admitted people for up to a 48 hour period.

The unit design is intended to support brief therapeutic intervention including the establishment of pharmacological treatments, recovery focussed interventions and psycho-education. The MHSSU has the capacity to provide both voluntary and involuntary mental health care and is an approved facility under the Mental Health Act 2015.

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Patients will be discharged home, or admitted to the acute mental health unit from this stream.

A homely and therapeutic environment is required, balanced against the need for a safe environment for the patient cohort. Design requirements include:

- integrated personal duress system which indicates at a central location within the staff station the location of the duress call
- fixed duress in any area where people and staff mix
- to be located to allow for the easy internal transfer of patients from triage, ED Mental Health Pod and acute assessment bays
- location removed from paediatrics to limit any perceived threat to children
- fittings and fixtures will be anti-ligature and in line with the latest AHFG anti-ligature recommendations and CHHS Clinical Procedure Ligature Risk Management for MHJHADS Inpatient Mental Health Units
- all treatment and therapy spaces will be access controlled
- all spaces where clients and staff mix will have dual egress
- clear lines of sight with no concealed unsecured areas



- furnishings to minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points
- ensure that shared communal areas are residential in type but should avoid obvious potential risks of personal self-harm
- maximise natural light within the facility, particularly to communal areas that are used most frequently in the daytime
- the ceiling is to be designed/secured to ensure that clients cannot access the ceiling space.
- glass within the unit is to be "JailGuard" or equivalent
- fire detection and suppression systems are to be tamper resistant and anti-ligature in line with systems in all MHJHADS Inpatient Mental Health Units
- a designated vulnerable persons area, including a bedroom and separate lounge area to accommodate their specific needs.

## 7.5. Clinical Support Areas

### 7.5.1. Decontamination Room/Disaster Store/Area

Single person decontamination facilities will be designed within the ED, multiple person decontamination equipment will be located external to ED to enable decontamination prior to the entry to ED. Primary stock required to attend a decontamination incident will be located within ED, whilst the major stock will be stored externally. Whilst the location of the external store is yet to be determined, consideration for a location within SPIRE should be considered.

A Primary Disaster store will store PPE for staff for immediate response to disaster presentations to the ED, including for respiratory infectious threat response, mass casualty presentations, and CBR presentations. This store is not for hospital-wide or scene response. The storage room should contain multiple power outlets, space for staff to change into PPE, and storage units

A large storage area for hospital-wide disaster response, mass casualty decontamination equipment, PPE, will also be required. This should be located outside of the ED.

The Emergency Management Steering Committee will be responsible for the disaster response, and will be located in the temporary command centre adjacent to ED.

- Will have a separate entrance to the single decontamination shower ambulance approach and offload areas must not allow access to public vehicle thoroughfare or parking.
- A single shower decontamination area will be provided within the ED, accessed from outdoors, then progress into ED.
- The Hospital Disaster Control Centre will not be located in the ED.

A primary concern will be the protection of the ED from infiltration of contaminated patients. The multiple person decontamination process is under review following consultation with ACT Fire and Rescue who is the lead combat agency for this type of event.

Depending on the type of incident and level of exposure the most appropriate treatment of decontamination will be determined by the lead agency in consultation with staff at ED.

A central command centre will be located adjacent to the ED. The governance of the command centre is by ACT Health Demand Management Unit.

### 7.5.2. Satellite Diagnostic Imaging

Modalities proposed for inclusion in the ED are summarised in the following table. These modalities are in addition to mobile ultrasound and fixed x-ray gantries in the resuscitation bays.



Table 1: Satellite imaging modalities

Satellite Imaging FPU's	Current	Future
General Xray, including OPG	1	2
Fixed Ultrasound	1	3
CT	0	1

Note – the current general X-ray is located in the ED, while the current fixed ultrasound is located adjacent to the ED in medical imaging. The future state is that the two fixed ultrasound will be located in the ED, as will the two general X-ray and one CT.

#### 7.5.3. Diagnostic Imaging

Dedicated Diagnostic Imaging services with allocated imaging staff will be required in the ED 24/7. Medical imaging modalities play a significant role in the treatment of patients within the ED.

Modalities to be located within the ED include:

- general x-ray
- computed tomography (CT)
- Ultrasound
- orthopantomogram (OPG).

CT scanning and dedicated x-ray facilities are to be located adjacent to the resuscitation stream to enable direct patient flow into those modalities.

Where clinically appropriate, patients will be escorted to the required modality by a Wards person. If the patient is critically unwell/unable to be moved, the mobile x-ray/ultrasound will be taken to the patient bedside.

There will be multiple portable ultrasound machines in use throughout the ED, these are to be stored in dedicated equipment bays. As with existing practice, these will largely be used by ED specialists, ED registrars, and for some applications by ED nursing staff.

Within the resuscitation stream gantry style x-ray will be available along with C-arm capability.

All medical imaging suites are to have dual egress from the imaging control room. A networked Radiology Information System and Picture Archiving and Communication System will manage data collection, retrieval and reporting throughout the facility.

Mobile imaging equipment will be stored in a bay – mobile equipment.

- Resuscitation bays require gantry style X-ray in:
  - six adult resuscitation bays – two of those bays (trauma bays) will require a C-arm type gantry
  - one paediatric resuscitation bay
- X-ray room control bays will have dual egress from control room
- the CT scanner must be immediately adjacent to the resuscitation area.

#### 7.5.4. Storage Requirements

General and dedicated storage is required within the Department and within each stream. With expected increases in the number of older people in the ACT, the ED will need adequate space to store:

- wheelchairs/trolleys/crutches
- commode chairs
- appropriate mattresses e.g. pressure relieving
- recliner chairs.



## 7.6. Amenities

### 7.6.1. Staff amenities

Decentralised staff stations within each stream will provide write up for core staff whilst providing visibility to all patient beds. Staff need access to computers at each bedside, staff stations, in consultation, treatment and procedure rooms. Clinicians (nurse, physio, doctor, etc.) should have a tablet device to enter relevant patient information, order tests, review results, send outpatient referrals, provide discharge emails (to patient and GP). This should include entering information in a real time medical record, that all involved in the patients care can see. These handheld devices should also be the communication method between staff within and outside the ED.

Staff toilets will be distributed throughout the ED. An emergency shower will be located within the ED. Staff lockers, staff room and staff offices will be located on the boundary of the Unit.

Staff stations are located in each stream and require line of sight to all clinical areas' staff areas are to be co-located to enable easy access and to be access controlled.

Water and electrical supply shut-off systems to clinical spaces is required in the staff only area, to reduce risk of inappropriate use of showers and consequent flooding and access to live electrical currents, particularly when people are considered at extreme risk or not under direct supervision by staff.

Clerical staff will be located in the clinical workroom adjacent to the staff station, where required. Noncore staff will also access computers and write up space within the clinical workrooms adjacent to the staff stations. Access is required to a mobile device platform (workstation on wheels) for the purpose of data entry. One device will be used between two bed spaces.

### 7.6.2. Teaching, education and research

The ED will accommodate a team of health professionals and support staff that work together to deliver high quality services to both children and adults. Ongoing training of this team is a major focus of the ED into the future. Most facilities for training and education will be provided within the Department so that they can be easily accessed by staff. These facilities will also be used to provide venues for internal meetings and family conferences.

Over 500 FTE staff will require ongoing education, plus students of multiple disciplines. The ED will require access to lecture theatres, and to high fidelity simulation areas within the hospital. The design requirements below are those that are required within the ED itself. Design requirements for teaching training, education and research include:

- Major teaching spaces, with the ability to split into smaller tutorial rooms via operable walls.
  - to facilitate regular daily staff training and teaching, including large group sessions, and small group rotating sessions
  - all rooms will need the ability to multi-media project and display
  - video-conferencing / telehealth / remote viewing of simulation centre and resus room are to be available
  - rooms ideally in rectangular configuration, and not used as storage
  - these rooms may also be used as an appropriate venue for medical and nursing handovers.
- Meeting room
  - suitable for up to 30 people, designed for department senior staff meetings, small group education etc. This would not necessarily need to be located with the major teaching spaces.
- Practical skills room
  - space with ability to set-up closely matching resus/acute bay for low-medium fidelity simulation and practical skills training. This room is not intended for high fidelity simulation, which will be accessed in the Hospital's Simulation Suite
- Storage



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- teaching and other equipment, including mannequins and other educational materials
- Library/media
  - space to review/access/prepare
  - two bookshelves within an education space.
- Office space for educational staff
  - including medical education officer
  - telemedicine facilities including network access, video and audio communications should be provided for clinical and educational use. These may be provided in the education area of ED
  - all education and meeting rooms to be equipped with projectors, screens and access to network/internet
  - one room to be capable of videoconferencing.

### 7.6.3. Patient amenities

Amenities for adult and paediatric patients will be provided as detailed within the design requirements and the Schedule of Accommodation. Design requirements include:

- ceiling mounted monitors for displaying ED patient and waiting information
- access to hearing loop at reception, selected interview, consult and meeting rooms
- phone charging points by the patient bed side
- interview rooms for up to eight people, providing a confidential setting for families to receive information / counselling, and with capacity for computers, phone charging, and storage of resource materials
- chairs will be provided at the patient bedside so a carer can comfortably wait
- provision of amenities will consider the needs of the aged and persons with a disability.

### 7.6.4. Visitor amenities

Amenities for visitors will be provided including:

- comfortable waiting area, including chairs, television, time (clock)
- play area for children adjacent to the main waiting area
- volunteers' area for general assistance
- a parent room (feeding and changing facilities)
- public phone
- taxi phone
- toilet and change facilities for able and persons with a disability.

## 7.7. Ambulance Areas

Ambulance services deliver and retrieve patients from the ED, via the ambulance entrance. They accompany the patients and continue providing treatment to patients in the ambulance triage area, until the patient's care is handed over to emergency staff. This area will generally be physically and visually separated from public areas. Ambulance officers will be provided with a bay – write-up to undertake paperwork and make phone calls.

### 7.7.1. Ambulance Bays

Ambulance services will have a separate dedicated entry. The ambulance area will be a self-contained stream outside and adjoining the ED, which will not obstruct access to the main ambulant ED entry. The stream will enable ambulance staff to perform data input (Ambulance Communications Centre) and cleaning and restocking of their vehicles as required. When patients arrive at the ED via ambulance they will be wheeled into the ambulance trolley bay where they will be triaged and streamed into the appropriate stream. The internal planning of the ED will accommodate rapid flows



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between functional areas and avoid congestion. Clear and separate traffic flows will be accommodated for:

- ambulance and other emergency vehicles
- public traffic
- staff and patient traffic
- flows for back of house services
- separate clean and dirty flows.

The Ambulance area requires:

- twelve covered parking bays for ambulances
- ambulance bays to be 'reverse in' design
- dedicated entrance for emergency vehicles, segregated from public
- sufficient space to for ambulances to safely manoeuvre, reverse and park without obstructing each other
- parking for other emergency vehicles including six car park spaces for police cars or other emergency vehicles
- storage for medications, linen, consumables and cleaning equipment; and parking space for restocking and cleaning of ambulances in the Ambulance Communications Base
- communications/write-up base with capacity for electronic Patient Care Record and Clinical Information System interface in the Ambulance Communications Base
- separate drainage and airflow management
- include an air lock and an air curtain to maintain ED environmental temperatures
- all entrances are to have a radiation area monitor including the decontamination area
- up to five patients on stretchers able to be accommodated while awaiting triage
- clear vision and communication is required between the ambulance bay and triage desk
- ability to separate patients awaiting triage who are agitated.

### 7.8. Core services

#### 7.8.1. Pathology

Sampling will occur at the bedside by a suitably qualified staff member, utilising a pathology sampling trolley

Pathology services will include the use of point of care testing. Point of care analysers will be located within Resus, Adult Acute, Paediatric Acute, Fast track, Adult EMU and Paediatric EMU

Rapid access to pathology labs is required through the use of pneumatic tube and electronic result system, including immediate electronic notification of results availability. Pneumatic tubes are required in each stream. Some specimens may need to be transported by staff/courier.

#### 7.8.2. Pharmacy

Rapid access to pharmacy services within the ED will be provided and include dedicated pharmacy staff based in the ED, provision of Automated Dispensing Machines (ADMs) located throughout the ED to support clinical care, and the provision for an ADM for the storage of discharge packs, especially out of hours. ADM stock levels are monitored electronically, with restocking managed by a pharmacy technician. Restricted and individualised medications are monitored and stocked by the ED pharmacist/s who will be available seven days a week extended hours will be required.

A wall mounted medication safe in a Clean Utility is required within the ED for storage of restricted medication as a safeguard against ADM failure.

A pneumatic tube system (separate from pathology) and/ or courier and or Automated Guided Vehicle will be used to deliver non-imprest drugs from the Pharmacy to the ED as required.

Design requirements:



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- clean utility rooms within each stream will house an ADM Apart from Resuscitation Stream which will have an ADM Bay
- a large afterhours ADM unit for central pharmacy stores, is to have a close functional relationship to demand management
- lockable medication fridges integrated with ADM's are required in the clean utility in Fast Track, Adult Acute and Paediatric Acute. The acute fridge will be larger and house anti-venom. Fridges require back to base alarms and hardwiring. Construction around the fridge is to ensure that the fridges do not overheat
- pharmacy services for the ED will be provided by the CH Pharmacy Service.
- desk space for two pharmacists will be required
- a central ADM will store discharge packs.

## 7.8.3. Allied Health

The major allied health services to be provided within the Department will include:

- physiotherapy (full time presence), including primary assessment and management role
- Aboriginal Liaison Service
- social work
- occupational therapy.

Other services, such as nutrition, psychology and speech pathology, will provide in-reach services to the Department where appropriate. In order to undertake patient care, allied health services will need access to clinical and related facilities including:

- interview rooms
- larger meeting rooms
- consultation rooms in ambulatory assessment stream
- treatment rooms
- an area to assess patients on stairs.

## 7.8.4. Biomedical Engineering

Services will be provided by the Biomedical engineering service in the CH. A combined workroom will be provided within the ED where Technical Officers will manage the equipment requirements of ED. This workroom will accommodate a satellite Biomedical Workroom, where repairs and maintenance of equipment will take place.

## 7.9. Non-clinical support

## 7.9.1. Administration

Clerical services relating to patient presentation and admission will be located in the ED reception, co-located with triage. In addition clerical staff will be distributed throughout the ED in workrooms adjacent to staff stations.

ED offices and education areas will be located in close proximity to the ED. The paging system will be extended to the offices and education areas to ensure staff not located within the ED itself can receive communication.

## 7.9.2. Environmental and supply services

Linen

Linen supplies will be business as usual. Supplies are delivered and replenished daily. Clean linen supplies will be stored on trolleys in designated linen bays in patient occupied areas. Restocking will be by a trolley exchange roll in/roll out system.

Dirty linen carriers (skips) are stored in dirty utility rooms. Staff take a dirty linen carrier from the dirty utility room to the point of use and return for storage. Once full they are tied off by a hospital



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assistant/staff member and transferred to the local disposal room. From here they are transferred by the contracted linen provider to the dirty linen storage area located at the dock where they are taken by large truck offsite for washing.

### Cleaning

Cleaning services will ensure that facilities are clean and hygienic as per Infection Prevention Guidelines and contemporary best practice.

Each clinical unit has a designated cleaner's room which holds the cleaners trolley and some consumables. All other large equipment i.e. floor washers, vacuums etc is located in the cleaners stores in a back of house area.

Cleaning staff remove all waste from the clinical area to a local disposal room. From this room it is collected and transported to the loading dock where it is held awaiting removal from the site.

### Stores

Stores are delivered daily with stock levels monitored by Purchasing and Inventory Control System (PICS). To reduce staff walking distances, point of care cupboards are to be distributed evenly throughout.

An additional General storeroom will provide space for miscellaneous stock. An Equipment Room will accommodate reusable equipment. Much of this equipment will require charging. Mobile equipment bays will be provided to make available commonly used items (e.g. hoists, intravenous fluid poles, vital signs monitors).

### Waste

Waste management and removal will occur as per the facility wide policy for managing waste. Waste will be segregated at the source and will include general, biohazard and recyclable as a minimum.

Waste is removed by the cleaners from all areas across the campus and disposed/ recycled in a range of receptacles located at the loading dock. Waste streaming bays are located across the campus in all clinical areas and use an exchange bin model where clean, empty spare bins are stored in the nearest disposal room and exchanged for waste bins once they become full. From the disposal room, these bins are taken by cleaning staff to the dock where they are emptied.

There are many types of waste including general, co-mingled, paper, clinical, metal and other recyclables.

Dirty utility rooms will accommodate two 660L bins for general waste and co-mingle recycling, and two 240L clinical waste bins. Waste will be removed from dirty utility rooms and Disposal rooms once to twice daily depending on area, demand and agreed schedule.

### Food

Adult and paediatric-age appropriate food for EMU patients will be delivered in a food retherm trolley and docked for distribution by a food services staff member. Meals are not provided to families; however they will have access to tea and coffee facilities, reheating facilities and a shared patient/family dining room.

Within other streams sandwiches, snacks, tea and coffee and water will be provided with the ability of visitors to help themselves. These are to be available in close location to treatment areas.

## 7.10. Security requirements

Security arrangements will be in line with ACT Health Policies and Procedures. Design requirements:

- security must be able to be maintained during power failure and all public access points must be able to be locked down during a disaster
- staff only areas will be access controlled via swipe card
- CCTV:

CCTV will be required at all entrances and egress points, waiting areas, short stay units



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CCTV provided in specified treatment spaces (e.g. resuscitation bays) will be integrated with storage systems to enable the recording, storage and retrieval of discrete periods of footage for use in debriefing and training exercises

- Mobile or personal duress system

duress alarms will be required at triage, all clinical areas (interview rooms, distressed relatives rooms and larger meeting rooms), staff area and the car park. Staff will be able to utilise the multifunctional wireless phones and mobile duress alarms in addition to existing duress systems.

- Additional security measures:

bollards are to be installed at the entrance to the ED to prevent vehicular access.

### 7.11. Information Communication Technology (ICT)

ICT services technology changes rapidly and the design process must acknowledge continuous development of policy and the impact it may have on implementation. Specific ICT requirements include:

- bedside data entry:

Staff will need access to computers at each bedside, staff stations, in consultation, treatment and procedure rooms.

Clinicians (nurse, physio, doctor, etc.) will have tablet devices to enter relevant patient information, order tests, review results, send outpatient referrals, provide discharge emails (to patient and GP). This should include entering information in a real time medical record, that all involved in the patients care can see. These handheld devices should also be the communication method between staff within and outside the ED

Access is required to a mobile device platform, Workstation on Wheels (WoW), for the purpose of data entry. One WoW will be used between two bed spaces.

- Wi-Fi

Provision for medically safe wireless networking throughout the clinical area

Wi-Fi internet access will be provided throughout the Department (including lounge/wait areas) for use by staff and visitors

- Printer

Printers are required at the staff station in each stream, at reception/triage and in close proximity to the ambulance entrance

Space is required for equipment relating to electronic medication/pathology/wristband/ programs

- Hearing Loop

Hearing loop is to be available at triage/reception and scattered through the streams. Each stream will have at least one area with hearing loop installed; this will include interview, consult and meeting rooms.

- Patient monitoring

Patients will be issued with Electronic wristbands that provide real time tracking ability, can be scanned by clinician devices to confirm identity and provide alerts for allergies etc

Patient monitoring at bed spaces, and selected other spaces (e.g. procedure rooms) will be configured for monitoring at a central location with real time reporting.

All resuscitation beds are to have haemodynamic monitoring and ventilation equipment.

Central monitoring will feature in all streams.

All monitoring modalities will be compatible with other critical care areas within the hospital including ICU/CCU and Interventional Suite

- Patient beside entertainment



Where appropriate and required, patient entertainment (i.e. TV) will be provided. Bedside data entry for clinical staff will be provided by an alternate system

Patient entertainment will be available in all paediatric areas

TV in lounge/wait areas providing access to entertainment and health information

- Telemedicine/Video conferencing

Selected clinical spaces will be configured to provide remote telemedicine for patients located in the ACT to access services provided elsewhere. These facilities can be located in either the Education room or a communal office area.

- Communication

the most appropriate latest technology will be required for: communicating during systems fail or in disaster response; audible communication in all clinical and non-clinical areas of the ED with access to points in multiple locations and integrated paging and communication systems.

## 7.12. Infection control

Negative pressure (Class N) and positive pressure (Class P) isolation rooms will be located within the ED to manage a range of conditions with airborne transmission. Each class N isolation room will have an ante room.

Clinical hand wash basins and associated equipment and consumables will be provided in treatment, consultation and therapy areas at the entrances to each room, and at the entrance to the department. Hand spray stations will be available at all entrances to the ED, along corridors, at staff stations for use by all staff, patients and carers.

The air conditioning system will have the capacity to enable isolation of one area in the department from another e.g. between main areas and EMU.

The waiting room and sub-waiting rooms are to be designed in a way to enable separation of patients i.e. the vomiting patient.

# 8. Specific design requirements

## 8.1. Overarching design requirements

The design must:

- incorporate safe design principles including visibility between staff and patients and vice versa, standardisation, automation (if possible), reduction in noise, immediate accessibility to information close to the point of service and the minimisation of patient movement around the facility
- support maximum productivity and efficiency, short travel distances, and ensure flexibility to allow operational models, nursing staff structures and the Model of Care to change over time, including nurse to patient ratios
- be standardised where possible to produce an environment which is familiar to staff enabling efficient use of time and space thereby reducing stress and fatigue
- facilitate efficient and effective patient flow through areas
- provide expansion space for future growth of the unit
- have universal design of individual patient treatment areas to offer greater flexibility and adaptability for multiple purpose use
- there is sufficient storage to ensure that equipment and trolleys do not clutter the corridor
- floor and wall coverings are to support acoustic attenuation.

Each stream is to be fully equipped (e.g. pneumatic tubes for pathology to individual streams) to enable independent and flexible functioning (e.g. quiet periods).



The design and distribution of spaces must support the range of health care professionals and other care givers who will work in the Emergency Service areas in terms of information sharing, learning and communication, sharing of resources.

Technology will support access to information and data entry requirements of staff and patients, for example, bedside computers for data entry, and distributed spaces for data entry and computer access for all team members.

There is to be sufficient space by each bed side for a chair for a carer.

Each bed space is to be visible from the staff station.

Emergency (battery powered) lighting and other power to other essential equipment must be provided in all patient care areas in case of power failure.

## 8.2. Specific design requirements

Specific design requirements for the various areas within the ED are outlined below:

### 8.2.1. Outdoor Space

Access to an outside courtyard will be required for those awaiting treatment and for distressed relatives. It should be located within direct access off EMU for those patients who are in the department for longer periods. Access will be required to an outdoor space from the paediatric stream. Access to an outside courtyard adjacent to staff tea room facilities is desirable.

### 8.2.1. Treatment Spaces

#### **Bedrooms**

- all bedrooms will be single bedrooms.
- all furniture, fixtures and fittings used in 'private' residential areas e.g. bedrooms and bathrooms/ensuites must be of a type specifically manufactured and marketed as anti-ligature and tamperproof type.
- patient bedroom doors are designed to prevent holding, barring or blocking.
- beds are to be built in beds with a weight rating of 240kg.
- the bedroom door is to be fitted with an anti-ligature type door closer and fitted with ligature sensors on the top of doors.
- bedroom doors must provide staff with rapid access in the event of an emergency.
- anti-pick sealant required and tamper-proof screws throughout
- doors into rooms must have observation panels with integrated blinds/obscuring mechanisms – with consideration for the use of electrostatic panels. These can be operated by residents with an external override feature for staff.
- staff can override any locks that are lockable from the inside e.g. patient bedrooms.
- where outward opening doors are provided, these should be recessed to prevent obstruction of corridors.
- there should be no blind spots in the rooms, particularly any created behind open doors or by ensuite placement.
- bedrooms are to be acoustically treated to minimise transference of noise between adjoining bedrooms.
- bedrooms are to be access controlled with the ability to lock people out of their bedroom
- two bedrooms able to be segregated as a vulnerable persons' suite-which will be access controlled. This area is to be visible from the staff station and include a small lounge area

#### **Vulnerable persons**

- an area including two bedrooms with attached ensuites and a small lounge is required. There is to be the ability to segregate this area from the rest of the unit.



- line of site is essential of this area from the staff station

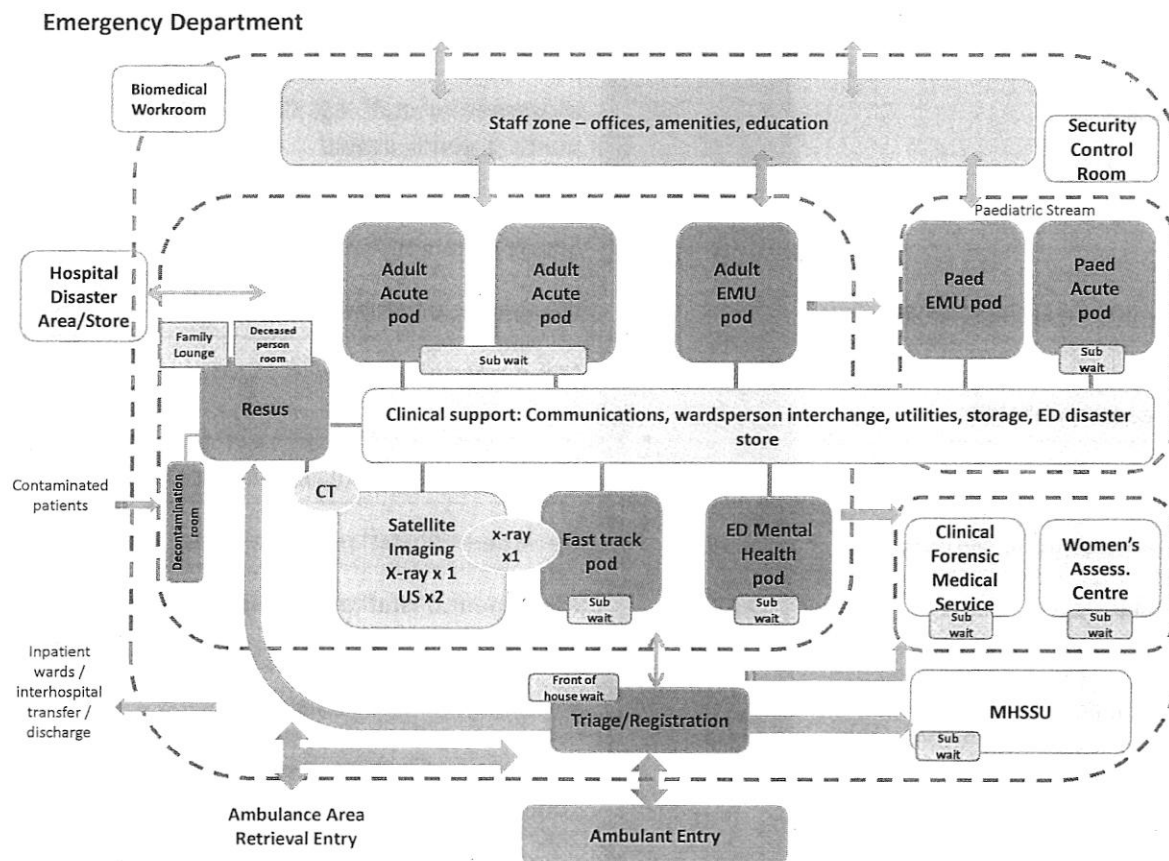
#### 8.2.2. Ensuite shower/toilets

- ensuites will not have doors, the design will ensure privacy and anti-ligature privacy screen will be fitted.
- shower cubicles should have good floor-to-fall drainage
- all possible ligature points should be avoided, considerations for ensuites, showers and toilets include:
  - recessed area for garbage bins
  - recessed and anti-ligature toilet roll holders
  - toilet seats that resist breakage and removal
  - shelves (rather than collapsible hooks) for clothing and towels in a dry area
  - in-fill moulded hand rails (not in accessible toilets)
  - recessed and anti-ligature soap and shampoo shelf
  - floor waste drain.



### 9.1. Internal Relationships

Figure 2: Internal functional relationships for ED





## 9.2. External Relationships

Key external functional relationships are prioritised in Table 4 as per the criteria in Table 5.

Table 4: External functional relationships for ED

Service/Unit	Priority	Comments
Medical Imaging	Immediate	Movement of patients – satellite provision
Security	Immediate	Movement of staff. e.g. black alert, staff from all points urgently attend
Drop off/Pickup	Immediate	Movement of staff & consumers; Ambulance, Security, Patient Transport
Mental Health Short Stay Unit	Direct	Movement of Patients
Medical and Surgical Assessment Units	Direct	Movement of patients
ICU	Direct	Movement of patients from resuscitation bays
Interventional Services	Direct	Movement of staff and patients for procedures
Pharmacy	Direct	Movement of staff and medications; planned visits
Helipad	Ready	Movement of patients and staff
Pathology	Ready	Movement of patient samples via pneumatic tube. Also immediate POC testing
Allied Health	Ready	Movement of staff
Central Equipment Store	Ready	Movement of equipment
Discharge Lounge	Ready	Movement of patients
Administration Centre	Easy	Movement of staff and consumers (admissions, MHRT hearings, patient flow etc)
General (Hotel) Services	Easy	Movement of staff, meals, linen & waste
Mortuary	Easy	Movement of patients
IPU	Easy	Movement of patients and staff
<b>Site Interfaces</b>		
Car parking – Staff	Ready	Movement of staff; swipe card access control (particularly on call staff)
Car parking – Visitors	Easy	Movement of visitors and consumers
Public Transport	Easy	Movement of visitors, consumers and staff



Table 5: Prioritisation of external functional relationships

<b>Immediate (&lt;1 minute)</b>	Being the shortest direct, horizontal route. The route must be an unimpeded route. Door to door travel time between the two areas or services identified as having an "Immediate" functional relationship must not exceed one minute.
<b>Direct (&lt;2 minutes)</b>	Being a direct horizontal or vertical route. The route must be an unimpeded route. Door to door travel time between the two areas or services identified as having a "Direct" functional relationship must not exceed two minutes and there must be minimal corner turns between the two areas or services.
<b>Ready (&lt;5 minutes)</b>	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having a "Ready" functional relationship must not exceed five minutes.
<b>Easy (&lt;10 minutes)</b>	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having an "Easy" functional relationship must not exceed ten minutes.

## Future service developments and innovation

There will be identification of space for future expansion adjacent to the ED, such that should future requirements direct that extension of the ED is necessary, this will be done in such a way that maximises functional outcome, and can be achieved without major effect on other structures.

Planning should acknowledge likely implementation of:

- large automated dispensing machines
- AGV – food delivery
- paperless electronic medical records systems.

The CH Emergency Department will be integrated with new ED services established in the Territory, such as a proposed North Canberra inpatient service.



## 10. Schedule of Accommodation

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
<b>ENTRANCE / RECEPTION</b>							
AIRLE-10	N	Airlock, 10m2	1	10	10	10	0
RECL-15	Y	Reception/ Triage / Clerical, 20m2	1	50	50	20	30
STPS-8	Y	Store - Photocopy/ Stationery, 8m2	1	8	8	8	0
SECR-10	Y	Security Room, 10m2	1	10	10	10	0
WAIT-50	N	Waiting, 50m2	1	30	30	50	-20
PLAP-10	N	Play Area - Paediatric, 10m2	1	10	10	10	0
PAR	N	Parenting Room	1	6	6	6	0
BPH	N	Bay – Public Telephone	1	2	2	2	0
BVM-3	N	Bay – Vending Machines	1	3	3	3	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	1	2	2	2	0
WAPU-3	N	Toilet - Public, 3m2	4	3	12	3	0
WCAC	N	Toilet - Accessible, 6m2	1	6	6	6	0
BMEQ-6	N	Bay - Mobile Equipment	1	12	12	12	0
	Y		1	6	6	12	-6
<b>Subtotal</b>					<b>161</b>		<b>4</b>
<b>Discounted Circulation</b>				<b>30%</b>	<b>48</b>		<b>1</b>
<b>Total</b>					<b>209</b>		<b>1</b>
<b>TRIAGE / REGISTRATION</b>							
	N	Triage Cubicle/ Bay	3	9	27	9	0
AIRLE-10	N	Airlock, 10m2	1	10	10	10	0
AMBT	N	Ambulance Triage	1	12	12	12	0
PBTR-H-9	N	Patient Bay - Holding, 9m2	1	9	9	9	0
SSTN-20	Y	Staff Station, 20m2	1	20	20	20	0
<b>Subtotal</b>					<b>78</b>		<b>0</b>
<b>Discounted Circulation</b>				<b>30%</b>	<b>23</b>		<b>0</b>
<b>Total</b>					<b>101</b>		<b>0</b>
<b>TREATMENT AREAS</b>							
<b>RESUSCITATION</b>							
PBTR-R	N	Patient Bay - Resuscitation, 25m2	4	25	100	25	0
PBTR-R	Y	Patient Bay - Resuscitation, 40m2	2	40	80	25	80
PBTR-R	Y	Patient Bay - Resuscitation, 25m2	1	25	25	25	25
ANRM	Y	Anteroom	1	6	6	0	6
INTF	Y	Interview Room	2	14	28	12	28
BMEQ-4	N	Bay – Mobile Equipment, 4m2	1	4	4	4	0
SHDEC	N	Shower, Decontamination	1	8	8	8	0
STGN	N	Store – General, 9m2	1	9	9	9	0
<b>Subtotal</b>					<b>260</b>		<b>139</b>
<b>Discounted Circulation</b>				<b>30%</b>	<b>78</b>		<b>42</b>
<b>Total</b>					<b>338</b>		<b>181</b>
<b>RESUSCITATION SUPPORT AREAS</b>							
SSTN-14	N	Staff Station, 14m2	1	20	20	14	6
CLUR-8	Y	Clean Utility/ Medication Room - Sub, 8m2	1	8	8	8	0
STSS-12	Y	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-S	Y	Dirty Utility - Sub, 8m2	1	8	8	8	0
BPATH	Y	Bay – Pathology	1	4	4	4	0
BBW	Y	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	1	2	2	2	0
STEQ-14	Y	Store - Equipment, 14m2	1	14	14	14	0
LNPT-10	Y	Lounge - Patient/ Family, 10m2	1	10	10	10	0
ENS-ST	Y	Ensuite - Standard, 5m2	1	5	5	5	0
MOR-VR	Y	Mortuary - Viewing Room	1	8	8	8	0
BPTS	Y	Bay - Pneumatic Tube	1	1	1	1	0
BLIN	Y	Bay - Linen	1	2	2	2	0



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
	Y	Bay - dirty linen trolley	1	1	1	1	0
		<i>Subtotal</i>			97		6
		Discounted Circulation		30%	29	0	31
		<b>Total</b>			<b>126</b>		<b>31</b>
<b>FAST TRACK</b>							
CONS	N	Consult room	5	12	60	12	0
CONS-ENT-OPT	N	Consult - ENT/ Ophthalmology	1	12	12	12	0
	N	Consult - Dental	0	12	0	12	0
PBTR-NA	Y	Patient Bay – Non Acute Treatment, 10m2	7	10	70	10	70
1 BR-IS-N	Y	1 Bed Room - Isolation - Negative Pressure, 15m2	1	15	15	15	15
ENS-ST	Y	Ensuite - Standard, 5m2	1	5	5	5	5
ANTE	Y	Anteroom	1	6	6	6	6
PROC-20	Y	Procedure Room, 20m2	2	20	40	14	40
SSTN-14	Y	Staff Station, 14m2	1	20	20	14	20
TRMT	Y	Allied Health Assessment TreatmentRoom	1	14	14	14	14
		<i>Subtotal</i>			242		170
		Discounted Circulation		30%	73	0	51
		<b>Total</b>			<b>315</b>		<b>221</b>
<b>FAST TRACK SUPPORT AREA</b>							
WAIT-10	Y	Waiting, 10m2	1	30	30	10	20
CLUR-14	N	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
DTUR-10	N	Dirty Utility, 10m2	1	10	10	10	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
STEQ-14	N	Store - Equipment	1	14	14	14	0
	N	Store - Crutch	1	2	2	2	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
BHW	Y	Bay - Height/ Weight	1	2	2	2	0
BHWS-A	N	Bay – Hand wash - Type A	2	1	2	1	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	6	2	9	1	1
BPATH	Y	Bay – Pathology	1	4	4	4	0
BPTS	N	Bay – Pneumatic Tube	1	1	1	1	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	1	4	4	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	4	8	4	0
BMT-4	Y	Bay – Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	1	2	2	2	0
	Y	Bay - dirty linen trolley	4	1	2	1	0
BRES	Y	Bay - Resuscitation Trolley	1	2	2	1	1
		<i>Subtotal</i>			130		21
		Discounted Circulation		40%	52	0	8
		<b>Total</b>			<b>181</b>		
<b>ADULT ACUTE</b>							
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	30	12	360	12	0
1 BR-IS-N	N	1 Bed Room - Isolation - Negative Pressure, 15m2	3	15	45	15	0
1BR-IS-P	Y	1 Bed Room - Isolation - Positive Pressure	1	15	15	15	0
ANTE	N	Anteroom	3	6	18	6	0
ENS-BA	N	Ensuite - Bariatric, 7m2	1	7	7	7	0
ENS-ST	N	Ensuite - Standard, 5m2	3	5	15	5	0
PROC-20	Y	Procedure Room, 20m2	2	20	40	20	0
INTF	Y	Interview Room	2	14	28	14	0
WCPT	N	Toilet - Patient, 4m2	5	4	20	4	0
SHPT	N	Shower - Patient, 4m2	2	4	8	4	0
		<i>Subtotal</i>			556		0
		Discounted Circulation		40%	222	0	0
		<b>Total</b>			<b>778</b>		



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
<b>ADULT ACUTE SUPPORT AREA</b>							
WAIT-10	Y	Waiting, 10m2	1	30	30	10	20
SSTN-14	Y	Staff Station, 14m2	2	30	60	30	0
OFF-CLN	Y	Office - Clinical Workroom	2	15	30	15	0
BHWS-A	N	Bay - Hand wash - Type A	11	1	11	1	0
BPPE	N	Bay - PPE (Personal Protective Equipment)	10	2	15	2	0
	N	Office - Telemedicine	0	12	0	12	0
CLUR-12	Y	Clean Utility/ Medication Room, 12m2	2	12	24	12	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
BPTS	N	Bay - Pneumatic Tube	2	1	2	1	0
BPATH	N	Bay - Pathology	2	1	2	1	0
	N	Bay - pathology trolley	4	1	4	1	0
DTUR-10	Y	Dirty Utility, 10m2	2	10	20	10	0
STEQ-14	N	Store - Equipment	1	30	30	30	0
STDE	N	Store - Disaster Equipment	1	15	15	8	7
BBW	N	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	4	4	16	4	0
BBEV-OP	N	Bay - Beverage, Open Plan, 4m2	2	4	8	4	0
BMT-4	N	Bay - Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	3	2	6	2	0
STDR-10	Y	Medication Room	1	10	10	10	0
DISP-8	Y	Disposal Room, 8m2	1	8	8	8	0
CLRM-5	N	Cleaner's Room, 5m2	1	5	5	5	0
	Y	Bay - dirty linen trolley	10	1	5	1	0
	Y	Wardsperson interchange	1	10	10	10	0
	Y	Communications Centre	1	25	25	25	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
		<i>Subtotal</i>			357		59
		Discounted Circulation		40%	143	0	24
		<b>Total</b>			<b>499</b>		<b>109</b>
<b>PAEDIATRIC ACUTE</b>							
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	10	12	120	12	0
1 BR-IS-N	N	1 Bed Room - Isolation - Negative Pressure, 15m2	2	15	30	15	0
ANTE	N	Anteroom	2	6	12	6	0
ENS-ST	N	Ensuite - Standard, 5m2	2	5	10	5	0
CONS	N	Consult Room	2	12	24	12	0
PROC-20	Y	Procedure Room, 20m2	2	20	40	20	0
TRMT	N	Plaster Room	0	14	0	14	0
	N	Store - Crutch	1	2	2	2	0
PLAP-10	N	Play Area - Paediatrics, 10m2	1	10	10	10	0
INTF	N	Interview Room	1	12	12	12	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
SHPT	N	Shower - Patient, 4m2	1	4	4	4	0
		<i>Subtotal</i>			272		0
		Discounted Circulation		40%	109	0	
		<b>Total</b>					
<b>ED MENTAL HEALTH POD</b>							
TRMT	Y	Treatment Room - Behavioural Assessment Room	2	14	28	14	0
	Y	Gun safe	1	2	2	2	0
WCPT	N	Toilet - Patient, 4m2	1	4	4	4	0
SSTN-10	Y	Staff Station	1	10	10	10	0
WAIT-20	Y	Waiting, 20m2	1	20	20	20	0
INTF	N	Interview Room	3	14	42	14	0
		<i>Subtotal</i>			106		0
		Discounted Circulation		30%	32	0	0
		<b>Total</b>			<b>138</b>		
<b>EMERGENCY MEDICINE UNIT - ADULT</b>							



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	23	12	276	12	0
1 BR-IS-N	N	1 Bed Room - Isolation Room - Negative Pressure, 15m2	3	15	45	15	0
ANTE	N	Anteroom	3	6	18	6	0
INTF	Y	Interview Room	1	12	12	12	0
ENS-ST	N	Ensuite	3	5	15	5	0
WCPT	N	Toilet - Patient, 4m2	3	4	12	4	0
SHPT	N	Shower - Patient, 4m2	3	4	12	4	0
Subtotal					390		
Discounted Circulation				30%	117	0	
Total					507		
<b>EMERGENCY MEDICINE UNIT - ADULT - SUPPORT AREA</b>							
SSTN-20	N	Staff Station, 20m2	1	20	20	20	0
BLIN	N	Bay - Linen	1	2	2	2	0
BHWS-A	N	Bay - Hand wash - Type A	7	1	7	1	0
BPPE	N	Bay - PPE (Personal Protective Equipment)	9	2	14	2	0
	N	Bay - Waste streaming	1	4	4		4
CLUR-14	N	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-12	N	Dirty Utility, 12m2	1	12	12	12	0
	N	Bay - dirty linen trolley	9	1	5		1
BMT-4	N	Bay - Meal Trolley	1	4	4	4	0
BBEV-OP	N	Bay - Beverage, Open Plan, 4m2	1	4	4	4	0
STGN-9	N	Store - General	1	12	12		12
STEQ-14	N	Store - Equipment	1	14	14	14	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	2	4	8	4	0
BRES	N	Bay - Resuscitation Trolley	1	2	2		2
BPATH	N	Bay - Pathology	1	4	4	4	0
	N	Bay - pathology trolley	3	1	2		1
BPTS	N	Bay - Pneumatic Tube	1	1	1	1	0
Subtotal					139		19
Discounted Circulation				30%	42	0	6
Total					181		24
<b>PAEDIATRIC EMERGENCY MEDICINE UNIT</b>							
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	5	12	60	12	0
1 BR-IS-N	N	1 Bed Room - Isolation Room - Negative Pressure, 15m2	1	15	15	15	0
ANTE	N	Anteroom	1	6	6	6	0
ENS-ST	N	Ensuite	1	5	5	5	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
SHPT	N	Shower - Patient, 4m2	1	4	4	4	0
Subtotal					98		0
Discounted Circulation				30%	29	0	
Total					127		
<b>PAEDIATRIC STREAM SUPPORT AREA</b>							
WAIT-10	N	Waiting, 10m2	1	30	30	20	10
SSTN-14	N	Staff Station, 14m2	1	14	14	14	0
OFF-CLN	N	Office - Clinical Workroom	1	15	15	15	0
SSTN-14	N	Staff Station, 14m2	1	14	14	14	0
CLUR-14	Y	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-10	N	Dirty Utility, 10m2	1	10	10	10	0
BBW	N	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BHWS-A	N	Bay - Hand wash - Type A	5	1	5	1	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	2	2	3	2	0
BPTS	Y	Bay - Pneumatic Tube	1	1	1	1	0



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
BPATH	Y	Bay – Pathology	1	4	4	4	0
	Y	Bay - pathology trolley	2	1	1	1	0
STGN-9	N	Store - General	1	12	12	12	0
STEQ-14	N	Store - Equipment	1	14	14	14	0
STDE	Y	Store - Play	1	2	2	2	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	2	4	8	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	4	8	4	0
BHW	N	Bay - Height/ Weight	1	2	2	2	0
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	1	2	2	2	0
DISP-8	Y	Disposal Room, 8m2	1	8	8	8	0
	Y	Bay - dirty linen trolley	2	1	1	1	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
		<b>Subtotal</b>			189		0
		Discounted Circulation		40%	75	0	
		<b>Total</b>			264		
<b>OTHER STAFF SUPPORT AREAS</b>							0
SRM-35	Y	Staff Room, 30m2	1	45	45	30	15
CHST-20	Y	Change - Staff (Male/Female), 20m2	2	20	40	20	0
SHST	N	Shower - Staff, 3m2	2	3	6	3	0
WCST	N	Toilet - Staff, 3m2	17	3	51	3	0
PAR	Y	Parenting Room	1	6	6	6	0
		<b>Subtotal</b>			148		15
		Discounted Circulation		30%	44	0	5
<b>UNIT TOTAL</b>		<b>Total</b>			192		0
<b>SUPPORT AREAS</b>							0
	Y	Biomedical equipment workroom	1	30	30	30	0
		<b>Subtotal</b>			30		0
		Discounted Circulation		30%	9	0	0
		<b>Total</b>			39		0
<b>ED IMAGING</b>							0
CTPR	N	CT Scanning	1	45	45	45	0
CTCR	N	CT Control Room	1	12	12	12	0
	Y	Reporting Station	0	6	0	6	0
GENXR	N	General X-Ray	2	40	80	35	5
XRRR	N	X-Ray Viewing & Reporting Room	0	12	0	9	3
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
ULTR	N	Ultrasound	3	14	42	14	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
BLIN	N	Bay - Linen	1	2	2	2	0
BMEQ-6	N	Bay - Mobile Equipment, 6m2	1	6	6	6	0
	Y	Bay - dirty linen trolley	2	1	1	1	0
		<b>Subtotal</b>			206		0
		Discounted Circulation		30%	62	0	0
		<b>Total</b>			268		0
<b>EXTERNAL AREA</b>							0
		Ambulance Bays	12	tba			
		Mental Health Short Stay courtyard	1	20	20	20	0
		Paediatric courtyard	1	20	20	20	0
		Staff courtyard	1	20	20	20	0
		Emergency services bays	6	tba			
		<b>Subtotal</b>			60		0
		Discounted Circulation		30%	18	0	0
<b>UNIT TOTAL</b>		<b>Total</b>			78		0
<b>Areas that must be included</b>							0
<b>MENTAL HEALTH SHORT STAY UNIT</b>							0
WAIT-20	N	Waiting, 20m2	1	20	20	20	0



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
SSTN-10	N	Staff Station, 14m2	1	14	14	14	0
OFF-CLN	N	Office - Clinical Workroom	1	15	15	15	0
INTF	N	Interview Room	2	14	28	14	0
1BR-MH-A	N	1 Bed Room - Mental Health - 12m2	9	12	108	12	0
ENS-MH-A	N	Ensuite - Mental Health, Inboard, 5m2	3	5	15	5	0
1BR-SP-A	N	1 Bed Room - Special, 18m2	1	18	18	18	0
ENS-SP	N	Ensuite - Special, 6m2	1	6	6	6	0
TRMT	N	Treatment Room	1	16	16	16	0
ADLD	N	Lounge/Dining	1	50	50	50	0
WCAC	N	Toilet-Accssible 6m2	1	6	6	6	0
BHWS-A	N	Bay – Hand wash - Type A	2	1	2	1	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	3	6	3	0
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
CLUR-8	N	Clean Utility/ Medication Room - Sub, 8m2	1	8	8	8	0
DTUR-S	N	Dirty Utility - Sub, 8m2	1	8	8	8	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
BLIN	N	Bay - Linen	1	2	2	2	0
	N	Bay - dirty linen trolley	2	1	1	1	0
	N	Gun safe	1	2	2	2	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
OFF-S9	N	Office - Single Person, 9m2	1	9	9	9	0
PROP-2	N	Property Bay - Staff, 2m2	1	2	2	2	0
WCST	N	Toilet - Staff, 3m2	1	3	3	3	0
Subtotal					365		0
Discounted Circulation				30%	109	0	0
Total					474		0
WOMEN'S ASSESSMENT CENTRE							0
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
PBTR-H-9	N	Patient Bay – Holding, 9m2	2	9	18	9	0
TRMT	N	Treatment Room	1	14	14	14	0
SSTN-10	N	Office	1	9	9	9	0
BHWS-PPE	N	Bay - Handwashing/ PPE	1	2	2	2	0
CLUR-8	N	Clean Utility/ Medication Room Sub	1	8	8	8	0
INTF	N	Interview Room	2	12	24	12	0
ENS-SP	N	Ensuite - Special, 6m2	1	6	6	6	0
Subtotal					91		0
Discounted Circulation				32%	29	0	0
Total					119		0
CLINICAL FORENSIC MEDICAL SUITE							0
INTF	N	Interview Room	1	12	12	12	0
CONS	N	Consult room	2	12	24	12	0
ENS-ST	N	Ensuite	2	5	10	5	0
LNPT-10	N	Lounge - Patient/ Family, 10m2	1	10	10	10	0
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	1	4	4	4	0
Subtotal					90		0
Discounted Circulation				30%	27	0	0
Total					117		0
STAFF AREAS							0
MEET-L-20	Y	Meeting Room, 20m2	6	25	150	20	5
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
OFF-S12	N	Office - Single Person, 12m2	1	12	12	12	0
MEET-L-30	N	Meeting Room, 30m2	1	30	30	30	0



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
MEET-L-30	N	Meeting Room, 30m2	1	30	30	30	0
OFF-S9	N	Office - Single Person, 9m2	1	9	9	9	0
STEQ-20	N	Store - Equipment, 20m2	1	20	20	20	0
WCST	N	Toilet - Staff, 3m2	0	3	0	3	0
<i>Subtotal</i>					263		0
Discounted Circulation				30%	79	0	0
<b>Total</b>					342		0

Summary - Excluding ED Clinical Admin				Total Area	Deviation from Standard Component m2
Total Room Area				4325	432
Total Discounted Circulation			Ave 34%	1450	166
<b>Total Department / Unit Area</b>				<b>5775</b>	<b>599</b>

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Comments - This should be a comment on the purpose of the space if a deviation from the HPU
<b>ED CLINICAL ADMINISTRATION</b>							
WAIT-10	N	Waiting, 10m2	1	10	10	10	
RECL-10	N	Reception/ Clerical, 10m2	1	10	10	10	
MEET-9	Y	Meeting Room, 9m2	2	9	18	9	Interviews
STPS-8	Y	Store - Photocopy/ Stationery, 8m2	1	8	8	8	
OFF-S9	Y	Office - Single Person, 9m2	1	9	9	9	Administration manager
	Y	Office - Administration	7	6	39	6	2 secretaries, 1 admin officer, 1 data manager, 3 EDIS
OFF-S9	Y	Office - Single Person, 9m2	6	9	54	9	4 x Deputy Director, 2 x Director of Training
OFF-S12	Y	Office - Single Person, 12m2	1	12	12	12	1 x Professor
OFF-S9	Y	Office - Single Person, 9m2	1	9	9	9	1 x senior lecturer
OFF-S9	Y	Office - Single Person, 9m2	32	9	288	9	32 x Staff specialists
	Y	Office - Shared Workstation, 4.4m2	9	4	40	4	9 x Senior Registrars. Shared to reflect part time use



## HEALTH PLANNING UNIT BRIEF – EMERGENCY DEPARTMENT v0.11

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Component Size m2	Deviation from Standard Component m2
	Y	Office - Shared Workstation, 3m2	8	3	24	3	8 x Registrars. Shared to reflect PT use
	Y	Office - Shared Workstation, 3m2	6	3	18	3	6 x RMO/CMO/Interns. Shared to reflect PT use
OFF-S9	Y	Office - Single Person, 9m2	3	9	27	9	1 x ADON, 2x Nurse Manager
	Y	Office - Shared Workstation, 5.5m2	3	6	17	6	2 x Clinical Support nurse, 1 x project officer
	Y	Office - Shared Workstation, 4.4m2	8	4	35	4	20 x Nav/Clin, 9 x CDN. Shared to reflect part time use
	Y	Office - Shared Workstation, 3m2	8	3	24	3	8 x Allied Health, includes physio, social work, OT, dietitian, pharmacy,
	Y	Office - Shared Workstation, 4.4m2	2	4	9	4	2 equipment officers / biomed designated to ED
	Y	Office - Shared Workstation, 4.4m2	4	4	18	4	Psych reg, MHC, CAMHS. Shared to reflect part time use
<b>Subtotal</b>					<b>667</b>		
<b>Discounted Circulation</b>				<b>30%</b>	<b>200</b>	<b>0</b>	
<b>Total</b>					<b>867</b>		

Summary - ED			Total Area
Total Room Area			667
Circulation Allowance	Ave	30%	200
Total Department / Unit Area			867



## 11. Abbreviations

Abbreviation	Description
ACTPAS	ACT Patient Administration System
ADM	Automated Dispensing Machine
ADS	Alcohol and Drug Services
AGV	Automatic Guided Vehicles
BAR	Behavioural Assessment Room
CAMHS	Child and Adolescent Mental Health Service
CARHU	Child At Risk Health Unit
CCTV	Closed Circuit Television
CFMS	Clinical Forensic Medical Service
CT	Computed tomography
ED	Emergency Department
EDIS	Emergency Department Information System
EDSU	Extended Day Surgery Unit
EMM	Electronic Medication Management
EMU	Emergency Medicine Unit
FFE	Furniture, Fittings and Equipment
FPU	Functional Planning Unit
FTE	Full Time Equivalent
HPU	Health Planning Unit
ICT	Information Communication Technology
IPU	Inpatient Unit
MAU	Medical Assessment Unit
MHJHADS	Mental Health, Justice Health, Alcohol and Drug Service
MHS-ID	Mental Health Service for People with an Intellectual Disability
MHSSU	Mental Health Short Stay Unit
OPMHS	Older Persons Mental Health Service
OPG	Orthopantomogram
PEHR	Personal Electronic Health Record
PICS	Purchasing Inventory Control System
PPE	Personal Protective Equipment
RTLS	Real Time Location System
SAU	Surgical Assessment Unit
SPIRE	Surgical Procedures, Interventional Radiology and Emergency
WAC	Women's Assessment Centre
WOW	Workstation on Wheels



## HPU brief development participants

Participants in the development of the HPU brief	
Position	Name
Clinical Director	Greg Hollis
Acting ADON	Nicole Slater
Manager Acute Support Physiotherapy	Kerry Boyd
Director Medical Imaging	Mark Duggan
HPU senior planning officer	Amanda Slater
Director, Clinical Forensic Medical Services	Vanita Parekh
Program Director Health Services Redesign	Carolyn Bartholomew
Executive Director, Health Services Program	Vanessa Brady
Clinical Director Obstetrics and Gynaecology	Lim Boon
Executive Director Women, Youth & Children	Elizabeth Chatham
Operational Director of Adult Acute Mental Health Services, MHJHADS	Helen Braun
ED Leadership committee	Medical, Nursing, Administration representatives





**ACT**  
Government

**ACT Health**

ACT HEALTH

DATE: OCTOBER 2018







































































































































































































**Attwood, Courtney (Health)**

---

**From:** Culver, Jakob (Health)  
**Sent:** Thursday, 7 February 2019 9:32 AM  
**To:** Mooney, Colm (Health); Bone, Chris (Health)  
**Cc:** Burch, Brad (Health); Catanzariti, John; DDGClinical; Bale, Natalie (Health)  
**Subject:** FOR REVIEW: SPIRE - Design Teams and Nominations [SEC=UNCLASSIFIED]  
**Attachments:** SPIRE Consultation Plan STH Rev A - 22.01.2019.pdf; 190118 proof of Concept Nominations - SPIRE v2 - CB CM.XLSX

Colm / Chris

As you are both aware, STH have identified project planning teams to progress proof of concept design in relation to the SPIRE project; as articulated in their presentation to the core project planning team that you both attended.

The project planning teams for design identified are:

- Project Planning Team (core team) (has been currently meeting with STH) – overarching project management with STH and review and endorse design.
- Exec Planning Team – endorsing broad framework and design; and
- Departmental Planning Team – design of individual areas / departments in SPIRE.

The definition in detail of each team is contained in the draft stakeholder engagement plan (attached) that STH presented at the previous project planning team meeting.

As a side note, above this will be the formal ACT Health governance structure for SPIRE, including the PCG (decision setting/endorsement) and Exec Steering Committee (decision making).

In regards to the user representatives previously advised (by yourself Colm) – see attached – can Chris and yourself please advise in the attached (see highlighted cells) who of these from CHS will be required at the Exec Planning Team workshops and who will be part of the departmental planning team meetings/work?

Can I please requires this feedback in the next 24 hours by 12:00pm Friday 8 February 2018.

As always, if you have any questions or queries please let me know and we can discuss.

Thanks  
 Jakob

**Jakob J Culver**

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate  
 P: +61 2 5124 9707 | M: [REDACTED] | E: [Jakob.J.Culver@act.gov.au](mailto:Jakob.J.Culver@act.gov.au) | A: 2-6 Bowes Street PHILLIP ACT 2606



























































Organisation	Division	Service Area	Name
Canberra Health Services  (provided by Colm Mooney to IFCW - 17/12/18 and 02/01/19)	Critical Care	Emergency Department	Greg Hollis
		Intensive Care Unit	Bronwyn Avard
		Retrieval Service (Air Ambulance)	Kelvin Grove
	Surgery and Oral Health	Surgery	Frank Piscioneri
		Anaesthesia	Thomas Brussel
		Maxillofacial Surgery	Dylan Hyam
		Orthopaedic Surgery	Professor Paul Smith
	Medical Imaging	Medical Imaging	Charles Ngu
	Pathology	Pathology	Jane Dahlstrom
	Clinical Support Services	Clinical Support Services (Division)	Lisa Gilmore
		Pharmacy	Sheridan Briggs
	Medicine	Medicine (Division)	Girish Talaulikar
	Cancer and Community Health Services	Cancer Services	Paul Craft
		Outpatients	Cathie O'Neill
	Operations	Patient Flow	Lyn O'Connell
ACT Health Directorate	Allied Health	Chief Allied Health Officer	Kerry Boyd
	Medical Services	Director of Medical Services	Paul Dugdale
	Nursing	Director of Nursing	Hamish Jeffrey
	Strategic Infrastructure	All areas of SPIRE	Brad Burch
	Strategic Infrastructure	All areas of SPIRE	Jakob Culver
	Strategic Infrastructure	All areas of SPIRE	Monica Lindemann
	Facilities Planning	All areas of SPIRE	Kate Evans
	Facilities Planning	All areas of SPIRE	Sally-Anne Kinghorn



**Pond, Aleks (Health)**

---

**From:** Catanzariti, John  
**Sent:** Thursday, 7 February 2019 9:41 AM  
**To:** Esau, Lloyd; Burch, Brad (Health)  
**Cc:** Gray, Sophie  
**Subject:** SPIRE - [REDACTED] Debrief [SEC=UNCLASSIFIED]  
**Attachments:** [REDACTED] Debrief Notes.pdf

Lloyd/Brad,

I have prepared some notes for tomorrow's debrief with [REDACTED]. I have mostly kept the feedback positive as it was a good submission but comparatively to the tender submissions received lower scoring.

Please let me know if there is anything you want to add.

Just for a re-cap, the final TET scores were:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]

Regards,  
John































**Attwood, Courtney (Health)**

---

**From:** Burch, Brad (Health)  
**Sent:** Thursday, 7 February 2019 4:38 PM  
**To:** Catanzariti, John  
**Cc:** Culver, Jakob (Health); Esau, Lloyd; Gray, Sophie; Busic, Babita  
**Subject:** RE: SPIRE - Variation Price Request - Demolition Documentation [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi John

Thanks for getting this together. I assume this is consistent with previous statements of requirements for similar work?

Two comments really, and I am otherwise happy:

- This should include Building 8 as well as 24 and 5; and
- Not sure whether this is assumed or not, but things like the tree assessment should consider the future use of the site and not just the demolition phase.

Do we have an estimate for the total cost of this work?

Thanks and regards

BB

**Brad Burch** | Executive Branch Manager, Strategic Infrastructure

**Strategic Infrastructure and Procurement**

**Corporate Services**

(02) 5124 9719 or [REDACTED] [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



**ACT**  
Government

**ACT Health**

**From:** Catanzariti, John  
**Sent:** Thursday, 7 February 2019 3:52 PM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Cc:** Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>  
**Subject:** SPIRE - Variation Price Request - Demolition Documentation [SEC=UNCLASSIFIED]

Brad,

Below is the proposed VPR for STH to prepare demolition documents suitable for DA Submission and inclusion in the RFT. Please note I have included the tree assessment in this scope as it what we typically ask our Principal Consultants to manage when preparing DA documents.



We request that Silver Thomas Hanley prepare a variation proposal for the following additional works on the SPIRE project:

1. Development and preparation of documentation associated with the demolition of Buildings 5 and 24.
  - The documentation is required to be prepared to a suitable level to accompany a Development Application (DA) for the demolition of Buildings 5 and 24;
  - It is intended that the documentation will also be used as part of a tender process for the demolition of Buildings 5 and 24;
  - The documentation is to include, but not be limited to:
    - i. Drawings;
    - ii. Specifications;
    - iii. Reports;
    - iv. Schedules;
    - v. Site inspections;
    - vi. Site surveys;
    - vii. Hazardous material surveys;
    - viii. Environmental surveys (tree assessment etc);
  - Management and liaison with authorities;
  - Lodgement of the Development Application.

Please submit your variation proposal by Thursday 14 February 2019 and advise on the following:

- Variation price;
- Program to complete the proposed works;
- Proposed STH resources;
- Proposed sub consultants.

Please let me know if you have any comments or feedback, otherwise I will issue to STH tomorrow.

Regards,  
John



**Pond, Aleks (Health)**

---

**From:** Evans, Kate (Health)  
**Sent:** Friday, 8 February 2019 12:03 PM  
**To:** JasonSmith, Rhona (Health)  
**Subject:** Copy of 20190208 Master SPIRE SOA - Campus pressure.xlsx  
**Attachments:** Copy of 20190208 Master SPIRE SOA - Campus pressure.xlsx

UNCLASSIFIED Sensitive

Hi Rhona,

As discussed can you please update the Master SoA with the Perioperative Pressures so we can have a tracking sheet of the future needs?

Happy to discuss further at anytime!

Kind regards

Kate



































































































































































































































### Pond, Aleks (Health)

**From:** [REDACTED]  
**Sent:** Sunday, 10 February 2019 6:17 PM  
**To:** Catanzariti, John; [REDACTED]  
**Cc:** Burch, Brad (Health); Culver, Jakob (Health); Esau, Lloyd; Gray, Sophie; Basic, Babita  
**Subject:** Re: SPIRE: POC / Bus Case Program [SEC=UNCLASSIFIED]

John

Will get the updates to you first thing

Get Outlook for iOS<<https://aka.ms/o0ukef>>

On Sun, Feb 10, 2019 at 5:57 PM +1100, "Catanzariti, John"  
<John.Catanzariti@act.gov.au<mailto:John.Catanzariti@act.gov.au>> wrote:

Regards,  
John

-----Original Message-----

From: [REDACTED]  
Sent: Saturday, 9 February 2019 6:15 PM  
To: [REDACTED]; Catanzariti, John  
Subject: Re: SPIRE: POC / Bus Case Program

Get Outlook for iOS

On Sat, Feb 9, 2019 at 5:41 PM +1100, [REDACTED] wrote:

Thanks



[REDACTED]

Thanks

[REDACTED] Associate

[cid:image8274.PNG@ceaaa67d.4e8693e5]  
SILVER THOMAS HANLEY  
PELACO COMPLEX  
BUILDING 3, LEVEL 2  
21-31 GOODWOOD ST  
(PO BOX 550)  
RICHMOND 3121  
VIC, AUSTRALIA

T: [REDACTED]  
F: [REDACTED]  
E: [REDACTED]  
W: sth.com.au

---

----- Original message -----

From: [REDACTED]  
Date: 9/2/19 4:35 pm (GMT+10:00)  
To: [REDACTED], John.Catanzariti@act.gov.au  
Subject: RE: SPIRE: POC / Bus Case Program

David, John,

Apologies for not getting back to you yesterday afternoon.

I have put together the following attachments:

M18203 ACT Health BHSP SPIRE - Rev02 20190209. This cost plan has been updated to reflect the broad dates discussed last Monday. On the third page is a very broad program reflecting this. [REDACTED]

M18203 ACT Health BHSP SPIRE - STH Area Review Rev02 20190209. This cost plan reflects the revised areas following the STH Review. [REDACTED]

M18203 ACT Health BHSP SPIRE - STH Alternative Strategy Rev02 20190209. This cost plan reflects the revised areas as suggested by the STH Alternative Strategy. [REDACTED]

Let me know if you have any queries or feel free to call me to discuss.

Regards,

[cid:image003.jpg@01D4C095.5B274F70]  
[REDACTED]



Managing Director | Quantity Surveying

[REDACTED]  
Upper Level 3 GPO Building, 350 Bourke Street, Melbourne VIC 3000 [REDACTED] Visit  
our website [www.dwc.com.au](http://www.dwc.com.au) [cid:image010.jpg@01D4C095.2DEA58E0] [cid:image011.jpg@01D4C095.2DEA58E0]  
[cid:image012.jpg@01D4C095.2DEA58E0] [cid:image013.jpg@01D4C095.2DEA58E0]

[cid:image014.jpg@01D4C095.2DEA58E0]

From: [REDACTED]  
Sent: Friday, 8 February 2019 4:39 PM  
To: [REDACTED]  
Subject: RE: SPIRE: POC / Bus Case Program

[REDACTED]  
I just left a voicemail and John was hoping to have a high level cost estimate based on our schedule review. I have only just completed it and the number we have come up with is 42,000m2 gross as per attached for base case, and 35,000 for alternate strategy. Could you let me know what the overall might be based on these 2 items? Any chance you could flick this to me tonight so I can send to John

Thanks

[REDACTED] Associate  
[cid:image015.png@01D4C095.2DEA58E0]

SILVER THOMAS HANLEY

PELACO COMPLEX

BUILDING 3, LEVEL 2

21-31 GOODWOOD ST

(PO BOX 550)

RICHMOND 3121

VIC, AUSTRALIA



W:

sth.com.au

From: [REDACTED]  
Sent: Friday, 8 February 2019 11:38 AM  
To: [REDACTED]  
Subject: RE: SPIRE: POC / Bus Case Program

[REDACTED]

Thanks, we will make sure we have someone there if it is not myself.

Regards,

[cid:image016.jpg@01D4C095.2DEA58E0]

[REDACTED]  
Managing Director | Quantity Surveying

[REDACTED]  
Upper Level 3 GPO Building, 350 Bourke Street, Melbourne VIC 3000 [REDACTED] Visit  
our website [www.dwc.com.au](http://www.dwc.com.au) [cid:image010.jpg@01D4C095.2DEA58E0] [cid:image011.jpg@01D4C095.2DEA58E0]  
[cid:image012.jpg@01D4C095.2DEA58E0] [cid:image013.jpg@01D4C095.2DEA58E0]

[cid:image014.jpg@01D4C095.2DEA58E0]

From: [REDACTED]  
Sent: Friday, 8 February 2019 11:29 AM  
To: [REDACTED]  
Subject: FW: SPIRE: POC / Bus Case Program

[REDACTED]

Please see below re placeholder in calendar

Cheers

[REDACTED] Associate  
[cid:image015.png@01D4C095.2DEA58E0]

SILVER THOMAS HANLEY

PELACO COMPLEX

BUILDING 3, LEVEL 2



21-31 GOODWOOD ST

(PO BOX 550)

RICHMOND 3121

VIC, AUSTRALIA



---

From: [REDACTED]

Sent: Friday, 8 February 2019 11:27 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: SPIRE: POC / Bus Case Program

Hi [REDACTED]

Hope you're both well.

Thanks for providing the program update.

As you may have seen yesterday, placeholder invites were sent around yesterday for revised Business Case workshops that we have discussed with John and his team. Dates below:

Workshop

Proposed date

Duration

Rationale



## Risk Identification Workshop

18th February - 1-3pm

2 hours

- Workshop to identify and test specific project risks for SPIRE

## Risk Quantification Workshop

25th February - 10am-12pm

2 hours

- Post finalisation of the risk register, a quantification workshop will determine the likelihood and probability of key risks

## Packaging Workshop - Delivery Model section

22nd February - 10am-12pm

2 hours

- Consideration of packaging components, options and issues prior to assessment of the preferred package and scope at the delivery model workshop

## Delivery Model Workshop

28th February - 9:30-11am

1.5 hours

- Assessment of preferred delivery model(s) against the preferred packaging option and delivery model evaluation criteria

It would be great to have your attendance at the risk workshops in particular (18th and 25th February) as well as a representative from DCWC if possible. Can you please advise of any issues with your attendance for the 18th and 25th and if we can extend an invite to [REDACTED] from DCWC to attend?

Thanks

[REDACTED]

--

[REDACTED] | Manager | Infrastructure Advisory

Ernst &amp; Young Pty Limited

Office: [REDACTED]

From: [REDACTED]

Sent: Friday, February 1, 2019 7:24 PM

To: [REDACTED]



Cc: Basic, Babita (Babita.Basic@act.gov.au) > [REDACTED]  
[REDACTED] Catanzariti, John (John.Catanzariti@act.gov.au) >  
Subject: RE: SPIRE: POC / Bus Case Program

[REDACTED]

Further to below, please find attached updated program noting final business case submission noted on 29/3. Could you please review and confirm this aligns with your thoughts

Thanks

[REDACTED] Associate  
[cid:image015.png@01D4C095.2DEA58E0]

SILVER THOMAS HANLEY

TELACO COMPLEX

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21-31 GOODWOOD ST

(PO BOX 550)

RICHMOND 3121

VIC, AUSTRALIA

[REDACTED]

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---

From: [REDACTED]  
Sent: Thursday, 31 January 2019 11:11 AM  
To: [REDACTED]



Cc: Basic, Babita (Babita.Basic@act.gov.au); [REDACTED]  
 [REDACTED] Catanzariti, John (John.Catanzariti@act.gov.au)  
 Subject: RE: SPIRE: POC / Bus Case Program

Hi [REDACTED]

Thanks for sending through earlier this week.

Please see the table below where we have proposed indicative dates for SPIRE business case workshops:

Workshop

Proposed date

Duration

Rationale

Dependencies

Risk Identification Workshop

11th February

2 hours

- Workshop to identify and test specific project risks for SPIRE
- Working knowledge of the project including proposed scope and key risks
- Risk register from previous business case

Packaging Workshop - Delivery Model section

18th February

2 hours

- Consideration of packaging components, options and issues prior to assessment of the preferred package and scope at the delivery model workshop

- Working knowledge of the project inclusive of objectives, constraints, benefits, proposed scope and key risks (post risk identification)

Delivery Model Workshop

27th February

1.5 hours



- Assessment of preferred delivery model(s) against the preferred packaging option and delivery model evaluation criteria

#### Risk Quantification Workshop

25th February

2 hours

- Post finalisation of the risk register, a quantification workshop will determine the likelihood and probability of key risks
- Outputs from the risk identification process (i.e. risk register) and preliminary cost estimates

#### Early Project Overview

IBC with ACT Government

45 minutes

- 45 minute presentation by the sponsoring Directorates to Treasury and Procurement and Capital Works to present on work undertaken to date including needs analysis and project justification; anticipated delivery model; and any identified gaps to sponsor directorates
- TBC with ACT Government - specifically around Treasury and IFCW attendees

#### Execution of Market Sounding

W/C 11th March (TBC with ACT Government)

TBC

- Opportunity to engage the market on project scope, delivery approach and market appetite
- Noting that it will be important to maintain flexibility to re-engage the market at a later date if the project changes materially following the deadline for the Business Case in late March
- Market sounding strategy
- Sufficiently progressed project scope and potential delivery approaches to be able to test with the market

We have been in recent contact with John regarding the above and are awaiting confirmation on agreed dates.

With the revised timeframe for business case submission shifting back a month to the end of March, it would be ideal for key inputs and dependencies flagged in the attached program to be available earlier to be able to incorporate into the drafting process; such as receipt of preliminary scope info (i.e. early indication prior to the first risk workshop with additional info as it develops further prior to following workshops) and preliminary capital cost planning by mid-February if possible.



Please let [REDACTED] or I know if you have any queries.

Thanks  
[REDACTED]

[REDACTED] Manager | Infrastructure Advisory

Ernst & Young Pty Limited

Office: [REDACTED]

From: [REDACTED]

Sent: Tuesday, January 29, 2019 10:32 AM

To: [REDACTED]

Cc: Busic, Babita (Babita.Busic@act.gov.au) > [REDACTED]

[REDACTED] Catanzariti, John (John.Catanzariti@act.gov.au) >

Subject: RE: SPIRE: POC / Bus Case Program

Hi [REDACTED]

Please Mark your amended Bus Case dates on the attached program.

We will then update accordingly.

Regards

[REDACTED]  
  
Managing Director

[cid:image015.png@01D4C095.2DEA58E0]

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RICHMOND, 3121

VIC, AUSTRALIA



W:

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From: [REDACTED]

Sent: Friday, 18 January 2019 1:06 PM

To: Catanzariti, John (John.Catanzariti@act.gov.au); [REDACTED]

Cc: Basic, Babita (Babita.Basic@act.gov.au); [REDACTED]

Subject: SPIRE: POC / Bus Case Program

Hi John

Please refer attached draft program that I would like to table & discuss next Friday.

In summary it maps the various meetings & workshops that STH require to fully prosecute the SPIRE PoC. Following discussions with EY earlier this week however it became very apparent that the full consultation process required to successfully develop the SPIRE PoC was not going to align with EY's business case timelines.

We have therefore proposed a parallel accelerated process that gets EY as much design data as possible within the timelines that they have nominated to complete the business case - This will be in addition to fully prosecuting the SPIRE PoC design activities.

We are currently updating the stakeholder consultation plan wherein we will further define the functions for:  
 Project Planning Team, (PPT) - Comprising senior reps from IFCW, ACT Health & TCH. This is essentially the team that we met with for our kick-off meeting on 10 Jan. In view of the Business Case timelines this group will be critical to reviewing early concepts and providing feed-back.

Executive Planning Team, (EPT) - As PPT, but also including senior clinical leads whose services will be accommodated in SPIRE Departmental Planning Team, (DPT) - Individual departmental groups, ED, ICU, etc.

Regards

[REDACTED]  
 Managing Director

[cid:image015.png@01D4C095.2DEA58E0]

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**Attwood, Courtney (Health)**

---

**From:** Culver, Jakob (Health)  
**Sent:** Tuesday, 12 February 2019 10:23 AM  
**To:** Mooney, Colm (Health); Bone, Chris (Health)  
**Cc:** Burch, Brad (Health); DDGClinical; Bale, Natalie (Health)  
**Subject:** RE: FOR REVIEW: SPIRE - Design Teams and Nominations [SEC=UNCLASSIFIED]  
**Importance:** High

Chris / Colm

Can I kindly ask that I receive feedback today on this request? So we can make sure right and appropriate stakeholders are at the relevant workshop levels.

( Feedback is required from CHS on the stakeholders it would like across Exec Planning Workshops (those as per the STH program) and Departmental Planning Workshops (which will be scheduled around the Exec Planning Workshops).

Thanks  
 Jakob

**From:** Culver, Jakob (Health)  
**Sent:** Thursday, 7 February 2019 9:32 AM  
**To:** Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>  
**Cc:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; DDGClinical <DDGClinical@act.gov.au>; Bale, Natalie (Health) <Natalie.Bale@act.gov.au>  
**Subject:** FOR REVIEW: SPIRE - Design Teams and Nominations [SEC=UNCLASSIFIED]

Colm / Chris

( As you are both aware, STH have identified project planning teams to progress proof of concept design in relation to the SPIRE project; as articulated in their presentation to the core project planning team that you both attended.

The project planning teams for design identified are:

- Project Planning Team (core team) (has been currently meeting with STH) – overarching project management with STH and review and endorse design.
- Exec Planning Team – endorsing broad framework and design; and
- Departmental Planning Team – design of individual areas / departments in SPIRE.

The definition in detail of each team is contained in the draft stakeholder engagement plan (attached) that STH presented at the previous project planning team meeting.

As a side note, above this will be the formal ACT Health governance structure for SPIRE, including the PCG (decision setting/endorsement) and Exec Steering Committee (decision making).

In regards to the user representatives previously advised (by yourself Colm) – see attached – can Chris and yourself please advise in the attached (see highlighted cells) who of these from CHS will be required at the Exec Planning Team workshops and who will be part of the departmental planning team meetings/work?

Can I please requires this feedback in the next 24 hours by 12:00pm Friday 8 February 2018.

As always, if you have any questions or queries please let me know and we can discuss.



Thanks  
Jakob

**Jakob J Culver**

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate

P: +61 2 5124 9707 | M: [REDACTED] | E: [Jakob.J.Culver@act.gov.au](mailto:Jakob.J.Culver@act.gov.au) | A: 2-6 Bowes Street PHILLIP ACT 2606



**Attwood, Courtney (Health)**

---

**From:** Catanzariti, John  
**Sent:** Tuesday, 12 February 2019 12:11 PM  
**To:** Burch, Brad (Health)  
**Cc:** Culver, Jakob (Health); Esau, Lloyd; Gray, Sophie; Busic, Babita  
**Subject:** FW: SPIRE - Decanting Options 1 and 2 with Cost Plan [SEC=UNCLASSIFIED]  
**Attachments:** TCH\_SPIRE Decanting Strategy Option 2\_20190206.pdf; M18203 ACT Health BHSP SPIRE - Decanting Option 1 Rev03 20190210.pdf; M18203 ACT Health BHSP SPIRE - Decanting Option 2 Rev03 20190210.pdf; TCH\_SPIRE Decanting Strategy Option 1\_20190206.pdf

Brad

FYI.

Regards,  
John

**From:** [REDACTED]  
**Sent:** Monday, 11 February 2019 10:58 PM  
**To:** Catanzariti, John <John.Catanzariti@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>  
**Cc:** [REDACTED]  
**Subject:** SPIRE - Decanting Options 1 and 2 with Cost Plan

John and Babita,

Following today's PPT03 meeting, please find attached decanting options 1 and 2 together with cost analysis for both. I will follow up tomorrow with "next steps"

[REDACTED] Associate



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**Attwood, Courtney (Health)**

---

**From:** Lindemann, Monica (Health)  
**Sent:** Wednesday, 13 February 2019 1:09 PM  
**To:** Burch, Brad (Health)  
**Subject:** FW: SPIRE text for Quarterly Performance Report [SEC=UNCLASSIFIED]

Hi Brad

Just following up on this request. Revised text below.

Thanks  
m

---

**From:** Lindemann, Monica (Health)  
**Sent:** Tuesday, 12 February 2019 10:23 AM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Subject:** FW: SPIRE text for Quarterly Performance Report [SEC=UNCLASSIFIED]

Hi Brad

Below is a proposed SPIRE text for the ACT Health quarterly performance report covering Sept – Dec 2018. It's straight off the SPIRE Fact sheet. I've made a couple suggested amendments, highlighted below.

Thanks  
Monica

---

**From:** Pulli, Tracey (Health)  
**Sent:** Monday, 11 February 2019 3:37 PM  
**To:** Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>  
**Cc:** Fell, Jacob (Health) <Jacob.Fell@act.gov.au>  
**Subject:** SPIRE text for Quarterly Performance Report

UNCLASSIFIED

Hi Monica

Have tried to call to discuss some content on SPIRE. Later this month the latest ACT Health Quarterly Performance report (September to December 2018) will be uploaded on the ACT Health website.

For the report, we usually highlight a key project update. As the announcement on the final location for SPIRE was made within the quarter, we thought SPIRE might be a good project to highlight. ***Note:** for the previous quarter the project highlighted was UCH.*

Please see below some text that has been drafted. Can you please have a look and make any changes? If it can come back to me with the content cleared at ED level that would be great as Karen Doran will be able to sign off the content as part of the whole report.

If you can also provide the two SPIRE images, we will then see what fits best in the report.

**SPIRE Centre at Canberra Hospital**



Planning is underway for construction of the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.

The SPIRE Centre is a major health infrastructure project for Canberra and the surrounding region. It will increase the territory's capacity to deliver acute, hospital-based health care in a modern, purpose-built facility. It will also see \$500 million invested in the Canberra Hospital campus.

In December 2018 the ACT Government announced the location of the SPIRE Centre for the north-eastern end of the hospital campus. This location will renew this end of the campus and replace ageing buildings. The location will also minimise disruption to existing critical care services such as the emergency department and helipad, while SPIRE is constructed.

Features of SPIRE include:

- a boost to the number of operating theatres delivering more capacity for elective and emergency surgery
- more inpatient beds and a larger intensive care unit
- a coronary care unit for people requiring high level care for heart conditions
- state-of-the-art surgical, procedural and imaging facilities
- a significantly expanded emergency department, enabling capacity for specialist emergency healthcare for women and children (I suggest we remove this)

Since the SPIRE project was funded in the 2017–18 ACT Budget, the first stages of the SPIRE project have included early planning and feasibility work. As part of this process, ACT Health has also established a Steering Committee and worked closely with health service providers and key stakeholders to establish an agreed baseline from which effective, territory-wide service and infrastructure planning has been undertaken. As SPIRE enters into the next phase of project development, planning is continuing, early design work is progressing and engagement with the clinical workforce is underway.

SPIRE is anticipated to be completed in 2023-24.

Cheers

Tracey

Tracey Pulli

Deputy Director of Media | ACT Health

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**Attwood, Courtney (Health)**

---

**From:** Basic, Babita  
**Sent:** Wednesday, 13 February 2019 1:46 PM  
**To:** Catanzariti, John  
**Cc:** Burch, Brad (Health); Esau, Lloyd  
**Subject:** FW: SPIRE Program Director Procurement Support [SEC=UNCLASSIFIED]

The change is noted and updated invites have been issued.

Babita

Kind Regards

**Babita Basic**

Assistant Project Manager – Social Infrastructure Branch

Phone 02 512 49106 | Mobile [REDACTED]

**Infrastructure Finance & Capital Works | Chief Minister, Treasury and Economic Development Directorate | ACT Government**

Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | PO Box 158, Canberra City ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

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**From:** Catanzariti, John  
**Sent:** Wednesday, 13 February 2019 1:34 PM  
**To:** Basic, Babita <Babita.Basic@act.gov.au>  
**Subject:** FW: SPIRE Program Director Procurement Support [SEC=UNCLASSIFIED]

---

**From:** Burch, Brad (Health)  
**Sent:** Wednesday, 13 February 2019 1:29 PM  
**To:** Esau, Lloyd <Lloyd.Esau@act.gov.au>  
**Cc:** Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>  
**Subject:** RE: SPIRE Program Director Procurement Support

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Thanks Lloyd, much appreciated.

I have spoken to Karen and she has asked for the Tender Evaluation Team to be adjusted now that Liz is on board – could we please update as follows:

- Liz Lopa (Chair)
- Colm Mooney (as nominated by the CHS CEO)
- Sophie Gray
- Brad Burch

Apologies for the late change.

Thanks and regards



**Brad Burch** | Executive Branch Manager, Strategic Infrastructure

**Strategic Infrastructure and Procurement**

**Corporate Services**

(02) 5124 9719 or [REDACTED] | [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



**ACT**  
Government

**ACT Health**

**From:** Esau, Lloyd

**Sent:** Wednesday, 13 February 2019 11:39 AM

**To:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>

**Cc:** Lopa, Liz (Health) <[Liz.Lopa@act.gov.au](mailto:Liz.Lopa@act.gov.au)>; Gray, Sophie <[Sophie.Gray@act.gov.au](mailto:Sophie.Gray@act.gov.au)>; Catanzariti, John <[John.Catanzariti@act.gov.au](mailto:John.Catanzariti@act.gov.au)>

**Subject:** RE: SPIRE Program Director Procurement Support

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Brad

Sorry – read you email after I sent the attached. All sorted now – and John is making the necessary arrangements.

**Lloyd Esau**

Executive Director, Major Projects

Infrastructure Finance and Capital Works, CMTEDD

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T: +61 (0)2 6205 3552 | M: [REDACTED]

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**From:** Burch, Brad (Health)

**Sent:** Wednesday, 13 February 2019 10:18 AM

**To:** Esau, Lloyd <[Lloyd.Esau@act.gov.au](mailto:Lloyd.Esau@act.gov.au)>

**Cc:** Lopa, Liz (Health) <[Liz.Lopa@act.gov.au](mailto:Liz.Lopa@act.gov.au)>; Gray, Sophie <[Sophie.Gray@act.gov.au](mailto:Sophie.Gray@act.gov.au)>

**Subject:** SPIRE Program Director Procurement Support

UNCLASSIFIED For-Official-Use-Only

Hi Lloyd

Thanks for your time yesterday.

As discussed, could I please confirm IFCW will provide procurement support for the SPIRE Program Director procurement process?

I have been working under the assumption that any procurement process which is funded by the existing capital project funding is supported by the IFCW procurement function.

If my assumptions don't align with your understanding we will need to have a further discussion about future procurements, and look at seeking alternative support from Procurement ACT; however, in the meantime, and given that IFCW have developed the tender documentation and managed the tender process to date, I would appreciate your support in finalising this procurement.