

Southern Adelaide Local Health Network

RGH Service Moves and Site Decommissioning update

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Acknowledgement of Country

We would like to acknowledge that this land we meet on today is the traditional land of the Kurna people, and that we respect their spiritual relationship with their country. We also acknowledge that the Kurna people are the custodians of the Kurna land, and that their cultural and heritage beliefs are still important to the living Kurna people today.

Purpose of today's update

This presentation details work completed to date in planning for services moves off the RGH site. This is the start of the process for broader consultation with front line staff about how services will move.

Over the coming months the content of the plan will be explored and developed including detail relating to workforce, resources and move strategies.

The RGH Service Moves and Site Decommissioning Plan

- Outlines the proposed transition of services from RGH to other locations and the successful decommissioning of the RGH site in late 2017, prior to handover to the RSL.
- Details the move process for the transition of services on the day of transfer.
- Details appropriate clinical governance to ensure services are moved in a safe and efficient manner.
- The plan has been developed by staff within the Southern Adelaide Local Health Network, including RGH based clinicians.
- The plan is based on 57 RGH service profiles, drawing on specialty knowledge of staff, information and data.

The RGH Service Moves and Site Decommissioning Working Group

| Name | Role |
|----------------------------------------|--------------------------------------------------------------------------------|
| Joe McDonald (<i>Chair</i>) | Deputy Chief Operating Officer |
| Tobi Wilson | Chief Operating Officer |
| Annette Cieslak | Director Of Nursing RGH |
| Associate Professor Craig Whitehead | Divisional Director Rehabilitation, Aged Care and Allied Health |
| Deidre Kinchington | Manager, Programs & Performance, Transforming Health, Office of the Chief Exec |
| Jane Lucas | Project Manager |
| Debra Hampton | Acting People & Change Manager, Transforming Health, Workforce Directorate |
| Justin Prendergast | Nursing Director, Rehabilitation & Aged Care |
| Raj Shastri | Manager Corporate Services |
| Ross Verschoor | Manager, Media and Communications |
| Dr Steve Stranks | SALHN Director of Endocrinology & Diabetes |
| Dr Taryn Cowain | Clinical Director of Ward 17 |
| Damon Williams | SALHN Operations Manager, Outpatient Support Services |

The RGH Service Moves and Site Decommissioning Plan

- Information contained in the plan will require further refinement based on new information and feedback received.
- Staff input and feedback is critical to the safe and successful transition of services from RGH to other locations.
- The plan proposes the transition of services in three phases.
- The phases have been planned in accordance with the expected completion of capital works at FMC, Noarlunga Hospital and Glenside Health Services Campus. The phased approach also takes into account the interdependent services that need to transition at the same time.
- Some services have been identified as “flexible” meaning they are a subset of RGH specialties not aligned to any of the key move dates (Phase 1, 2 or 3) as they have lower dependencies for transfer with related services.

Proposed RGH Service Transfer Timeline

What services are moving?

Phase 1

Surgical, procedural and related services to transition to FMC and NH

Phase 2

All other clinical services to transition to receiving sites (with the exception of Ward 17)

Phase 3

Veterans Mental Health service to transition to Glenside campus



**December 2017
RGH
Decommissioned**

What remains on site at RGH with each phased move?



Post Phase 1 move, medical, rehabilitation, palliative care and mental health services will remain onsite.



Post Phase 2 move, Ward 17 and critical non-clinical services will remain onsite



Post Phase 3 move, some non-clinical services will remain onsite for decommissioning and handover

Capital Works Dependencies



NH Theatres, ED and Renal builds complete



FMC Rehab, Mental Health and Palliative build complete



Veterans Mental Health build complete

Principles for phased service moves

- Ensure RGH remains a safe operational site with each phased transition of services.
- Ensure the remaining configuration of RGH following each phase is efficient, viable and operational.
- Consider service interdependencies and the ability to maintain service delivery with each service transfer (critical co-location of services).

Summary of service transfers

- All clinical services at RGH will be transitioned to another location within the SALHN catchment area. This may include new or existing infrastructure.
- The Veterans Mental Health Precinct will remain under SALHN governance at Glenside Health Services campus.
- Some non-clinical services will cease prior to the final decommissioning of the RGH site or remain onsite until this time.

Capacity creation through efficiency initiatives

- The State Government has made a commitment that under Transforming Health, there will be no reduction to hospital beds until improvement in performance and efficiencies can be demonstrated. SALHN is committed to honouring this.
- In order to create the necessary capacity for the transition of RGH services to other locations there are many efficiency initiatives underway to reduce inpatient length of stay.

Capacity creation through efficiency initiatives

Acute services

- Enhanced patient journey – Heart Failure
- Standardised referral model to optimise sub-acute resources
- Day surgery – models of care to reduce multiday to day
- Enhanced Patient Journey – Orthopaedics, Renal, Respiratory
- Patient journey improvements for long stay patients
- Rapid assessment of ED patients – admission of appropriate patients
- 23 hour surgery for appropriate patients
- Additional Care Awaiting Placement beds

Preventable Admissions Reduction

- ED reduce avoidable admissions
- Improved engagement to utilise the Metropolitan Referral Unit and community options for patients

Efficiency initiatives

Reduced length of stay

- New strategies implemented by SALHN are reducing inpatient length of stay across the Network
- Improvements in average length of stay have been achieved in the following areas in 2015/16 compared to the previous year:
 - Orthopaedic Surgery 12%
 - Urology 9%
 - Nephrology 17%
 - Respiratory 14%
 - General Medicine 12%

Aged Care Assessment Team

- 87 percent of ACAT assessments within hospitals are now completed in less than 2 working days.
- Released the equivalent of approximately 15 beds compared to 2014/15.

Capacity creation through clinical reconfiguration

- Clinical reconfiguration will also enable RGH services to transition to other locations within SALHN.
- Consultation on the first stages of clinical reconfiguration commenced in February 2016, involving the merger and relocation of some wards at FMC and Noarlunga Hospital.
- Further consultation will occur with staff and unions in late July.

Clinical Reconfiguration

| | Hospital | Ward | Beds | ▲ | Future Beds | Comments |
|------------------------|----------|-------------|------------|-----|-------------|------------------------------------------|
| Stage 1 | FMC | Ward 4GS | 18 | -18 | 0 | Stage 1. Consultation commenced Feb 2016 |
| | FMC | Ward 5A | 22 | +4 | 26 | |
| | RGH | Ward 2 | 18 | -18 | 0 | Proposed |
| | RGH | Ward 6 | 24 | 0 | 24 | |
| | RGH | Ward 8 | 25 | -1 | 24 | |
| | FMC | Ward 6B→4G | 16 | -6 | 10 | Proposed |
| | FMC | Ward 4GP→6B | 10 | 0 | 10 | |
| | NH | Whittaker | 28 | -28 | 0 | Stage 1. Consultation commenced Feb 2016 |
| | FMC | Ward 4A | 16 | +8 | 24 | |
| | FMC | Ward 6A | 24 | +4 | 28 | |
| Total Stage 1 ▲ | | | -55 | | | |
| Stage 2 | FMC | Ward 5A | 26 | -8 | 18 | Proposed |
| | FMC | Ward 5C | 28 | -8 | 20 | |
| | FMC | Ward 6C | 26 | -6 | 20 | |
| Total Stage 2 ▲ | | | -22 | | | |
| Stage 3 | FMC | Ward 6C | 20 | -20 | 0 | Proposed |
| | FMC | Ward 4G | 10 | -10 | 0 | |
| Total Stage 3 ▲ | | | -30 | | | |

RGH Service Moves and Site Decommissioning

| | From | | | | To | | | | | Total Net |
|------------------------------------|----------|-------------|--------------|-----|-----------|-----------|------|--------------|----|------------|
| | Hospital | Ward | Current beds | ▲ | | Hospital | Ward | Current Beds | ▲ | |
| Phase 1, July 2017 | RGH | Ward 8 | 24 | -24 | FMC | Ward 5C | 20 | +8 | 28 | -11 |
| | | | | | FMC. | Ward 5A | 18 | +8 | 26 | |
| | NH1. | Myles | 7 | -7 | NH | Collins | 0 | +8 | 8 | |
| | RGH | HDU | 4 | -4 | FMC | ICCU | 28 | 0 | 28 | |
| Phase 2, September 2017 | RGH | Ward 6 | 24 | -24 | FMC | Ward 6C | 0 | +24 | 24 | 0 |
| | RGH | Ward 1 | 29 | -29 | FMC. | Ward 4G | 0 | +24 | 24 | |
| | RGH | Ward 5 | 11 | -11 | NH | Myles | 0 | +16 | 16 | |
| | RGH | Ward 18 | 30 | -30 | FMC. | New Build | 0 | +30 | 30 | |
| | RGH | Daw House | 15 | -15 | FMC. | New Build | 0 | +15 | 15 | |
| | RGH | Rehab A,B,V | 55 | -55 | FMC. | New Build | 0 | +55 | 55 | |
| Phase 3, Nov 2017 | RGH | Ward 17 | 24 | -24 | Glenside. | New Build | 0 | +24 | 24 | 0 |
| RGH Decommissioning Total Δ | | | | | | | | | | -11 |

1. Numbers reflect funded public activity only

RGH Service Moves and Site Decommissioning plan - Phase 1

- Surgical, procedural and related services to be transferred to FMC and Noarlunga Hospital in July 2017.
- Timing coincides with completion of new operating theatres and Day Surgery Unit at Noarlunga Hospital.
- Post phase 1 move RGH will largely be a subacute and mental health site.

RGH Service Moves and Site Decommissioning plan - Phase 2

- All other clinical services with the exception of Ward 17 will transition to other locations within SALHN in September 2017.
- Coincides with the completion of new rehabilitation, palliative care and Older Persons Mental Health Service facilities at FMC.
- Post phase 2 move, Ward 17 may remain on site at RGH, pending the capital build completion at Glenside
- Appropriate services and resources will support Ward 17 for a short period of time to enable this.

RGH Service Moves and Site Decommissioning plan - Phase 3

- Veterans Mental Health Services will transition to Glenside Health Services campus once the new facility is complete in late 2017.
- Post phase 3 move, some non-clinical services will remain until handover of the site to the RSL.
- RGH site will be decommissioned as an SA Health site in December 2017.

Principles for move dates

- Patient safety
- High risk patients identified and individualised care plans developed
- Capital works dependencies
- Sufficient staff availability
- Avoidance of peak times for services e.g. winter
- Lead times for service ramp up and ramp down activities and impact on services
- Logistics e.g. transport and transfer of equipment
- Capacity at receiving sites

Proposed phased approach (indicative timeframes only)

| Phase 1 July 2017 | Phase 2 September 2017 | Phase 3 November 2017 | Flexible Services |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Surgery <ul style="list-style-type: none"> ○ Urology ○ Orthopaedics ○ Plastic ○ Ophthalmology ○ Vascular ○ Gastroenterology ○ General Surgery • IPU • Ward 7 / DOSA • Surgical OPD Clinics • Perioperative Service • Pre-Admission Clinics • Wards 3 (HDU) and 8 (Surgical) • Medical Infusion & Chemotherapy Service (MICS) | <ul style="list-style-type: none"> • General Medicine Service • Medical OPD Clinics • Palliative Care • Geriatric Medicine • Wards 1 and 5 (GEM) • Rehabilitation Service • Motor Neuron Disease Clinic • Aged Care Assessment Team • Hospital Substitution & Restorative Care • Allied Health Service • Wards 2, 6 (Medical) and 18 (OPMH) • Nursing Education • ECT • Satellite Services <ul style="list-style-type: none"> ○ SA Pharmacy ○ SA Pathology ○ Repat Radiology ○ SA Dental | <ul style="list-style-type: none"> • Ward 17 | <ul style="list-style-type: none"> • Respiratory • Rheumatology • Dermatology • RAMS • Diabetes & Endocrine • DATIS • Haematology • Cardiology (Veterans Heart Clinic) • Bone Density • Neurology • Vascular Medicine • Oncology • SALHN Sleep Services • Pain Management • Nephrology • Corporate Services • Library |

Hospital profiles following transition of RGH services

Flinders Medical Centre

- Trauma and multi-day surgery centre, with appropriate day surgery and 23 hour surgery activity transitioned to Noarlunga Hospital
- Day Procedure Unit to receive RGH activity
- Rehabilitation services
- Palliative care services
- GEM services
- Older Persons Mental Health Services
- Outpatient services (final locations to be determined through consultation)
- Diagnostic services to be available to support clinical activity as appropriate

Hospital profiles following transition of RGH services

Noarlunga Hospital

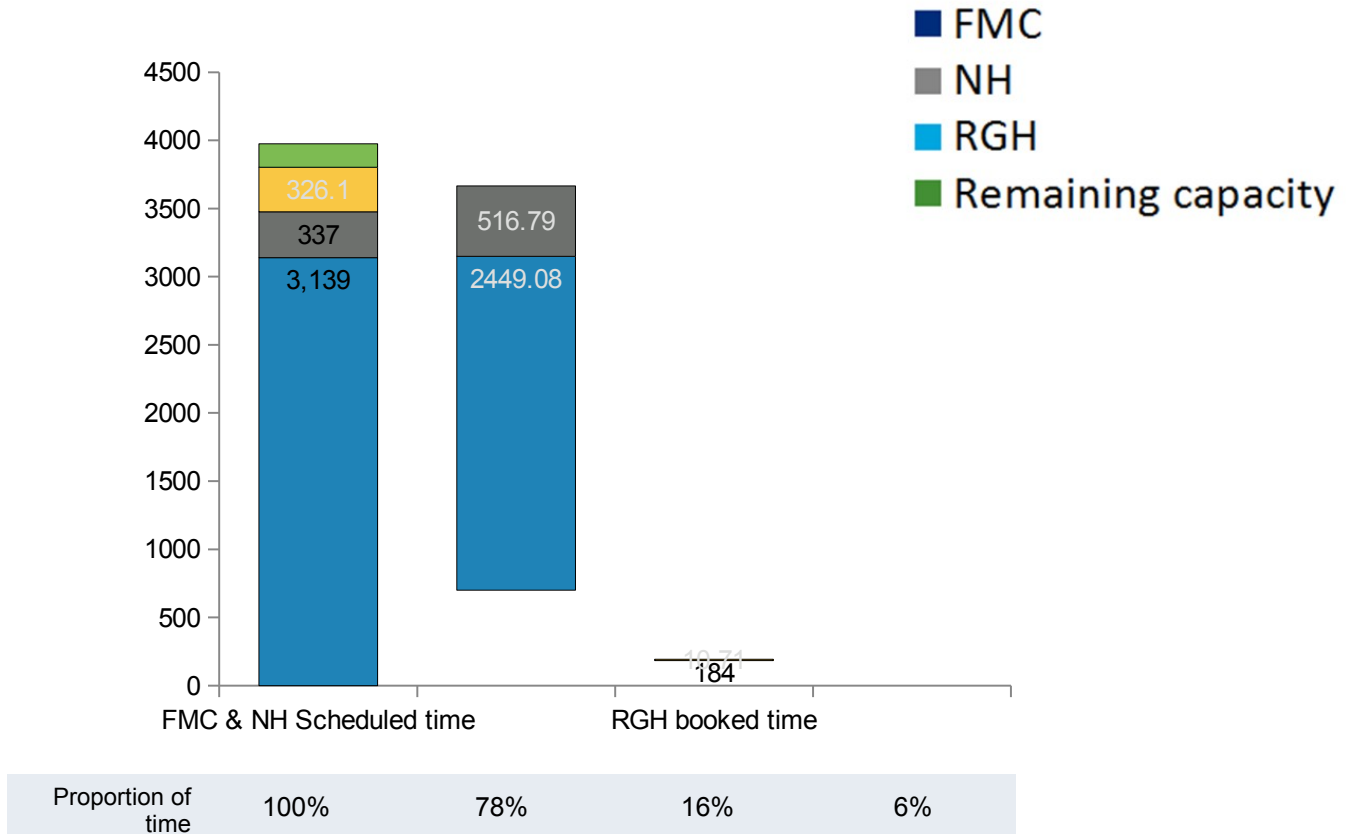
- Day and 23 hour surgery for people 16yrs and older
 - Four theatres dedicated to day and 23 hour surgery
 - Two theatres for scopes
- 24 hour community ED (life threatening and acute admissions go directly to FMC). New paediatric areas developed in ED.
- Renal Dialysis Unit
- Paediatric medicine and surgical activity transitions to FMC
- Acute mental health services continue
- Outpatient services (final locations to be determined through consultation)
- GEM behaviours of concern

Outpatient services

- The final locations of outpatient services will be determined through consultation.
- All outpatient services currently offered at RGH will continue to be offered at FMC, Noarlunga Hospital or in another community based setting such as GP Plus centres.
- The final destination will aim to align with the profile of the service (i.e. an acute site/acute service or community-based site/sub acute and ambulatory service).
- Where it is appropriate and capacity allows, outpatient services will be co-located with their inpatient, surgical and procedural services.

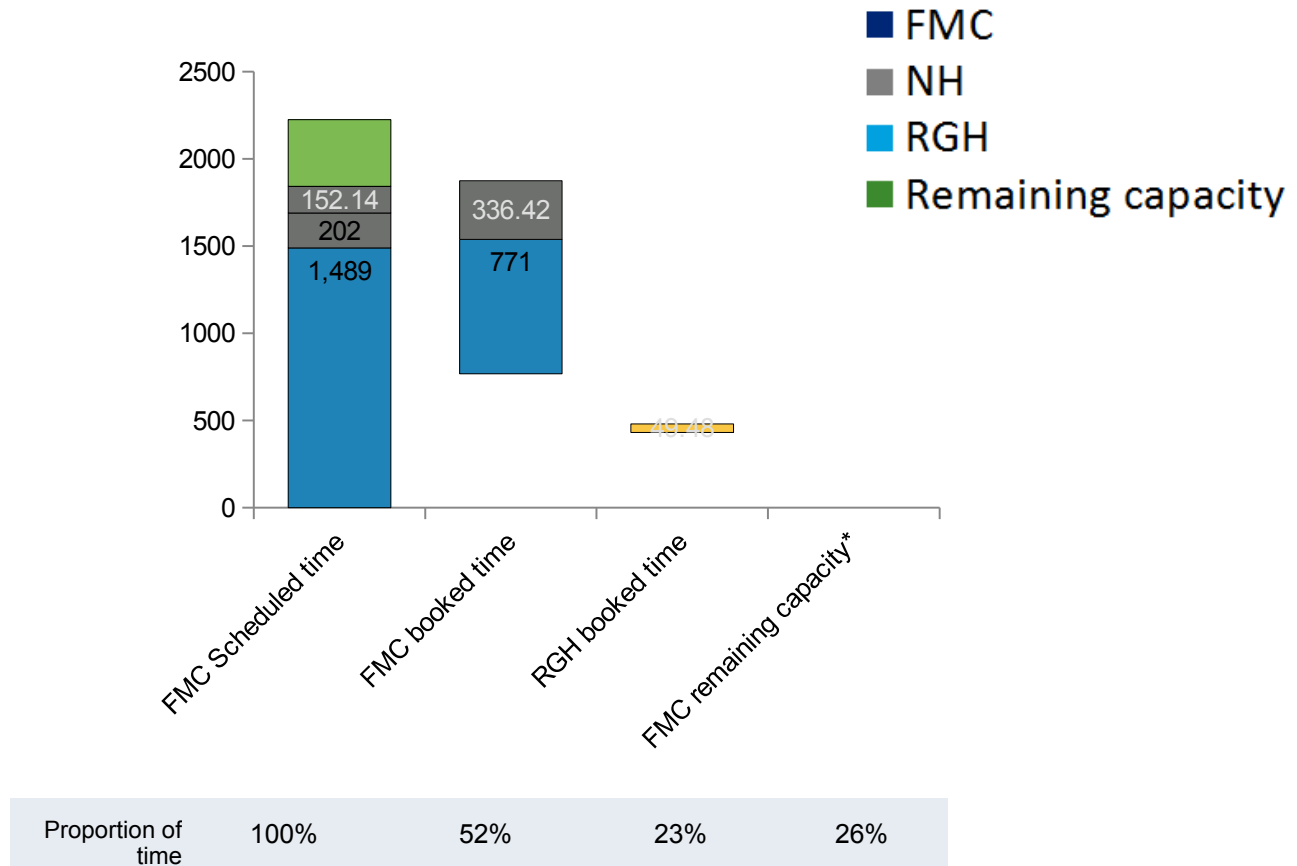
Outpatient capacity

FMC have excess capacity at a total level and RGH's Outpatient activity can be accommodated in FMC infrastructure



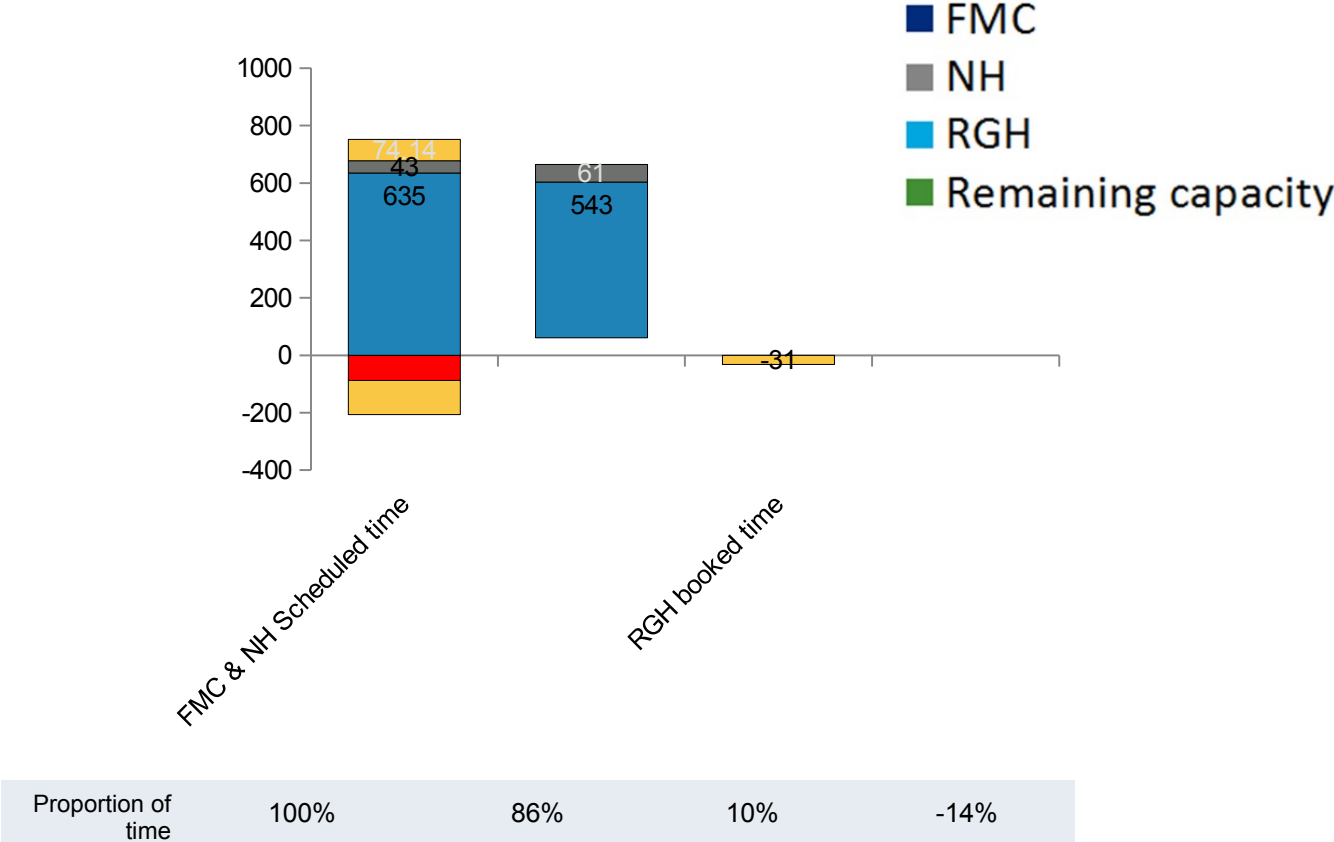
Outpatient capacity - Medicine

Average hours per week



Outpatient capacity - Surgery

Average hours per week

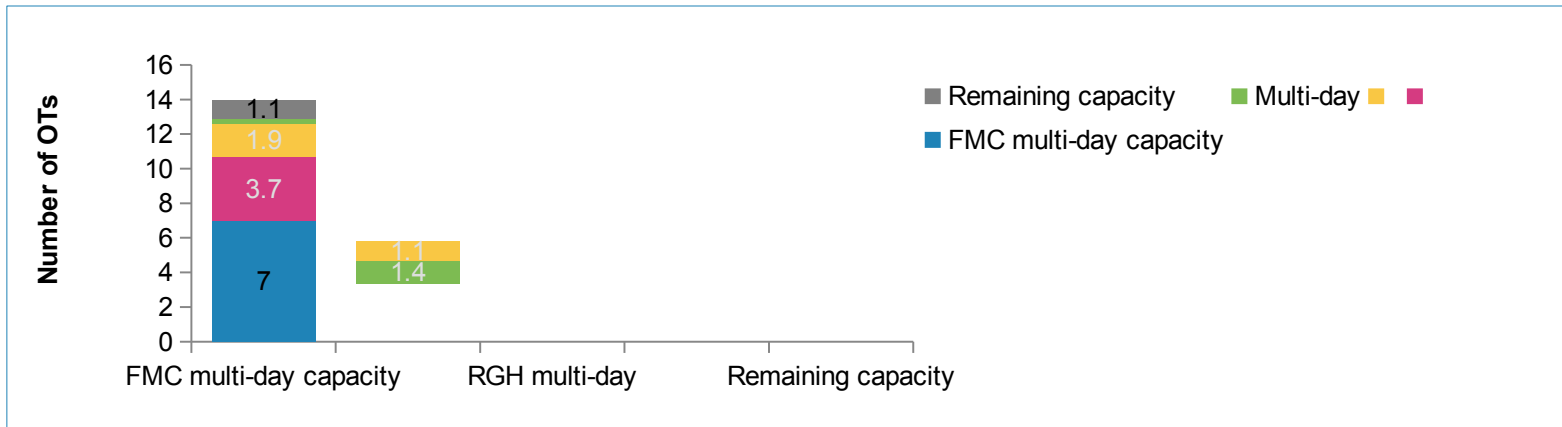


Theatre capacity

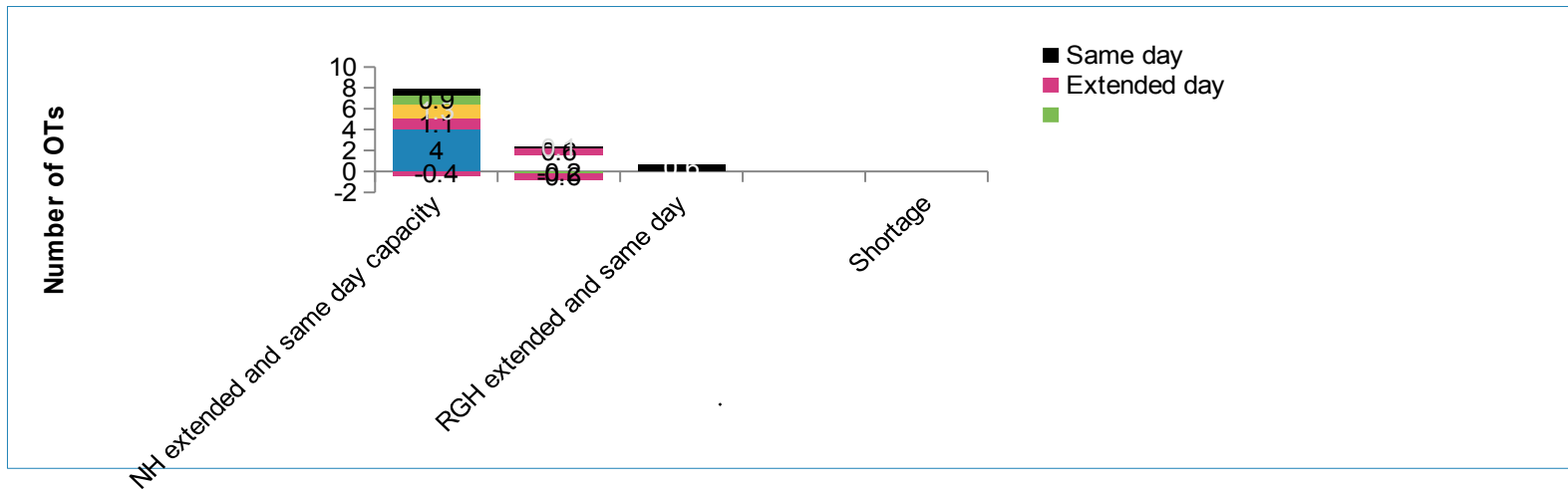
- Theatre activity and capacity will dictate the placement and possible split of a number of surgical services; allow for planning of outpatient locations and provide an understanding of the requirements of interdependent services for co-location.
- Initial analysis has shown that current theatre activity will fit into the current theatres at FMC and Noarlunga Hospital, inclusive of two new theatres at Noarlunga Hospital.
- In order for surgical activity to fit across FMC and Noarlunga Hospital, elective day and 23 hour surgery will be transitioned from FMC and RGH to Noarlunga Hospital.
- Appropriate day surgery and 23 hour surgery will be identified through consultation before being determined as suitable for transition to Noarlunga Hospital.

Theatre Capacity Check

FMC Capacity check shows a 1.1 theatre excess for all Multi-day activity



NH Capacity check shows a -0.6 theatre shortage for all same day and extended hours activity



Research, Statewide services and EPAS

- Future locations of staff undertaking research will be determined through consultation.
- SA Pathology, SA Pharmacy and SA Medical Imaging will support SALHN services at receiving sites to meet the demand of activity which transitions from RGH.
- Confirmation new builds at FMC and Glenside will be equipped with EPAS.
- SALHN continues to work with the EPAS team around the implementation of EPAS at Flinders Medical Centre (current buildings) and SALHN GP Plus sites.

Next Steps

- Continue working with individual units and wards about future service requirements
- Further develop the content of the plan including detail relating to workforce, resourcing, move strategies and associated timelines.
- Consultation on the SALHN clinical reconfiguration is expected to commence in late July 2016.

Feedback process

- Feedback on RGH Service Moves and Site Decommissioning can be provided by email to Health.SALHNCEOOffice@sa.gov.au
- For RGH staff, Deputy Chief Operating Officer Joe McDonald and Director of Nursing Annette Cieslak have an open door session each week on a Friday from 1-2pm at RGH.
- For Noarlunga Hospital staff, Deputy Chief Operating Officer Joe McDonald and Director of Nursing Rebecca Badcock are available to meet with staff.
- For FMC staff, Acting Chief Executive Officer Tobi Wilson and Acting Chief Operating Officer David Morris are available to meet with staff.
- Other executive staff are available upon request to present to groups of staff and answer questions.

Workforce

- Staff can access the Employee Assistance Program (EAP) by calling Access Programs on 1300 667 700 or Converge International on 1800 337 068 or visiting the SALHN intranet for more information about EAP.
- RGH has established a Health and Wellbeing Workgroup. If you have any enquiries, please contact Joanne Halstead, EAP Co-ordinator/ Organisational Psychologist, on 8204 7530 or email joanne.halstead@sa.gov.au.

Questions?