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# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Executive Steering Committee

| | |
|---|---|
| MEETING NO. | 3 |
| DATE / TIME: | 1:00pm to 2:30pm, 30 April 2019 |
| VENUE: | Executive Conference Room, Level 5, 2-6 Bowes Street Phillip |

| Name | Position |
|---|---|
| **Committee Members** | |
| Michael De'Ath [Chair] | Director-General, ACT Health Directorate (ACTHD) |
| Karen Doran | Deputy Director-General, Corporate Services (ACTHD) |
| Liz Lopa | Executive Group Manager, Strategic Infrastructure (ACTHD) |
| Brad Burch | Executive Branch Manager, Strategic Infrastructure (ACTHD) |
| Bernadette McDonald | Chief Executive Officer, Canberra Health Services (CHS) |
| Chris Bone | Deputy Director-General, Clinical Services (CHS) |
| Colm Mooney | Executive Director, Infrastructure Management and Maintenance (CHS) |
| Lloyd Esau | Executive Director, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Mark Whybrow | Executive Director, Finance and Budget Division (CMTEDD) |
| **Attendees / Other Invitees** | |
| *TBC* | *SPIRE Program Manager* |
| *TBC* | *SPIRE Clinical Director* |
| Monica Lindemann | Special Advisor, Strategic Infrastructure (ACTHD) |
| Jakob Culver | Commercial Advisor, Strategic Infrastructure (ACTHD) |

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| No. | Item | Paper | Outcome | Lead |
|---|---|---|---|---|
| 1 | **Welcome and Apologies** | | | Chair |
| 2 | **Review of Previous Minutes** | 2.1 | | Chair |
| 3 | **Review of Actions List** | 3.1 | | Chair |
| 4 | **Review of Decisions Register** | 4.1 | | Chair |
| 5 | **Project Status Update** | Verbal | Discussion | ACTHD / IFCW |
| 6 | **Submissions for Noting, Discussion and Decision** | | | |
| 6.1 | Noting of minutes from joint ESC and PCG business case presentation | 6.1 | Noting | ACTHD |
| 6.2 | | | | |
| 6.3 | | | | |
| 7 | **Other Business** | | | Chair |
| 8 | **Meeting Close**<br>Next meeting: 1:00 – 2:30pm 28 May 2019<br>Executive Conference Room<br>Level 5, 2-6 Bowes Street Phillip | | | |

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# Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Executive Steering Committee (ESC)

Thursday, 21 March 2019

Conference Room, Level 5, 2-6 Bowes Street Phillip

| Name | Position |
|---|---|
| **Committee Members** | |
| Michael De'Ath [Chair] (MD) | Director-General, ACT Health Directorate (ACTHD) |
| Karen Doran (KD) | Deputy Director-General, Corporate Services (ACTHD) |
| Liz Lopa (LL) | Executive Group Manager, Strategic Infrastructure (ACTHD) |
| Brad Burch (BB) | Executive Branch Manager, Strategic Infrastructure (ACTHD) |
| Bernadette McDonald (BM) | Chief Executive Officer, Canberra Health Services (CHS) |
| Colm Mooney (CM) | Executive Director, Infrastructure Management and Maintenance (CHS) |
| Lloyd Esau (LE) | Executive Director, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Mark Whybrow (MW) | Executive Director, Finance and Budget Division (CMTEDD) |
| **Attendees** | |
| Monica Lindemann (ML) | Special Advisor, Strategic Infrastructure (ACTHD) |
| Jakob Culver (JC) | Commercial Advisor, Strategic Infrastructure (ACTHD) |
| Nikki Harding (NH) | Secretariat, Infrastructure Finance and Capital Works (CMTEDD) |
| **Apologies** | |
| Chris Bone (CB) | Deputy Director-General, Clinical Services (CHS) |

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# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Executive Steering Committee and Project Control Group

| | |
|---|---|
| MEETING NO. | 3 |
| DATE / TIME: | 4:00pm to 5:00pm, 8 April 2019 |
| VENUE: | Building 24, Level 1 \| Meeting Room 1 (Canberra Hospital) |

| Name | Position |
|---|---|
| **Executive Steering Committee Members** | |
| Michael De'Ath [Chair] | Director-General, ACT Health Directorate (ACTHD) |
| Karen Doran | Deputy Director-General, Corporate Services (ACTHD) |
| Liz Lopa | Executive Group Manager, Strategic Infrastructure (ACTHD) |
| Brad Burch | Executive Branch Manager, Strategic Infrastructure (ACTHD) |
| Bernadette McDonald | Chief Executive Officer, Canberra Health Services (CHS) |
| Elizabeth Chatham | A/g Chief Operating Officer, Clinical Services (CHS) |
| Colm Mooney | Executive Director, Infrastructure Management and Maintenance (CHS) |
| Lloyd Esau | Executive Director, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Mark Whybrow | Executive Director, Finance and Budget Division (CMTEDD) |
| **Project Control Group Members** | |
| Hamish Jeffrey | Executive Director, Nursing and Midwifery Services (CHS) |
| Paul Dugdale | Executive Director, Medical Services (CHS) |
| Danial Wood | Executive Director, Surgery and Oral Health (CHS) |
| Lisa Gilmore | Executive Director, Critical Car (CHS) |
| Chris Tarbuck | Director, Facilities and Maintenance, Infrastructure Management and Maintenance (CHS) |
| Sophie Gray | Director, Social Infrastructure Branch, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Ben Morris | Director, Social Policy Branch, Finance and Budgets Division (CMTEDD) |
| **Attendees / Other Invitees** | |
| Monica Lindemann | Special Advisor, Strategic Infrastructure (ACTHD) |
| Jakob Culver | Commercial Advisor, Strategic Infrastructure (ACTHD) |

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|---|---|
| Kate Evans | Clinical Liaison Officer, Strategic Infrastructure (ACTHD) |
| John Catanzariti | Project Manager, Social Infrastructure Branch, Infrastructure Finance and Capital Works (CMTEDD) |
| Jeanne McLauchlan | Director of Business Support, Logistic Support Services (CHS) |
| Sally-Anne Kinghorne | Senior Project Officer, Access, Quality and Mental Health (ACTHD) |
| | *Representative from Silver Thomas Hanley* |
| | *Representatives from Ernst & Young* |
| Nikki Harding | Secretariat, Infrastructure Finance and Capital Works (CMTEDD) |

[redacted]

**Ivansson, Zoe (Health)**

| | |
|---|---|
| **From:** | Burch, Brad (Health) |
| **Sent:** | Monday, 29 April 2019 6:26 PM |
| **To:** | De'Ath, Michael (Health) |
| **Cc:** | Doran, Karen (Health); DDGCorporate; DGACTHealth; West, Alice (Health); Lopa, Liz (Health) |
| **Subject:** | For clearance: SOAC Agenda Paper SPIRE Decant Building 24 Replacement |
| **Attachments:** | SOAC Agenda Paper - SPIRE Decanting - Building 24 Replacement - Exemption Request.docx |

Good evening Michael

My apologies for the late email, and this urgent request.

In order to move forward with the replacement of Building 24 and unlock the SPIRE site and commence demolition, we are required to lock down the design requirements for the replacement demountable structure and allow for specifications to be provided to the market for quotation.

In developing the design requirements, CHS has provided advice that they would like to seek an exemption from the Activity Based Working policy which applies to all new office accommodation - an exemption of this nature requires approval by the Strategic Office Accommodation Committee (SOAC), and the next meeting is being held on Friday, 3 May 2019. As such, I have sought and received approval from the SOAC secretariat to lodge a late submission by 10am tomorrow in order to maintain our momentum on this project.

I have been working with Bernadette's office Friday and today to finalise the attached paper for your consideration, the draft paper was cleared earlier today by Liz Lopa and Karen Doran, and then this afternoon by Bernadette - Bernadette's office requested some minor changes, which I have picked up in the latest draft (attached).

Could you please review and provide advice by 10am if you are happy for this paper to progress to the SOAC this Friday?

Please give me a call if you would like to discuss, and apologies again for the tight timeframe.

Thanks and regards

Brad Burch
[redacted]

Get Outlook for iOS

From: Stevenson, Nicole (Health) Sent: Monday, April 29, 2019 5:35 pm To: Burch, Brad (Health)
Subject: RE: SPIRE B24 Decant UNCLASSIFIED

HI Brad So sorry for the delay in responding! Yes, we are happy with this. Bernadette spoke to Kathy this afternoon and Kathy was happy to support as long as we had valid justification. One additional thing we could emphasise would be that we will be reducing the number of offices from what we currently have, by approximately half and also she mentioned to emphasise strongly the temporary nature of this building. Nic

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# Strategic Office Accommodation Committee

## Agenda Paper [XX]

**Date of meeting: 3 May 2019**

**Agenda Item: SPIRE Decanting – Canberra Health Services Demountable Office Building – CHS Executive**

**It is recommended the Strategic Office Accommodation Committee:**

- Note that, in order to meet Government's objectives in relation to the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, removal of Building 24, the current demountable executive office building, needs to commence in the 2019 calendar year.
- Not that the replacement for Building 24 will be a temporary demountable building, with a minimum lifespan of 7 years.
- Agree, given the time frames for delivery of a replacement building and the temporary nature of the replacement, to exempt the Building 24 replacement from the Designated Activity Based Work Environment Policy (ABW Policy).

**ISSUES**

In late 2018, the Minister for Health and Wellbeing, Ms Meegan Fitzharris MLA, announced that, in order to enable the construction of the SPIRE Centre, the demolition of Buildings 5 and 24 on the Canberra Hospital Campus would commence in 2019. The replacement of Building 24 elsewhere on the campus is the first step in a complex decanting process and will allow for the removal of the existing aged demountable and comply with the Minister's announcement.

To replace Building 24 within the tight time constraints, ACT Health has proposed, as part of the SPIRE Business Case, to build a new demountable structure to accommodate the 59 occupants of the existing building. The occupants include: the Canberra Health Services Office of the CEO, key executive leadership including the Office of the Chief Operating Officer, and the executive and support staff for the Divisions of Medicine, Critical Care and Surgery and the Office of Research, as well as other administration, clinical and executive support staff. The demountable will be designed with a minimum asset lifespan of 7 years.

The key and first principle of the ABW Policy states that *'[e]mployees moving into ABW environments must be given the opportunity to consult on how the change will occur.'* While ACT Health and Canberra Health Services (CHS) will seek to consult with employees impacted by this decanting project early and often, the time constraints mean that concept design has a deadline of the end of May 2019, giving barely 4 weeks to consult on what would be a dramatic change to their working environment.

Additionally, the nature of a temporary demountable building means that the quality of acoustic treatments and the overall ability of the building to respond to an ABW environment are somewhat

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| **Chair** | Kathy Leigh |
| **Contact Officer** | Liz Lopa, Executive Group Manager, Strategic Infrastructure, ACT Health |

limited – particularly when the investment is designed to provide a building lifecycle of only up to 15 years.

Finally, the ABW Policy requires moving to a fully functional EDRMS, which will take significantly longer than the time available for planning and implementing this new build – CHS is a paper based organisation, meaning the lack of a full EDRMS will make an ABW approach much more difficult for CHS staff, and it is understood that there is currently no roadmap or funding to deliver an upgrade for the CHS or ACT Health EDRMS.

CHS has also provided advice that:

- The staff within the new building are predominantly executives and their support staff. These staff are in positions where they discuss confidential patient information on an ongoing basis and it would not be sustainable to use meeting rooms every time this was required;
- The use of an Electronic document management system will also not work as we are still required to keep hard copy files of everything;
- Support staff e.g. Executive Assistant and Executive Officers must work closely with their executives and are required to be situated next to them to ensure adequate support;
- The workstation ratios would not be sufficient under the ABW policy as the staff within this building are mostly backfilled when away due to continuity.

On the basis of the above constraints, CHS have requested that ACT Health seek an exemption from the ABW Policy for this project. CHS will, however, reduce the number of offices as part of the relocation by as much as one half of the existing office allocation in Building 24.

**BACKGROUND**

The SPIRE Centre project was announced in 2016 and planning and design have culminated in a detailed business case, which is due for Government consideration in early May 2019. The location of the planned SPIRE Centre displaces a number of aged assets on the campus, including the demountable office building (Building 24).

In the 2018-19 Budget, Government provided $13 million in capital funding to support further design, decanting and early works for the SPIRE Centre Project. The estimated cost for the replacement of Building 24 is approximately $4.97 million total end cost and would be met from within the existing appropriation.

The current program requires the decant from Building 24 to occur in late November 2019, this timeframe means that ACT Health will need to let a contract for the new demountable in late June/ early July 2019.

## Attwood, Courtney (Health)

**From:** Burch, Brad (Health)
**Sent:** Tuesday, 30 April 2019 10:01 AM
**To:** ACTPG SOAC Secretariat; Kennedy, Kate
**Subject:** RE: SOAC meeting this Friday - agenda papers [SEC=UNCLASSIFIED]
**Attachments:** SOAC Agenda Paper - SPIRE Decanting - Building 24 Replacement - Exemption Request.docx

UNCLASSIFIED

Hi Kate

Please see attached a SOAC paper as cleared by the Director-General, ACT Health.

Please give me a call if there are any issues.

Thanks and regards

Brad.

**Brad Burch** | Executive Branch Manager
**Strategic Infrastructure**
**Corporate Services**
☎ (02) 5124 9719 or [redacted] | 💻 brad.burch@act.gov.au
ACT Government | ACT Health

**rom:** ACTPG SOAC Secretariat
**Sent:** Monday, 29 April 2019 11:25 AM
**To:** Gwilliam, Stephen <Stephen.Gwilliam@act.gov.au>; Franklin, Alan <Alan.Franklin@act.gov.au>; Cannon, Rebecca <Rebecca.Cannon@act.gov.au>; Nolan, PeterD <PeterD.Nolan@act.gov.au>; Padovan, Matthew <Matthew.Padovan@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
**Cc:** Bailey, Daniel <Daniel.Bailey@act.gov.au>; Clarke, Liz <Liz.Clarke@act.gov.au>; Wales, PhillipB <PhillipB.Wales@act.gov.au>; Peters, Clint <Clint.Peters@act.gov.au>
**Subject:** SOAC meeting this Friday - agenda papers [SEC=UNCLASSIFIED]

Hello all,

I'm reasonably certain I've spoken to all areas about papers for the SOAC meeting on Friday. As a reminder, we're on a compressed timeline because of the public holidays last week.

I'll need your approved papers by 10.00am tomorrow morning at the latest.

Any questions, please give me a call. ☺

Kind regards,

--Kate

**KATE KENNEDY** | SOAC & DOAC SECRETARIAT |

ACT PROPERTY GROUP | CHIEF MINISTER, TREASURY AND ECONOMIC DEVELOPMENT DIRECTORATE | ACT GOVERNMENT
P: +61 2 620 76390 | F: +61 2 621 30735 | M: [redacted] | E: kate.kennedy@act.gov.au

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# Strategic Office Accommodation Committee

## Agenda Paper [XX]

**Date of meeting: 3 May 2019**

**Agenda Item:** SPIRE Decanting – Canberra Health Services Demountable Office Building – CHS Executive

**It is recommended the Strategic Office Accommodation Committee:**

- Note that, in order to meet Government's objectives in relation to the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, removal of Building 24, the current demountable executive office building, needs to commence in the 2019 calendar year.
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| **Chair** | Kathy Leigh |
| **Contact Officer** | Liz Lopa, Executive Group Manager, Strategic Infrastructure, ACT Health |

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**BACKGROUND**

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The current program requires the decant from Building 24 to occur in late November 2019, this timeframe means that ACT Health will need to let a contract for the new demountable in late June/ early July 2019.

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# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Executive Administration New Accommodation Start Up Meeting

| | |
|---|---|
| MEETING NO. | Start Up Meeting |
| DATE / TIME: | 10.00am, Friday, 3 May 2019 |
| VENUE: | Building 3, Level 1, Meeting Room 1, Canberra Hospital |

| No. | Item | Lead |
|---|---|---|
| 1 | **Welcome** | |
| 2 | **Project Team Introductions/Roles and Responsibilities**<br>• Infrastructure Finance and Capital Works<br>• ACT Health Directorate<br>• Shape | |
| 3 | **Project Scope Summary**<br>• Outline of demountable building requirements<br>• Project constraints<br>• Budget | |
| 4 | **Programme/Planning**<br>• Key dates<br>• Modular lead time<br>• Schematic design | |
| 5 | **Site Access**<br>• Site restrictions/DISST | |

## Attwood, Courtney (Health)

**From:** Harding, Nikki
**Sent:** Tuesday, 14 May 2019 9:52 AM
**To:** Lopa, Liz (Health); Burch, Brad (Health); Culver, Jakob (Health)
**Cc:** Hayne, Casey (Health)
**Subject:** Draft agenda - SPIRE PCG [SEC=UNCLASSIFIED]
**Attachments:** Agenda - SPIRE Project Control Group 21 May 2019.docx

Good morning all

Please find attached the draft agenda for next week's SPIRE PCG, noting I will liaise further with Jake regarding additional agenda items.

Regards,

**Nikki Harding** | Governance Officer
Phone: (02) 6205 1757
**Infrastructure Finance and Capital Works**| Chief Minister, Treasury and Economic Development Directorate | ACT Government
GPO Box 158 Canberra ACT 2601 |www.act.gov.au

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# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Project Control Group

| | |
|---|---|
| MEETING NO. | 2 |
| DATE / TIME: | 11:00am to 12:30pm, 21 May 2019 |
| VENUE: | HIS Conference Room \| Building 3, Level 1 Room 100, CHS |

| Name | Position |
|---|---|
| **Committee Members** | |
| Liz Lopa (Chair) | Executive Group Manager, Strategic Infrastructure (ACTHD) |
| Brad Burch | Executive Branch Manager, Strategic Infrastructure (ACTHD) |
| Paul Dugdale | Executive Branch Manager, Medical Services (CHS) |
| Daniel Wood | Executive Branch Manager, Surgery and Oral Health (CHS) |
| Narelle Boyd | Executive Branch Manager, Critical Car (CHS) |
| Chris Tarbuck | Director, Facilities and Maintenance, Infrastructure and Health Support Services (CHS) |
| Sophie Gray | Executive Branch Manager, Social Infrastructure Branch, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Ben Morris | Executive Branch Manager, Social Policy Branch, Finance and Budget Group (CMTEDD) |
| *TBC* | *SPIRE Program Manager* |
| *TBC* | *SPIRE Clinical Director* |
| **Attendees / Other Invitees** | |
| Jakob Culver | Commercial Advisor, Strategic Infrastructure (ACTHD) |
| Monica Lindemann | Special Advisor, Strategic Infrastructure (ACTHD) |
| Mark Moerman | ICT Services Lead, Digital Solutions Division (ACTHD) |
| Secretariat | Infrastructure, Finance & Capital Works (CMTEDD) |

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| No. | Item | Paper | Outcome | Lead |
|---|---|---|---|---|
| 1 | **Welcome and Apologies** | | | Chair |
| 2 | **Review of Previous Minutes**<br>• SPIRE PCG – 15 March 2019<br>• SPIRE Business Case Presentation – 8 April 2019 | 2.1 | | Chair |
| 3 | **Review of Actions List** | 3.1 | | Chair |
| 4 | **Review of Decisions Register** | 4.1 | | |
| 5 | **Project Status Update** | | Discussion | ACTHD |
| 6 | **Project Monitoring and Control**<br>• Project Status Report | 6.1 | Endorsement | IFCW |
| 7 | **Data and Information Requests by Consultant** | | Discussion | IFCW |
| 8 | **Submission Papers for Noting / Discussion / Endorsement** | | | |
| 8.1 | Stakeholder Engagement and Communications Update | Verbal | Noting | ACTHD |
| 9 | **Other Business** | | | Chair |
| 10 | **Meeting Close**<br>Next meeting: 11:00am to 12:30pm, 18 June 2019<br>Building 24, Meeting Room 2, TCH | | | |

**Ivansson, Zoe (Health)**

| | |
|---|---|
| **From:** | Finlay, India (Health) |
| **Sent:** | Wednesday, 15 May 2019 4:42 PM |
| **To:** | Lopa, Liz (Health) |
| **Subject:** | RE: SPIRE workshop next week [SEC=UNCLASSIFIED, DLM=Sensitive] |
| **Attachments:** | Agenda - SPIRE - Next Step Workshops.docx |

UNCLASSIFIED Sensitive

Hi Liz

Are you happy with the lay out of the attached Agenda – please let me know.

Kind regards

**India Finlay**
A/g Executive Officer, Strategic Infrastructure Division
**Office of the Deputy Director-General, Corporate Services | ACT Health**
P: (02) 512 49864| E: India.Finlay@act.gov.au | BuildingHealthServicesProgram@act.gov.au | Level 4, 2-6 Bowes Street PHILLIP ACT 2606

**From:** Lopa, Liz (Health)
**Sent:** Wednesday, 15 May 2019 9:34 AM
**To:** Finlay, India (Health) <India.Finlay@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
**Subject:** SPIRE workshop next week [SEC=UNCLASSIFIED, DLM=Sensitive]

Hi Guys

Please see below email trail.

India:

Could you please book a room for 9am – 12pm next Wednesday morning for a SPIRE next steps workshop.
Could you please do up the agenda and distribute with the invites to Brad and Jake, CHS (Colm Moody); IFCW (Lloyd and John and Sophie); TCCS (Duncan Edgehill, Pam Nelson and Joel Sawczuk).

Jake:
Could you please see if EY – [redacted] – could attend?
Do up a quick presentation for the first agenda item on scope, history etc

Thanks

Liz

**From:** Lopa, Liz (Health)
**Sent:** Wednesday, 15 May 2019 7:39 AM
**To:** Edghill, Duncan <Duncan.Edghill@act.gov.au>
**Subject:** RE: Meeting Notes [SEC=UNCLASSIFIED, DLM=Sensitive]

Great – I'll get on it

**From:** Edghill, Duncan
**Sent:** Wednesday, 15 May 2019 7:32 AM
**To:** Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
**Subject:** RE: Meeting Notes [SEC=UNCLASSIFIED, DLM=Sensitive]

UNCLASSIFIED Sensitive

Thanks Liz, 9am at Woden would work well next Wednesday.

**From:** Lopa, Liz (Health)
**Sent:** Wednesday, 15 May 2019 7:28 AM
**To:** Edghill, Duncan <Duncan.Edghill@act.gov.au>
**Cc:** De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
**Subject:** RE: Meeting Notes [SEC=UNCLASSIFIED, DLM=Sensitive]

Thanks Duncan. We actually have the PCG for SPIRE on Tuesday morning so Wednesday would make the most sense from our end. I'll get in contact with EY today to see if they can pencil in attendance.
I will organise a room and equipment at Bowes Street and organise all attendees

Liz

**From:** Edghill, Duncan
**Sent:** Tuesday, 14 May 2019 10:10 PM
**To:** Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
**Cc:** De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
**Subject:** Meeting Notes

UNCLASSIFIED Sensitive

Liz,

Thank you again for taking the time to meet with me this afternoon. Following from our discussion (and for our meeting with Michael on Thursday):

- I'd be very happy to facilitate a "What Do We Need To Do Now?" workshop next week.
- I could do 9am to 12pm next Tuesday (21 May). If this doesn't work I could probably do Wednesday instead. Doing it in Woden would be good – once Michael is OK with it, may I leave it with your team to organise a venue please? We'll need a whiteboard or two please.
- Attendees – Health (yourself, Brad and Jake); CHS (Col Moody); IFCW (Lloyd and John); TCCS (myself, Pam Nelson and Joel Sawczuk); Advisors (EY – Andrew and Jess).
- Broad Agenda:
    - Introduction – project history, scope and business case
    - Key Timing Objectives – key milestone dates we are to aim for
    - Key Activities – what needs to be done
    - Resourcing – existing staff and advisors. Resources to be recruited or engaged.
    - Program
    - Organisational arrangements

- Key Activities – rather than provide a list upfront I think it would be useful for the team to collectively work through what they think needs to happen. For our back pocket though, these are the items you and I brain-dumped today (in no particular order):

    - On-boarding of resources
    - Resolve legal approach with GSO
    - Agency budgeting
    - Draft an EOI for the main works
    - Establish procurement panels
    - Draft an RFP for the main works
    - Develop evaluation plan
    - Procurement for demolition and site preparation
    - Ensure clear stakeholder engagement plan
    - Resolve CHS involvement / embedded resources
    - Resolve model of care
    - Develop definition design
    - Further market sounding / engagement
    - Plan the procurement launch
    - Planning approvals
    - Utilities works / investigations
    - De-canting
    - Design review panel
    - Clarity on ANU / NCP interaction
    - Implications in relation to campus master plan, car-parking
    - Understand impact of proximate works
    - Any construction synergies with other projects?
    - Stand-up project systems / IT requirements
    - Establish risk, change and other committees
    - Internal issues register
    - Engage with other jurisdictions re project documentation
    - Team accommodation and co-locations
    - Bid evaluation accommodation
    - Consider transaction manager
    - Resolve probity advisor approach
    - Develop reporting framework
    - Consider construction management approach
    - Independent certifier – approach and procurement
    - Consider regulator landscape and approach
    - Develop commercial principles for main contract. Consider endorsement approach
    - Commercial approach re main works procurement (shortlisting, bid costs, affordability envelope revealed)
    - Approach to interactive tender process

Thank you. I think that will probably be enough to keep us occupied in the workshop.

Kind Regards
Duncan

**Duncan Edghill** | Deputy Director-General - Transport Canberra

ACT Government | TC Transport Canberra

T 02 6205 3842 | M [redacted] E duncan.edghill@act.gov.au
GPO Box 158, Canberra ACT 2601

# Agenda

| | |
|---|---|
| MEETING | SPIRE \| Next Step Workshop |
| DATE / TIME | 9:00 \| Wednesday, 22 of May 2019 |
| VENUE | Bowes Street \| Conference Room – Level 2 |

| | | |
|---|---|---|
| 1 | Introduction | |
| 2 | Key Timing Objectives | |
| 3 | Key Activities | |
| 4 | Resourcing | |
| 5 | Program | |
| 6 | Organisational arrangements | |

## Attwood, Courtney (Health)

**From:** Culver, Jakob (Health)
**Sent:** Wednesday, 15 May 2019 10:56 AM
**To:** Harding, Nikki
**Cc:** Gray, Sophie; Catanzariti, John; Finlay, India (Health); Burch, Brad (Health)
**Subject:** RE: Draft agenda - SPIRE PCG [SEC=UNCLASSIFIED]
**Attachments:** Agenda - SPIRE Project Control Group 21 May 2019 v0.2.docx

Thanks Nikki

Please see attached updated draft Agenda – I am just pending review and clearance by Liz as the Chair.

Sophie/ John – Pending review and clearance by Liz, in addition to standing agenda items we are think that the following submission for noting / discussion /endorsement will occur at the meeting (8.2 essentially be tabling for discussion of the 50% concept design report). Please let me know if you have any questions or concerns from your perspectives.

India – I will do up a pack of the papers for Liz to clear and review.

| | | | | |
|---|---|---|---|---|
| 8.1 | Decanting Update | Pending | Discussion | BB |
| 8.2 | SPIRE Project – 50% Concept Design Report | 8.2 | Discussion | IFCW |
| 8.3 | Stakeholder Engagement and Communications Update | 8.3 | Noting | ML |

Thanks
Jake

**From:** Harding, Nikki
**Sent:** Tuesday, 14 May 2019 9:52 AM
**To:** Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
**Cc:** Hayne, Casey (Health) <Casey.Hayne@act.gov.au>
**Subject:** Draft agenda - SPIRE PCG [SEC=UNCLASSIFIED]

Good morning all

Please find attached the draft agenda for next week's SPIRE PCG, noting I will liaise further with Jake regarding additional agenda items.

Regards,

**Nikki Harding** | Governance Officer
Phone: (02) 6205 1757
**Infrastructure Finance and Capital Works**| Chief Minister, Treasury and Economic Development Directorate | ACT Government
GPO Box 158 Canberra ACT 2601 |www.act.gov.au

ACT Government
Canberra Health Services

ACT Government | ACT Health

ACT Government
Chief Minister, Treasury and Economic Development

# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Project Control Group

| | |
|---|---|
| MEETING NO. | 2 |
| DATE / TIME: | 11:00am to 12:30pm, 21 May 2019 |
| VENUE: | HIS Conference Room \| Building 3, Level 1 Room 100, CHS |

| Name | Position |
|---|---|
| **Committee Members** | |
| Liz Lopa (Chair) | Executive Group Manager, Strategic Infrastructure (ACTHD) |
| Brad Burch | Executive Branch Manager, Strategic Infrastructure (ACTHD) |
| Paul Dugdale | Executive Branch Manager, Medical Services (CHS) |
| Denise Patterson | Executive Director, Nursing and Midwifery Services and Patient Support Services (CHS) |
| Daniel Wood | Executive Branch Manager, Surgery and Oral Health (CHS) |
| Lisa Gilmore | Executive Branch Manager, Critical Care (CHS) |
| Chris Tarbuck | Director, Facilities and Maintenance, Infrastructure and Health Support Services (CHS) |
| Sophie Gray | Executive Branch Manager, Social Infrastructure Branch, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) |
| Ben Morris | Executive Branch Manager, Social Policy Branch, Finance and Budget Group (CMTEDD) |
| *TBC* | *SPIRE Program Manager* |
| *TBC* | *SPIRE Clinical Director* |
| **Attendees / Other Invitees** | |
| Jakob Culver | Commercial Advisor, Strategic Infrastructure (ACTHD) |
| Monica Lindemann | Special Advisor, Strategic Infrastructure (ACTHD) |
| Kate Evans | SPIRE Clinical Liaison Officer, Strategic Infrastructure (ACTHD) |
| Mark Moerman | ICT Services Lead, Digital Solutions Division (ACTHD) |
| Secretariat | Infrastructure, Finance & Capital Works (CMTEDD) |

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| No. | Item | Paper | Outcome | Lead |
|---|---|---|---|---|
| 1 | **Welcome and Apologies** | | | Chair |
| 2 | **Review and Acceptance of Previous Minutes**<br>• SPIRE PCG – 15 March 2019<br>• SPIRE Business Case Presentation – 8 April 2019 | 2.1 | Decision | Chair |
| 3 | **Review of Actions List** | 3.1 | Decision | Chair |
| 4 | **Review of Decisions Register** | 4.1 | Noting | Chair |
| 5 | **Project Update from ACT Health Directorate** | Verbal | Noting | Chair |
| 6 | **Project Monitoring and Control**<br>• Project Status Report<br>• Financial<br>• Schedule<br>• Safety<br>• Risks and Issues Register<br>• Resources<br>• Change Requests | 6.1 | Endorsement | IFCW |
| 7 | **Data and Information Requests** | Verbal | Discussion | IFCW |
| 8 | **Submission for Noting / Discussion / Endorsement** | | | |
| 8.1 | Decanting Update | Pending | Discussion | BB |
| 8.2 | SPIRE Project – 50% Concept Design Report | 8.2 | Discussion | IFCW |
| 8.3 | Stakeholder Engagement and Communications Update | 8.3 | Noting | ML |
| 9 | **Other Business** | | | Chair |
| 10 | **Meeting Close**<br>Next meeting: 11:00am to 12:30pm, 18 June 2019<br>Building 24, Meeting Room 2, TCH | | | |

## Ivansson, Zoe (Health)

**From:** Culver, Jakob (Health)
**Sent:** Thursday, 16 May 2019 12:07 PM
**To:** Lopa, Liz (Health); Burch, Brad (Health)
**Subject:** Re: Steering committee papers [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Liz - no worries.

Yes - cancellation is in train. Will do this arvo.

Cheers

Get Outlook for iOS

---

**From:** Lopa, Liz (Health) <liz.lopa@act.gov.au>
**Sent:** Thursday, May 16, 2019 12:05 pm
**To:** Burch, Brad (Health); Culver, Jakob (Health)
**Subject:** Steering committee papers [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Brad and Jake

Papers for the next SPIRE steering committee will include:

- Update on program and next steps – Lloyd
- ANU - Liz
- Decent paper – Brad
- Legal Adviser paper – Lloyd

Can you think of anything else we need?

Also – Jake can you arrange the PCG to be cancelled with a note about a new governance structure being [redacted]

Thanks

Liz

Liz Lopa
Executive Group Manager, Strategic Infrastructure
ACT Health
Ph: 5124 9805
[redacted]
liz.lopa@act.gov.au

**Pond, Aleks (Health)**

**From:** Culver, Jakob (Health)
**Sent:** Thursday, 16 May 2019 12:51 PM
**To:** Building Health Services Program
**Subject:** FW: Steering committee papers [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi there

As per Liz's email below, can we have a cancellations sent out for the remaining SPIRE PCG meetings (i.e. next week on 21 May 2019 and beyond) .

Cancellation email text as follows. Please send out.

Thanks
Jake

---

Dear all

[redacted]

Given this, the SPIRE Project Control Group (PCG) meetings scheduled for 21 May 2019 and forward are being cancelled.

Should you have any questions or queries please do not hesitate to contact Strategic Infrastructure.

Kind regards

---

**From:** Lopa, Liz (Health)
**Sent:** Thursday, 16 May 2019 12:06 PM
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
**Subject:** Steering committee papers [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Brad and Jake

Papers for the next SPIRE steering committee will include:

- Update on program and next steps – Lloyd
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- Decent paper – Brad
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Can you think of anything else we need?

Also – Jake can you arrange the PCG to be cancelled with a note about a new governance structure being [redacted]

Thanks

Liz

Liz Lopa
Executive Group Manager, Strategic Infrastructure
ACT Health
Ph: 5124 9805
[redacted]
liz.lopa@act.gov.au

## Attwood, Courtney (Health)

**From:** Burch, Brad (Health)
**Sent:** Thursday, 16 May 2019 2:15 PM
**To:** Lopa, Liz (Health)
**Subject:** FW: SPIRE - PPT Meeting [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Liz – did you discuss this with Lloyd yesterday?

Thanks

**Brad Burch** | Executive Branch Manager
**Strategic Infrastructure**
**Corporate Services**
(02) 5124 9719 or [redacted] | brad.burch@act.gov.au
ACT Government | ACT Health

**From:** Catanzariti, John
**Sent:** Thursday, 16 May 2019 8:47 AM
**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>
**Subject:** SPIRE - PPT Meeting [SEC=UNCLASSIFIED]

Brad,

We have a PPT meeting scheduled for next Monday. Given we are yet to provide STH any advice on the preferred PoC option, I don't think it would be worthwhile proceeding with the meeting.

We could still use the time to have an internal discussion on next steps for progressing PoC design, including how far we actually want to progress it, followed by a teleconference with STH to give them a project update.

Please let me know if you agree with the above.

Regards,
John

## Attwood, Courtney (Health)

**From:** Hayne, Casey (Health)
**Sent:** Monday, 20 May 2019 1:49 PM
**To:** Mooney, Colm (Health); Esau, Lloyd; Catanzariti, John; Gray, Sophie; Burch, Brad (Health); Culver, Jakob (Health); Edghill, Duncan; Nelson, Pam; Sawczuk, Joel; [redacted] Tarbuck, Chris (Health); [redacted]
**Subject:** Agenda - SPIRE | Next Steps Workshop
**Attachments:** Agenda - SPIRE - Next Step Workshops.docx

UNCLASSIFIED

Good afternoon all

Please find Wednesday's workshop agenda attached.

Regards,

**Casey Hayne**

Executive Assistant to Liz Lopa

Strategic Infrastructure | Corporate Services | ACT Health Directorate

P: 512 49879 | E: casey.hayne@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

ACT Government | ACT Health

# Agenda

| | |
|---|---|
| MEETING | SPIRE \| Next Step Workshop |
| DATE / TIME | 9:00 \| Wednesday, 22 of May 2019 |
| VENUE | Bowes Street \| Conference Room – Level 2 |

| | |
|---|---|
| 1 | Introduction |
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| 3 | Key Activities |
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# AGENDA

## Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Project Control Group

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|---|---|
| MEETING NO. | 2 |
| DATE / TIME: | 11:00am to 12:30pm, 21 May 2019 |
| VENUE: | HIS Conference Room \| Building 3, Level 1 Room 100, CHS |

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| **Committee Members** | |
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| No. | Item | Paper | Outcome | Lead |
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| 1 | **Welcome and Apologies** | | | Chair |
| 2 | **Review of Previous Minutes**<br>• SPIRE PCG – 15 March 2019<br>• [redacted] | 2.1 | | Chair |
| 3 | **Review of Actions List** | 3.1 | | Chair |
| 4 | **Review of Decisions Register** | 4.1 | | |
| 5 | **Project Status Update** | | Discussion | ACTHD |
| 6 | **Project Monitoring and Control**<br>• Project Status Report | 5.1 | Endorsement | IFCW |
| 7 | **Data and Information Requests by Consultant** | | Discussion | IFCW |
| 8 | **Submission Papers for Noting / Discussion / Endorsement** | | | |
| 8.1 | Stakeholder Engagement and Communications Update | Verbal | Noting | ACTHD |
| 9 | **Other Business** | | | Chair |
| 10 | **Meeting Close**<br>Next meeting: 11:00am to 12:30pm, 18 June 2019<br>Building 24, Meeting Room 2, TCH | | | |

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# AGENDA

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| No. | Item | Paper | Outcome | Lead |
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# SPIRE

## SURGICAL, PERIOPERATIVE, INTERVENTIONAL, RADIOLOGY & EMERGENCY CENTRE DEVELOPMENT AT THE CANBERRA HOSPITAL

| REV | DESCRIPTION | DATE | CHECKER |
|---|---|---|---|
| A | 50% Proof of Concept | 18/02/2019 | EG |
| | | | |
| | | | |
| | | | |

APPENDIX: VOLUME 1

ACT Government Health STH

**PROJECT NAME:** CANBERRA HOSPITAL SPIRE PROJECT
**JOB NUMBER:** 10421

**CLIENT:** ACT HEALTH
**PHASE: 50%** PROOF OF CONCEPT

**DATE:** 07/05/2019
**REVISION:** A

ACT Government | ACT Health

# HEALTH PLANNING UNIT BRIEF

# *EMERGENCY DEPARTMENT CHHS*

ACT HEALTH

*DATE: OCTOBER 2018*

## Approvals

| Name | Position | Signature | Date |
|---|---|---|---|
| Narelle Boyd | Executive Director, Critical Care Division | | |
| | Deputy Director General, Canberra Hospital and Health Services | | |
| | For Information - Executive Sponsor, Chief of Clinical Operations, ACT Health | | |

## Outstanding Issues

| Subject | Issue |
|---|---|
| ED total Bed Numbers | Awaiting Hardes data and consultation with ED to validate or revise total ED bed numbers |
| Fast track | Increase scope from 13 to 20 beds. Awaiting Hardes data prior to scope change |
| Resus room size | AHFG indicate 25m$^2$. 2 x 40m$^2$ requested. Strong validation based on national benchmarking. Included in SoA |
| Paediatric EMU | Further validation of bed numbers required |
| Governance | The Mental Health Short Stay Unit (MHSSU), Clinical Forensic Medical Service and Women's Assessment Centre are to be co-located with ED but are not under the governance of the ED. The operational arrangements are TBC. |
| Women's Assessment Centre | 1. Functional relationship to ED<br>2. Women's, Youth and Children's Division yet to advise on Workforce |

## Document Version History

| Rev No | Issue Date | Issued By | Issued To | Reason for Issue |
|---|---|---|---|---|
| Draft v0.1 | 23/3/2018 | Capital Insight | ACT Health | Draft for review |
| Draft v0.2 | 27/3/2018 | ACT Health | Capital Insight | Client feedback prior to User Group |
| Draft v0.3 | 30/3/2018 | Capital Insight | ACT Health | Updated for Client and User Group Feedback |
| Draft v0.4 | 6/4/2018 | Capital Insight | ACT Health | Updated from User Group 4 April 2018 |
| Draft v0.5 | 10/4/2018 | ED Users | Capital Insight | User Group feedback on v0.4 |
| Draft 0.6 | 15/4/2018 | Capital Insight | ACT Health | Updated for Client and User Group Feedback |
| Draft v0.7 | 19/4/2018 | ACT Health | Capital Insight | Client feedback |
| Draft v0.8 | 21/4/2018 | Capital Insight | ACT Health | Updated for Client and User Group feedback |
| Draft v0.9 | 8/10/2018 | HSPU | BHSP | For Proof of Concept |

Table of Contents

# 1. Introduction

In September 2016, ACT Government announced the construction of a Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be built at Canberra Hospital (CH). This infrastructure project is part of the ACT Government's 10-Year Health Plan and is in response to the increasing demand on ACT hospitals and health services across the territory.

The ACT Government 2017 Budget provided funding for the first stages of the SPIRE project which includes planning and the commencement of design. A Health Planning Unit (HPU) Brief is a planning document that defines the activities and functions to be undertaken within a unit/ service. This HPU Brief has been developed as part of the SPIRE planning component and articulates the operational requirements, functionalities and relationships for which the prospective design consultant can develop a suitable design response.

ACT Health engaged Capital Insight Pty Ltd to undertake the HPU development in collaboration with staff from Health Services Redesign and Building Health Service's Program. Development of this document occurred between April and May 2018 with internal ACT Health stakeholders who have been identified within this document. Outstanding issues that require resolution over the next design phases are noted at the beginning of this document.

This Health Planning Unit (HPU) Brief defines the activities and functions to be undertaken in the ED and co-located short stay inpatient units. It is not the role of the HPU Brief to design the space, but rather to articulate the operational requirements, functionalities and relationships for which the architect can develop a suitable design response.

# 2. Description of the service

The Canberra Hospital Emergency Department (ED) is a Level 4 Emergency Department as defined by Australasian College for Emergency Medicine (ACEM), characterised as a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services. The ACEM Emergency Department Guidelines are intended to support clinicians in the design process and inform Government, health planners, architects and designers in the planning phase.

The CH Emergency Department has department designation according to the Role Delineation guidelines as a level 6 Tertiary Service and Trauma Centre, with a Territory-wide and regional role. The level 6 role delineation provides a framework that describes the minimum support services, workforce and other requirements for clinical services to be delivered safely. It delineates the level of clinical services, not hospitals or health facilities as a whole and informs strategic service, clinical and capital planning. It provides timely, accessible and appropriate health services to people with acute illness or injury.

The ED will receive, triage, stabilise and provide acute health care to patients. This includes patients requiring resuscitation and those with emergent, urgent, semi-urgent and less-urgent conditions. The department includes a number of co-located short stay inpatient units as identified above, for patients that require additional time for assessment and treatment, but do not require an acute ED bed. The ED also requires the capacity to deal with mass casualty and disaster situations.

# 3. Scope of service

ED has a mixed cohort of elderly, adult and paediatric patients who present with a wide range of conditions of varying urgency and complexity. The unit provides care for adults and children in designated areas. There are particular patient types seen in the Emergency Department that may

have specific psychosocial and treatment needs requiring consideration of treatment spaces to support these needs.

Presentation occurs via ambulant entry, ambulance or police, helicopter and correctional services. The patient presentations types include: major trauma; medical and surgical – including neonatal, paediatric, adult and elderly; acute, complex elderly patients; patients with physical and intellectual disabilities; forensic presentations including victims of child abuse, domestic violence, or sexual assault; psychosocial including mental health; infectious diseases and immunocompromised; custodial patients, patients affected by chemical, biological or radiological contaminants.

A child requiring a multi organ Paediatric ICU admission and individuals with a major burn, head injury or spinal injury may bypass the CH and be transported to an appropriate facility for definitive care. However, these patients can present and require initial management prior to transfer.

A major function of the ED is to support education, training and research within the ED, to enable and support the delivery of a high quality service to both adults and children. Ongoing training of this team is a major focus of the ED into the future. Facilities for training and education will be provided within the Department to facilitate easy access by staff. These facilities will also be used to provide venues for internal meetings and family conferences.

In 2018, it is estimated that ED will manage 89,000 presentations, with strong growth projected into the future (noting that from 2008 to 2018 CH yearly average growth in ED presentations was 5.7%). While the caseload may be predictable, changing levels of demand must be anticipated.

The following table outlines the scope of ED treatment spaces required to 2026/27within the SPIRE project. Further demand modelling is required to identify final treatment spaces and types required across the territory.

# 4. Model of care summary

The focus of care provision within the ED will be to provide streamlined assessment of patients and subsequent access to the most appropriate area for treatment as quickly as possible.

Key features of the Model of Care (MoC) include:

- co-location of triage nurse and registration clerk to streamline communication
- upon arrival and once triaged, patients will be escorted to the appropriate stream. Each stream will incorporate a waiting room. This will facilitate rapid movement of patients away from the front of house waiting areas, to an appropriate clinical area enabling assessment, treatment and observation by clinical staff
- hospital avoidance strategies territory-wide and these strategies integrated with the northern and southern Canberra ED network
- waiting areas within streams may be utilised for patients awaiting results and waiting for access to a treatment space within the stream
- multidisciplinary teams, including allied health professionals will be accessible and provide a service within all clinical treatment areas
- movement of patients between streams in response to clinical need
- early involvement of a discharge liaison nurse with key populations
- increased use of care plans/pathways e.g. elderly or chronic illness
- volunteers engaged in providing support to service provision
- medical, nursing and allied health students within teams providing opportunities to learn within a supportive structure
- focused assessment by teams allowing for early referral to an inpatient team, commencement on a pathway or admission/ transfer to a defined clinical area external to the ED. Pathways allow for a more efficient way of managing common presentations
- right skill mix in the right place at the right time

- balance between maintaining privacy and facilitating line of sight
- timely access to turnaround diagnostics
- flexibility in design to enable changes of function and facilitate potential changes in model of care.

## 4.1. Patient flow

The ED must accommodate rapid flows between functional areas and be designed to avoid congestion. In addition to dedicated patient bay/bed areas provision is required to cater for patient surges for extraordinary events through temporary utilisation of appropriate spaces (both indoors and outside).

The clerical desk and triage are the initial single point of contact for all patients attending the ED. Once the patient is triaged they will be streamed to an appropriate stream/sub-wait. The streaming process is flexible, facilitating optimal patient care, providing the ability to move patients from one stream to another should there be a change in the patient's condition.

Following initial assessment and review, patients may be transferred internally to other areas of the ED. From the ED, patients may be admitted to short stay units to continue their care. Alternatively patients may be transferred to other services within the hospital (e.g. theatres, ICU, Inpatient Unit), another hospital or discharged home.

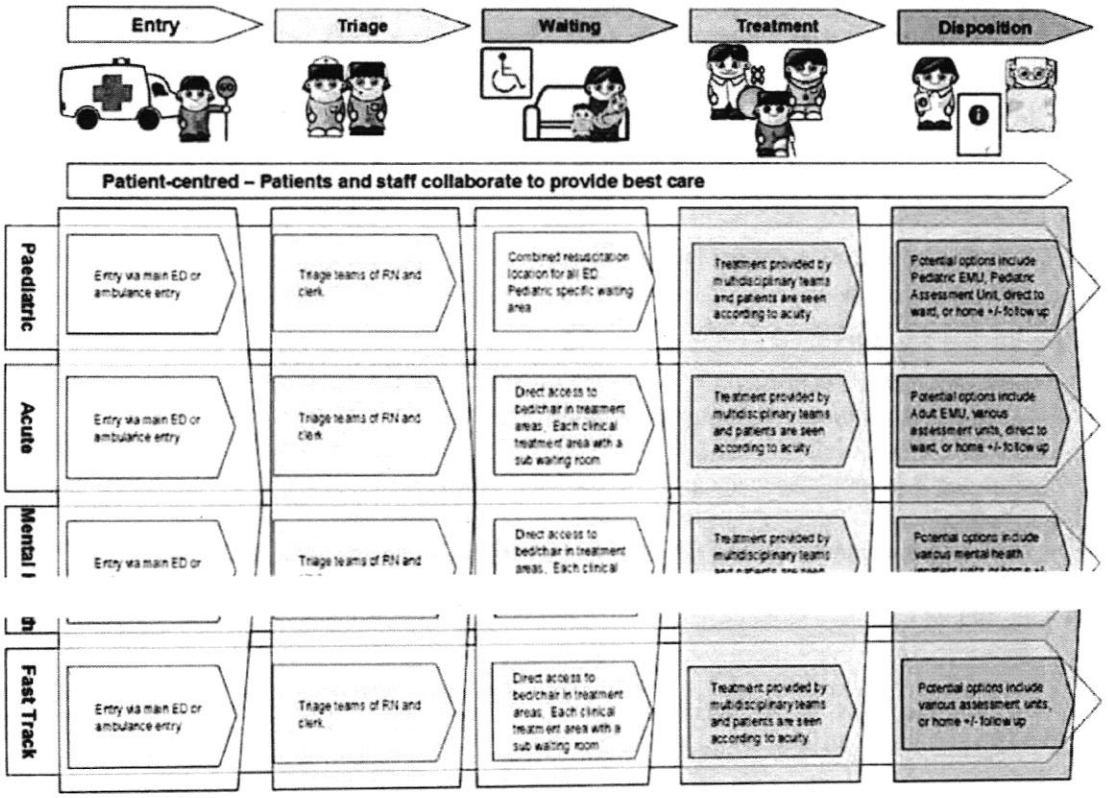


*Figure 1: Patient flow within ED*

# 5. Workforce

Projected staff profiles have been documented within the Emergency Department Model of Care V0.7 October 2018.

# 6. Policies impacting on the built environment

The ED and associated Units will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*:

- 300 Emergency Unit
- 131 Mental Health – Overarching Guideline Revision
- 133 - Psychiatric Emergency Care Centre PECC
- 510 Maternity Unit

Other policies impacting on the built environment include:

- ACEM Policy P32 Violence in Emergency Departments
- ACT Health (2012) – Work Health & Safety Act and Regulations and Management Systems Policy.
- ACT Health (2012) - Clinical Records Management Policy
- ACT Health - Electronic Medicines Management Policy
- ACT Health Accommodation guidelines
- Infection Prevention Control Policy
- Disability Discrimination Act, 1992
- Centralised Equipment Services(CES)
- National Health and Medical Research Council (2010). Australian Guidelines for the Prevention and Control of Infection in Health Care
- ACT Health (2014). Draft Action Plan: Improving patients sleep at CH.

# 7. Operational description and associated design requirements

The ED consists of the following functional zones:

1. Entrance/ reception
2. Triage and registration
3. Assessment and treatment

- Resuscitation (including paediatric resuscitation)
- Fast Track
- Adult Acute (including older person and maternity/gynaecology)
- Paediatrics Acute
- ED Mental Health pod (including behavioural assessment rooms)
- Clinical Forensic Medical Service (CFMS)
- Women's Assessment Centre (WAC)

4. Short stay unit

- Adult Emergency Medicine Unit (EMU)
- Paediatric Emergency Medicine Unit (EMU)
- Mental Health Short Stay Unit (MHSSU)

5. Support areas

- Decontamination
- Satellite Diagnostic Imaging

6. Amenities, and
7. Ambulance areas.

## 7.1. Entrance / Reception

The unit operates 24 hours-a-day, seven days per week.

### 7.1.1. Entry

The following access points will be the first interaction point for most unplanned patient presentations. Access points need to take into account provision for aged, bariatric, patients with a disability, carers and visitors. A drop-off zone is also required.

Additionally, after-hours access to the main hospital through ED is required in such a way that visitors do not walk through clinical areas of the ED and is visible to security office.

Public and ambulance entrances will be access controlled after hours.

Ambulant Entry

- A standalone, dedicated ambulant entry will be provided to the ED for ambulant patients, separate from the Hospital's Main Entry for patients/carers who have not been involved in a contamination incident. The ambulance entry to the unit will be directly adjacent to the main ambulant ED entry to enable a single triage area.

Ambulance Entry within the Ambulance Area

- There is a dedicated ambulance entry from the ambulance bay into the department.

Retrieval Entry

- There is an entry way which facilitates easy access to ED by retrieval services.

Decontamination Entry

- An alternate entry point will be provided for those involved in a contamination incident that leads directly to the ED decontamination shower.

Staff entry

- There is proximity card access from the staff zone to the ED.

### 7.1.2. Waiting areas

Patients in general will not wait in a "front of house" waiting room. They will be rapidly assessed at the triage/clerical area, and be directed onwards to the relevant clinical stream. Within the stream they will be immediately placed in an assessment space if available. If not, they will be placed in the "sub-waiting" area which is an integral part of each stream.

Treatment may be initiated in the sub-waits where clinically appropriate, and patients may return to the sub-wait area to finalise their treatment or for observation if appropriate. Requirements:

- a minimal front of house waiting area, which is family friendly.
- waiting areas are to accommodate different patient groups including bariatric, elderly and those with accessibility requirements
- paediatric separation from adults including play area to cater for families and children of patients in the main ED area
- the sub-waiting rooms will be attached to, or within, each stream with the exception of the resuscitation stream
- each sub-waiting area is to be designed to be an integral part of the stream
- each sub-wait is to be easily observable, enabling easy visual and physical interaction within the stream as a whole
- all sub-waiting areas are to have a beverage bay
- facilitate the provision of privacy for family groups generally
- space to accommodate educational-type material and an area for health and community related displays and demonstrations

- vending machines containing healthy and nutritional food and beverages, and an internet kiosk
- soft seating, appropriate for people with limited mobility e.g. with appropriate arm rests and height
- seating in waiting areas should be designed so that seats do not face the triage desk, thereby preventing the 'fish bowl' effect and enhancing patient privacy
- televisions in the waiting room with free to air and information loop
- adult acute sub-wait area is to be capable of accommodating patients in a bed.

#### 7.1.3 Security Control Monitoring Room

A security control monitoring room is to be located in the ED to enable observation of the entrance, triage and waiting areas. The office will monitor and facilitate after-hours access to the rest of the hospital.

## 7.2. Triage / Registration

#### 7.2.1 Triage

Adults and paediatrics are received and triaged at a single location.

Clerical reception and nurse triage are collocated and are the focus of the initial presentation and associated clerical/administrative functions.

Patients who are deemed stable may be interviewed across the desk. Those patients with more complex conditions requiring a physical examination or discrete questioning will be invited into the triage bay and assessed by a nurse.

After triaging the patient will then be directed to the appropriate stream/sub wait area. The intent is to move away from one centralised waiting area. Located in the ED are treatment streams that are comprise of a combined paediatric and adult resuscitation area, ED Mental Health pod, Fast Track pod, acute adult pod and paediatric stream. In addition there will be short stay and assessment areas including separate EMUs for adult and paediatric, Clinical Forensic Medical Service (CFMS), Women's Assessment Centre (WAC) and MHSSU.

Patients will be seen according to a combination of the urgency of their condition and their time of arrival. Requirements:

- the triage nurse and clerical desks are to be shared to provide a single point of contact for the patient
- the triage nurse will have a clear line of sight to the main entry, ambulance triage and front of house waiting area
- there needs to be immediate access to the front of house waiting area for triage staff, to manage acutely unwell patients (i.e. patient collapse)
- there will be provision for segregation from violent/disruptive behaviour
- triage will allow visitors to communicate private information without compromising their privacy
- associated assessment area/s for triage will be sufficient in size to provide appropriate assessment of an acutely unwell patient. These spaces will allow triage to survey the waiting room and entrances yet still provide privacy to the patient.

## 7.3. Assessment and treatment

#### 7.3.1 Resuscitation

The most seriously ill or injured patients will be treated in the resuscitation stream. Both paediatric and adult services will be provided. During resuscitation up to 15 people, along with significant amounts of equipment, may attend the patient at the same time. The resuscitation area will:

- be open plan to enable clinical staff to move easily and quickly between bays, whilst still affording patients privacy
- have the ability to be used for trauma patients or patients that require resuscitation
- be supported by a physiological monitoring system with associated central monitoring
- have direct and straight access from the ambulance entry to the resuscitation area
- have direct access to satellite imaging
- have overhead X-ray gantry in all resuscitation beds
- two of the resuscitation bays will be preferentially used for major trauma, these will need to be larger to accommodate the complex, large team and additional equipment and procedures
- have C-arm X-ray in the large resus room and one other bay
- have ceiling mounted bariatric lifting equipment in the large resuscitations bay
- large resus room to have negative pressure capability
- staff station located centrally, with ready access to support areas including sterile store, clean utility, pneumatic tube

A viewing room for family members of deceased patients is required to be located within this area, co-located with the patient family lounge. This room needs to be located in a quiet, discreet and private area, and will have dual access to enable a bed to be wheeled in from corridor and have an adjoining ensuite.

### 7.3.2. Fast Track

Rapid assessment, investigation, and treatment of lower acuity patients will occur in Fast Track. Generally patients will be discharged home from this area, but if further management is required, they will usually be transferred to EMU or an inpatient unit. Medical staff, physiotherapists (including extended scope practitioners), and other nursing staff will staff this stream.

A single room/ procedure/isolation room with ensuite (not a dedicated room)is required in Fast Track for the management of correctional/custodial patients. This room is to be designed to provide a safe space to manage patients at risk of clinical deterioration, harm to others, or escape from custody. The room will be large enough to enable the prisoner to be accompanied by two correctional officers. It will be located to enable ease of supervision and provide a direct line of sight from a staff station, minimise disturbance to other patients, protect the privacy and dignity of the patient and consider paths of access to and from the room.

A consult room is required to be fit out for use by ENT / Ophthalmology and requires a wall or ceiling mounted electronic visual acuity screen, computer and slit lamp, to accommodate Snellen chart

Two procedure rooms are required for dressings, stitches, minor procedures and one room will require a plaster trap.

Allied health assessment requires one plinth in the physiotherapy treatment room to accommodate a 400kg patient.

Visibility from a central staff station to all rooms and the sub-wait area is required.

### 7.3.3. Adult Acute Stream

Adult patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the adult acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- solid wall between bays (1/2 length with remainder curtain)
- each space to have a ceiling mounted examination light
- treatment spaces to be arranged in pod configuration with two pods to have ability to shared amenities, given the number of adult acute assessment spaces

- physical separation between the adult acute and adult EMU
- ceiling mounted bariatric hoists to 250kg located in 2 adult acute bays
- one of the two procedure rooms will require a plaster trap
- interview rooms required for non-clinical and indirect care including allied health, police, distressed families
- Visibility from a central staff station to all rooms and the sub-wait area is required.

Ward services interchange

Wards person and Hospital assistance will be designated to the ED and will require an interchange/setting area for use between tasks. This interchange area will help to ensure Ward Services staff will be accommodated in a location which does not provide an OH&S risk to clinical areas and assists with maintaining work flow.

Communication Centre

- Will be located within the ED
- Switchboard operations/workstations for up to four staff.
- A centralised single phone number for ED - direct dial for outside callers including general public.
- A central single Multi-Function Device.
- Wireless VOIP charging stations and two way radio stations.
- The ability to utilise the room for senior ED staff to co-ordinate urgent and emergent ED issues.

### 7.3.4. Paediatric Acute Stream

Paediatric patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown if necessary, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- child specific environment
- complete auditory, visual and physical separation of paediatrics from adult areas
- consideration of 1/2 length solid wall between bays
- isolation rooms: one isolation room will double for use by paediatric (mainly adolescent) behavioural/psychiatric presentations, this area is to be compliant with mental health guidelines for design
- each space will have an examination light and adjustable/dimmable overhead lighting
- a patient television is required in each bay
- access to the outside environment or natural light is required
- visibility from a central staff station to all rooms and the sub-wait area is required.
- separation from the patients' bed areas, visually and acoustically
- paediatric procedure rooms require physiological monitoring, medical gas panel, including nitrous, Nurse Call, Nurse Assist and Emergency Call
- one of the two paediatric procedure rooms will require a plaster trap

No support areas in SoA, will they be shared with Paeds EMU.

### 7.3.5. ED Mental Health pod

The ED-Mental Health pod should be located at the front of ED to allow ready access to the behavioural assessment rooms. The pod has a sub-wait area, and staff station and other clinical facilities as for the other ED streams. Entrance is access controlled, however people can move freely within the area. The pod is permanently staffed by ED nursing staff, medical staff, mental health clinicians and psychiatry medical staff.

Behavioural Assessment Rooms

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 xd600. 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 coach 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.

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*.

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 FPUs | Current | Future |
|---|---|---|
| General Xray, including OPG | 1 | 2 |

| Satellite Imaging FPUs | Current | Future |
|---|---|---|
| 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

  - 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 beside 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 areas 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

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:

- 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

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

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 though 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. Functional Relationships

## 9.1. Internal Relationships

*Figure 2: Internal functional relationships for ED*