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THE NEW WOMEN'S AND CHILDREN'S HOSPITAL

Taskforce Service Planning Progress

12 September 2018

Introduction and Purpose

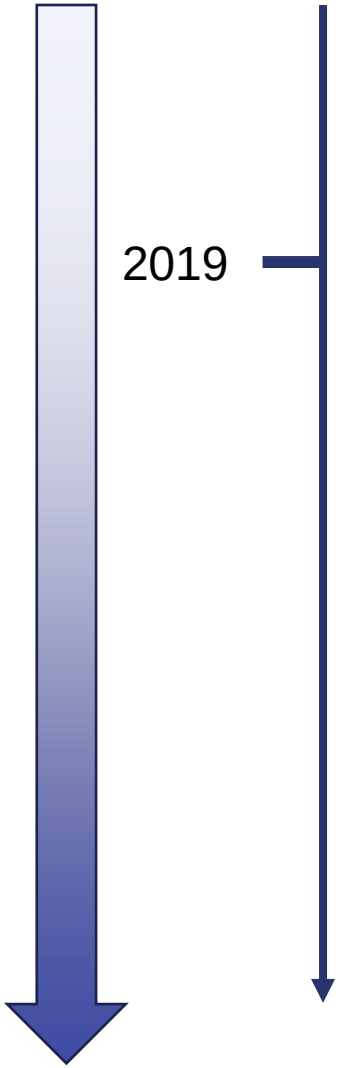
- Scenario modelling process undertaken with the Taskforce – recommended scenario for consideration has been progressed subject to further feedback from the union by 21st September.

- Considerations in relation to the service planning benchmarks and preliminary outputs have discussed with the WCH Executive and selected clinical leads in order to obtain clinical input.

- This has been focused on services and areas related to admitted activity. Non-admitted services will be subject to a separate piece of work.

Context

Level of detail and certainty around models of care



nWCH Taskforce

- High level planning
- High level consultation
- Decision enabler focused

Decision Point - nWCH

Service Planning

- Additional analysis
- Service level models of care
- Broad consultation

Facility Planning

- Translates service planning into design outcome
- Broad consultation

Population Projections – Children and Adolescents

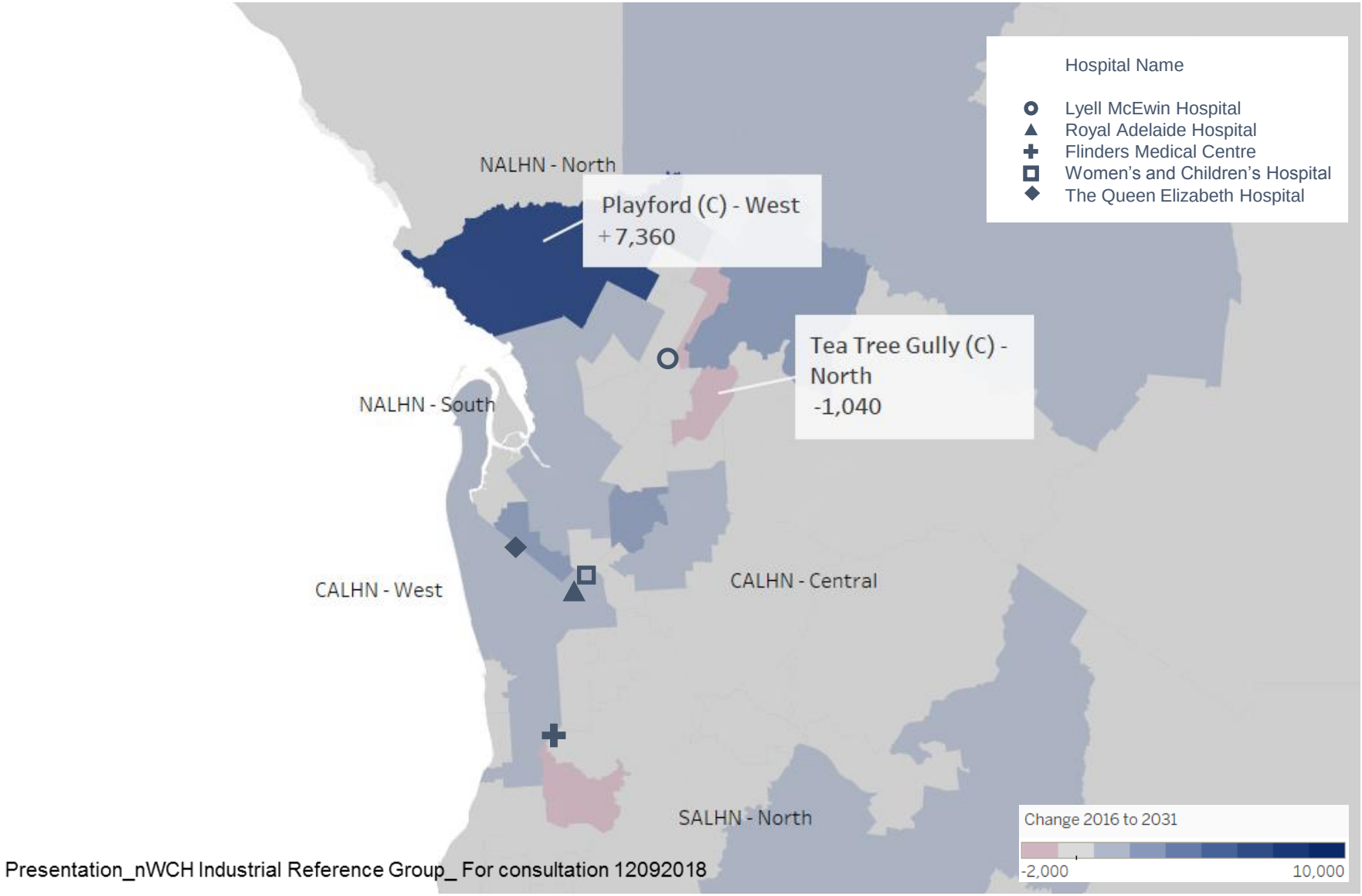
- Population projections indicate that the 15-19 yr age group is projected to grow at a higher rate than the 0-14 age group across SA.

Age	Male / Female / Totals	2016	2021	2026	2031	Change	% Growth
0-14	Females	148,647	155,739	159,123	160,213	11,566	8%
	Males	155,910	163,110	167,205	168,306	12,396	8%
	Total 0-14	**306,573**	**320,870**	**328,354**	**330,550**	**23,977**	**8%**
15-19	Females	51,271	51,131	54,859	57,759	6,488	13%
	Males	53,101	53,750	56,869	60,380	7,279	14%
	Total 15-19	**104,372**	**104,881**	**111,728**	**118,139**	**13,767**	**13%**
Grand Total 0-19		**408,929**	**423,730**	**438,056**	**446,658**	**37,729**	**9%**

- Source – SA Planning Portal, State Planning Commission

- Almost all the growth is projected to be in Adelaide / Outer Adelaide
- Highest growth for 0-14 and 15-19 is projected in similar geographic areas (see next slide).

Population Growth, 0-19 years



Population Projections - Females

- Population projections for all women across South Australia are summarised below.

Age	2016	2021	2026	2031	Change	% Growth
0-14	148,647	155,739	159,123	160,213	11,566	8%
15-19	51,271	51,131	54,859	57,759	6,488	13%
20-44	278,431	287,296	296,330	302,567	24,136	9%
45+	386,089	407,824	428,872	453,700	67,611	18%
All Females	**864,438**	**901,990**	**939,184**	**974,239**	**109,801**	**13%**

- Over 95% of the female population growth is projected to be in Adelaide / Outer Adelaide.
- For 0-44s highest population growth is projected in Playford, north / west Adelaide, Mt Barker similar to previous slide.
- For 44+ highest growth is projected in similar areas. Also significant growth south of Adelaide (Onkaparinga / South Coast, Victor Harbor)

Scenarios

As agreed with the Taskforce, a number of scenarios were reviewed and considered.

1. Status Quo - projected activity to 2031/32 from endorsed planning tools.
2. Centralising paediatric and adolescent surgical services at WCH.
3. *Ambulatory services – not modelled at this stage*
4. Centralising high complexity low volume paediatric and adolescent and women's services at WCH with WCHN to retain high volume low complexity work for its catchment.
5. SALHN / NALHN / CHSALHN providing a greater volume of paediatric and adolescent medical services for their local catchments, cognisant of service capability.
6. A higher volume of low risk deliveries provided at Mt Barker, Gawler, and Victor Harbour.
7. Impact of a shift of birthing activity away from the private sector to the public sector.

Summary of Recommended Scenario for Consideration and Further Consultation

Recommended Scenario (subject to union feedback) for consideration and further consultation includes:

- flattening ALOS at 2.3 days for vaginal deliveries.
- increasing the percentage of NALHN residents treated in NALHN facilities.
- modelling a 25% shift from private to public for birthing services in respective LHNs.

- All modelling completed using planning benchmarks widely used in Australian jurisdictions and agreed with SA Health.

Occupancy Rates

- Important concept in service planning
- Is a targeted average occupancy of beds within the hospital based on agreed benchmarks
- Is lower than 100% to enable flexibility, accounts for seasonality and week to week variation.
- E.g. one might target an average 75% occupancy rate but be 55% full in summer but 90% full in winter.

Paediatric and Adolescent General Overnight Services

- Methodology
  - Determine activity by beddays in Scenario
  - Adjust to avoid double counting / exclude off-site services
  - Apply occupancy rate of 75%

- Considerations Discussed
  - Seasonality and impact on requirements (see next slide)
  - Nursing model incl. future flexibility.
  - Patient cohorts and specialised ward requirements incl. workforce.
  - Surgical – Monday to Friday busiest days to be considered.
  - Separate adolescents and babies important. E.g. adolescents require different built environment.
  - Consider requirements for patients requiring rehabilitation.
  - Future relationship with RAH important – transition for adolescents.
  - Oncology – potential impact of proton therapy service.

PICU

- Methodology
  - Determine activity by ICU hours from AIM and convert to beddays
  - Apply occupancy rate of 70%

- Considerations Discussed
  - Future of high acuity patient management - ICU / HDU type patients. Importance of quality and safety considerations.
  - Recent increases in HDU type patients in general wards for surgical (not so much in medical)
  - Consideration of potential future changes / increases in complex service delivery.

Paediatric and Adolescent Acute Mental Health

- Methodology
  - Determine activity by beddays
  - Apply occupancy rate of 75%

- Considerations Discussed
  - National Mental Health Service Planning Framework – projects requirements for child and adolescent mental health inpatient services.
  - Relationship with FMC – eating disorders.
  - Current practice is to keep children less than 12 out of the ward due to the environment.
  - Impact of NDIS – children under 12 that require admission for neurodevelopmental assessment.

Women's Overnight Services

- Methodology
  - Determine activity by beddays in Scenario (incl. private risk adjustment)
  - Deduct beddays spent in the delivery suite to avoid double counting
  - Apply occupancy rate of 85%

- Considerations
  - Gyn / antenatal vs. birthing / postnatal
  - Ward structure for efficiency, flexibility, patient cohorting
  - Qualified neonates in postnatal ward with boarder mothers.

Delivery Suites

- Methodology
  - Determine activity by separations for birthing services
  - Add 100% of vaginal separations and 50% of caesarean separations
  - Apply benchmark of 300 separations per delivery suite

- Considerations Discussed
  - Midwifery led models (MGP)
  - Aboriginal Family Birthing Program (AFBP)
  - Antenatal day service model
  - HDU – not just birthing, also antenatal and gynaecology. Implication of potential collocation with RAH (ICU on-site).

Women's Emergency (Women's Assessment Service)

- Methodology
  - No projections undertaken – service model driven decision.

- Considerations Discussed
  - Adjacencies in new build – birth suite etc.
  - Collocated service efficiencies.
  - Broad scope of planned and unplanned services incl. infusions, hospital avoidance, day assessments, monitoring etc.
  - Continuation of similar model of care to current preferred.
  - To consider location of service front door vs. ambulatory setting.

Neonates (NICU / SCN)

- Methodology
  - Determine activity by beddays
  - Calculate time neonates spent in NICU / SCN
  - Project activity on the basis of birthing growth rate
  - Apply occupancy rate of 85%

- Considerations Discussed
  - Qualified "well babies" model of care
  - Some issues with consistency of data related to neonates (not just WCH)
  - Existing modelling undertaken by neonatologist requires review
  - No change to relationship with FMC

Paediatric Same Day Medical

- Methodology
  - Determine activity in Scenario
  - Adjust for day medical activity in other spaces (renal, surgical recovery, ECCU)
  - Apply occupancy rate of 190%, 5 day per week service

- Considerations Discussed
  - Future model – infusions, out of theatre procedures, treatment commencement for overnight patients, transition to discharge etc.
  - New drugs and interventions
  - Significant growth opportunity

Paediatric Same Day Cancer / Chemotherapy

- Methodology
  - Determine admitted activity (Michael Rice Centre ward of discharge)
  - Determine non-admitted chemotherapy activity
  - Project on basis of population projections
  - Apply occupancy rate of 200%, 5 day per week service

- Considerations Discussed
  - Benchmark may underestimate time for paediatrics required in chairs. Data issues also noted.
  - Potential impact of proton therapy service.
  - Future potential for new therapies.

Renal Dialysis

- Methodology
  - Determine admitted activity
  - Project on basis of population projections
  - Apply occupancy rate of 200%, 3 day per week service

- Considerations Discussed
  - Space shared with day medical service considering low patient numbers.

Paediatric ED

- Methodology
  - Determine activity by triage category
  - Project on basis of population projections
  - Apply a high level treatment spaces per attendances benchmark
  - Apply benchmark of 1 short stay (ECCU) space per 3 ED treatment spaces.

- Considerations Discussed
  - Benchmark requires care in interpretation.
  - Alternative models – ED avoidance / diversion.
  - Operational model of future – patient streaming requires consideration.
  - Importance of design for operational flexibility (e.g. after-hours).

Perioperative / Interventional Services

- Methodology
  - Determine surgical / procedural separations in Scenario
  - Apply benchmark of 1,900 day only and 1,100 overnight separations per theatre
  - 2 PACU (Stage 1) recovery spaces per theatre
  - Stage 2 / 3 recovery spaces determined on basis of day surgical activity, assuming 5 day per week model at 250 days per year.

- Considerations Discussed
  - Future scheduling – high volume lists (consider impact on recovery space requirements)
  - High level benchmark may underestimate operating time required for paediatrics considering current state
  - Theatre efficiency
  - Paediatric and women's services – sharing space where appropriate

Acute Mother Baby Unit (Perinatal Mental Health)

- Considerations Discussed
  - Currently off-site (Helen Mayo House)
  - Unmet demand noted with current model
  - Modelling requires review considering need from a population-based perspective.

Next Steps

- Consult tonight with the clinical reference group in regards to the service planning and obtaining further clinical input.

- Feedback from Clinical Reference Group will go to the Taskforce on the 24th September.

- Union feedback received will go to the Taskforce on the 24th September.