Health Care Consumers' Association Tour of Fiona Stanley Hospital, Western Australia

Authors: Kerry Snell
Nick Wales

Health Care Consumers' Association, 100 Maitland Street, HACKETT ACT 2602 Phone: 02 6230 7800
ABN: 59 698 548 902 Email: adminofficer@hcca.org.au
hcca.org.au | hcca-act.blogspot.com | facebook.com/HCCA.ACT | @HealthCanberra

Introduction

On the 8th March, 2016, Nicholas Wales and Kerry Snell from Health Care Consumers' Association were hosted on an official day tour of various service areas of the recently opened Fiona Stanley Hospital in Perth, Western Australia.

Fiona Stanley Hospital (FSH) campus is a 783-bed that opened in late 2014 early 2015, providing both acute and subacute care. The Hospital includes 18 operating theatres and over 22 wards on nine levels in the main hospital tower. Also on the campus is an education building complete with replica wards and a large lecture theatre, a separate mental health building, the four-storey State Rehabilitation Service building, a pathology building, an administration building, and two multi-storey public carparks.

SERCO is the private company that provides non clinical service at Fiona Stanley Hospital these service include reception and administration service, engineering and building maintenance, security, grounds maintenance, cleaning and food services.

Background

The Reid Review (2004) recommended the construction of a new tertiary hospital in the south of Perth. The FSH Business Case was developed in 2007 and approved by Government in early 2008. It was originally planned as two-stage build. FSH forward works began in July 2008 with Construction starting in March 2009. Funding from the Federal Government (in 2009) supported the establishment of the 140-bed State Rehabilitation Service on the FSH site.

The FSH project was the largest single infrastructure project undertaken in WA at a cost of $2 billion. It was part of a broader reconfiguration of services in the South Metropolitan Health Service. This reconfiguration included the downsizing of Royal Perth Hospital whilst still remaining a tertiary hospital and the downsizing of Freemantle Hospital and change of role from a tertiary to a specialist hospital and closure of their Emergency Department.

Vision

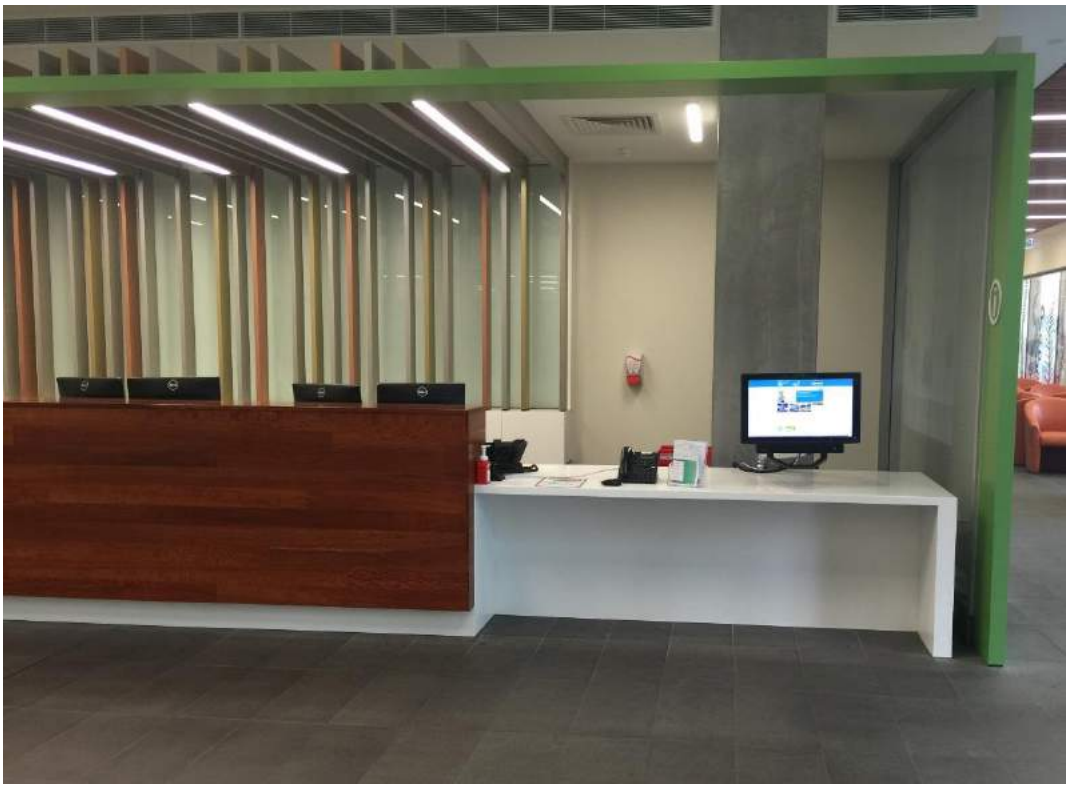
The vision of vision Fiona Stanley Hospital is to be leaders in care by being committed to the best patient outcomes and excellence in healthcare. They state that both Staff and patient experiences are important and that they are collectively and individually accountable for achieving the best care and use of resources.

Main Entrance

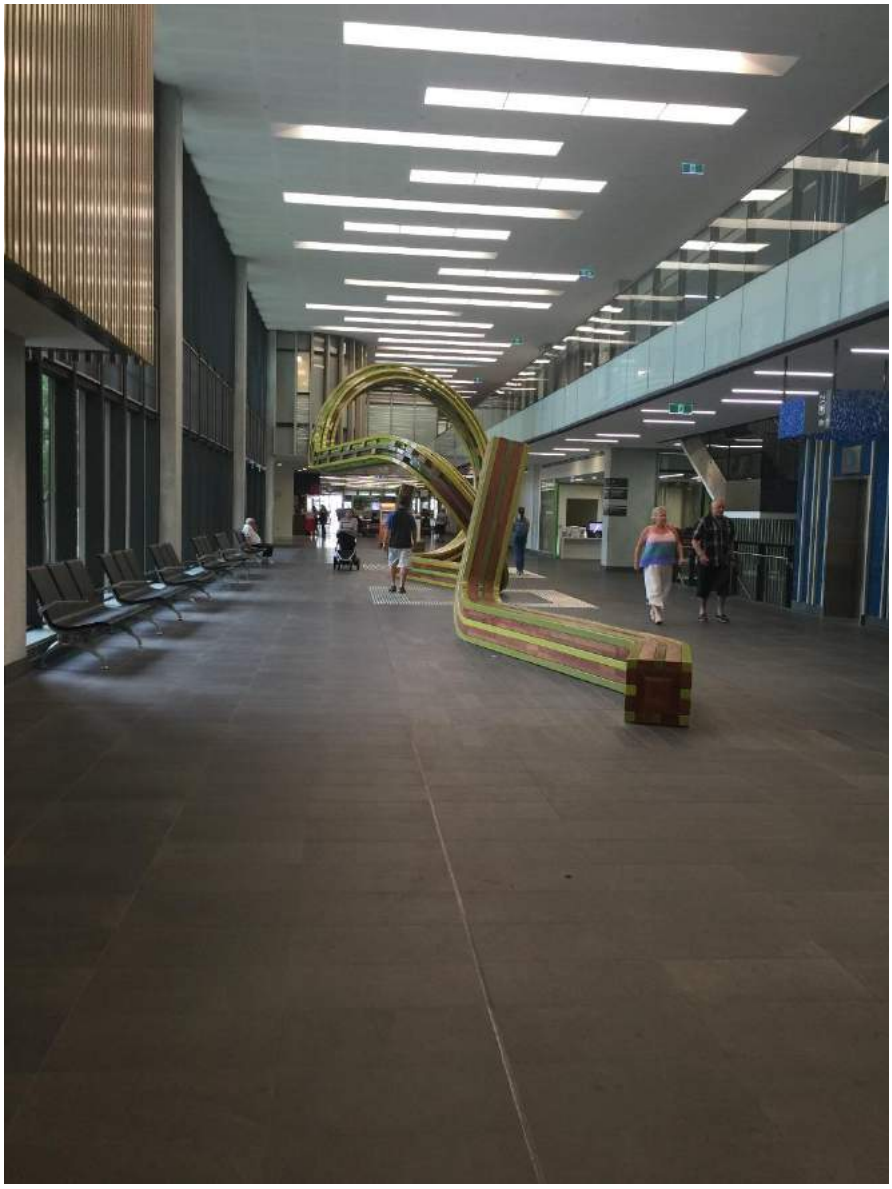
The main entrance drop off is a one way loop with one drop off lane and one passing lane. The drop off zone is not completely covered, but where there is covered it provided protection for both the passenger and the driver.

Main Reception

Once inside, the main foyer is a long expansive space, similar to the Hospital Street zone at the new Blacktown Hospital. The main reception desk is located to the right immediately inside the main hospital entrance. It is staffed by an externally contracted personnel (SERCO). Two interesting features in this area were the verbally activated information device on the wall and the touch screen computer which provided wayfinding information.



Main entrance Reception desk



Main entrance /Hospital Road

Volunteers at Fiona Stanley Hospital

We were fortunate to meet up with the Volunteer Coordinator from Fiona Stanley Hospital, who gave us a great insight into how volunteers are involved at the hospital. One of the programs of particular interest was the hospital's volunteer transport service. This service offered pick up and drop off by volunteer drivers to people attending outpatient services.

The volunteers conduct 900 trips a month with the use of four hospital leased vehicle. Volunteer drivers are assessed by an external driving test before becoming eligible to be drivers in the program.

Volunteer transport waiting area and desk

Patients are eligible for the volunteer driver program at FSH if they live within a 45 minute radius of Fiona Stanley Hospital. Other eligibility criteria assessed by clinical staff include financial status, family support, and the ability to access other transport options. The assessment of eligibility is ongoing. If demand for the service is too high or patients are outside the 45 minute eligibility area they could be assessed as eligible for cab voucher provision. Additionally, there is a volunteer driven golf cart that operates around the hospital campus assisting people with intra campus access for those with mobility issues. This service can be accessed by consumers approaching either staff or volunteers who can activate this service via mobile phone communication with the volunteer driver.

Volunteers are also used in rehabilitation spending time with longer stay inpatients and supporting them with activities such as walks and going to get a coffee at the cafe. Volunteers also work in the burns unit, playing cards with patients to help them

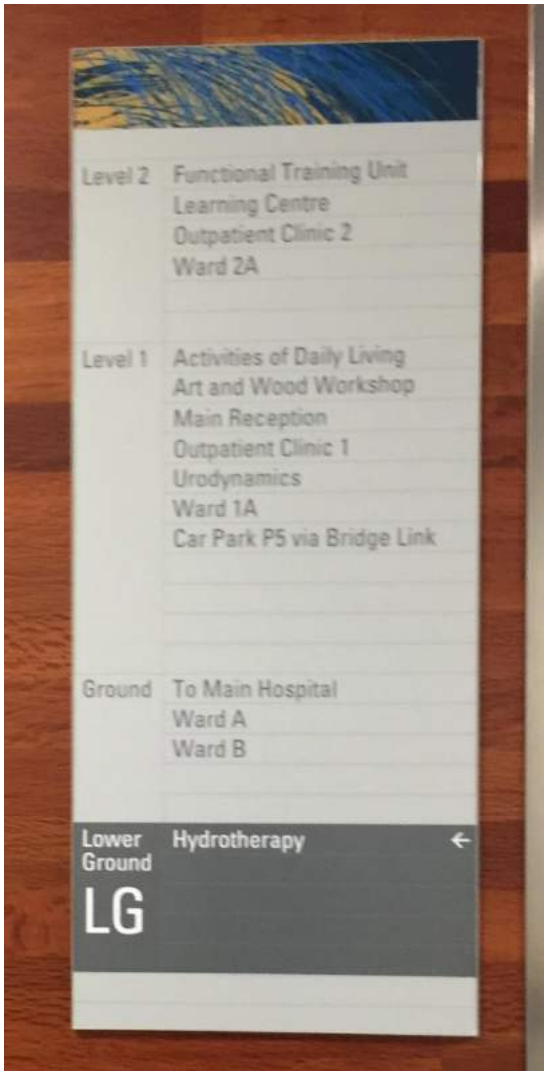
with movement based activity that is less formal and fun than their regular rehabilitation session.

Further to this, volunteers are used in the Emergency Department. Their presence has been found to reduce anxiety and agitation with the volunteers providing information and guidance and a link between patients, families, and clinical staff.

Wayfinding

Feedback from staff indicated some disappointment with the wayfinding and signage provision at the hospital. They indicated they would have preferred more use of colour coding and landmarks to assist in wayfinding and differentiation of service areas. There appeared to be an overuse of white in the inpatient areas which staff indicated gave too much of a clinical feel and didn't aid in wayfinding. They would have liked included more colour in each room to make it easier to identify, in addition to the colour coding of the different levels of the hospital. The staff also indicated that the signage in the hospital was not always clear.

Small outpatient sign with low visibility



Wayfinding sign with poor colour contrast

State Rehabilitation Service

The State Wide Rehabilitation Unit is a 140 beds, providing sub-acute rehabilitation to both inpatients and outpatients.

The overall design of this unit has the main reception on level 2. The Unit Manager mentioned that this was done to enable closer access to the carpark. However this aspect of the design has resulted in some wayfinding confusion with some consumers entering from the ground floor where there is no reception, and feeling they have come in the wrong way.

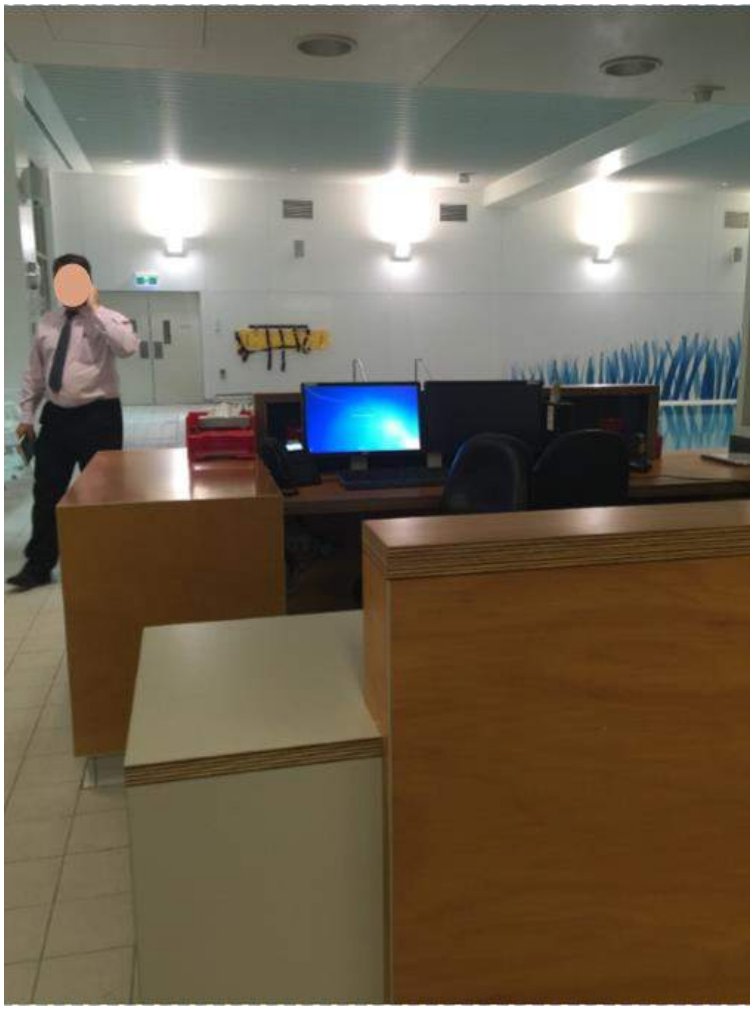
Level 2 Rehabilitation Main Reception

Hydrotherapy

The hydrotherapy pool is located in the basement level in the Rehabilitation Unit. The pool is currently only used by inpatients, but they have plans to extend services to outpatients.

Hydrotherapy pool

The design layout of this area has the main reception and staff desk immediately at the entrance, with the pool located directly in front of the desk. There is a courtyard next to the pool to provide natural light. The change room configuration is of three single change rooms, all with accessible access.



Reception and Staff Desk

The Unit Manager mentioned that they had an issue with only having one hoist and would have preferred another to compensate for when it wasn't working or they needed to use it at the same time for multiple users. They had also had to change their pool safety procedures to better reflect a hydrotherapy pool rather than a public pool. The call bell is linked to the nurse station on the floor above for staff assistance.

Rehabilitation Inpatient Unit

The Rehabilitation Inpatient Unit consists of 80% single and 20% double bed rooms. Each ward has 26 to 32 beds with two staff stations, one located at the entrance of the ward and the other one at the back end of the ward. These staff stations face onto an equipment storage cove which reduces line of sight to the inpatient rooms. All inpatient units within Fiona Staley Hospital utilise a team based nursing model.

Staff Station

Single bed room

The single bed rooms have ensuites located on the back corner of the room, with a window and a chair for a visitor in the other corner. This Rehabilitation unit uses low-low beds, which is a bed that can go right to the ground, with bed sensors and floor mats as falls prevention aids. The Unit Manager reported that the lower beds with adaptable side rails made a big difference as it provided more grab rails, and being lower to the ground made it easier to get for patients to get in and out of bed thus reducing falls risk.

Rehabilitation single bed room

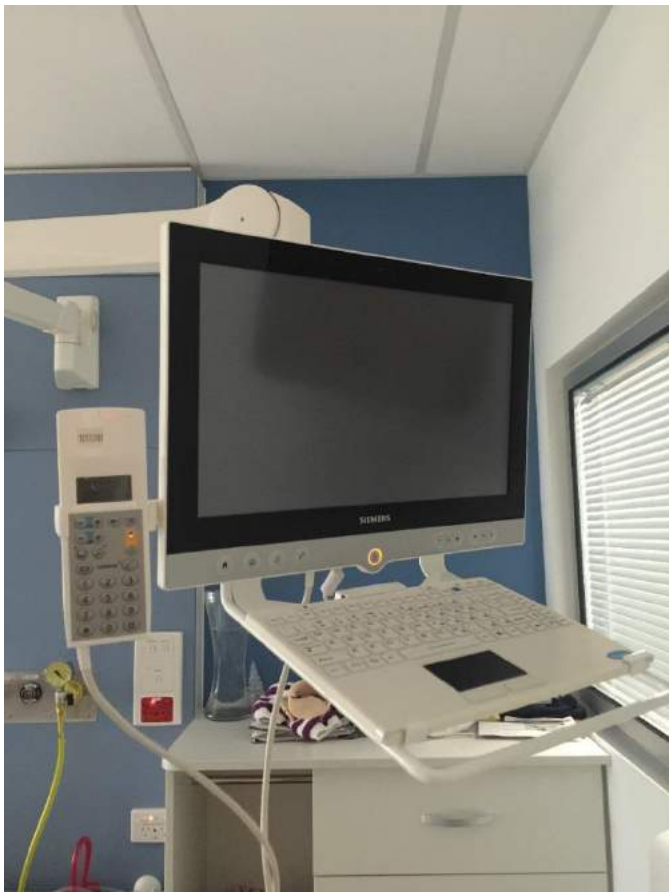
Not all rooms have a roof mounted hoist from the bed to the bathroom. The staff said it would be better if they did, as it would mean less movement of the patient from hoist to wheelchair then to the toilet.

Every room had a small window that looked out into the corridor, providing improved line of sight for both the patient and staff. These windows had blinds on them that could be open and shut from the patient's side of the room, giving the patient control over privacy.

The staff reported that the bariatric rooms were not big enough to cater for all the larger equipment required within them. They had issues with fitting the lager equipment into this room and felt that they were not designed with due consideration of this requirement. All bariatric rooms have a hoist from the bed to the ensuite.

There are Patient Information and Entertainment System (PIES) in all the inpatient rooms within Fiona Stanley Hospital. This device can play free to air TV, pay per view movies and had the potential to provide clinical information. The PIES are mounted on an arm, allowing the patient to move it around to suit their need and had a keyboard for patient and clinical input.

Currently the PIES are only used for patient information and the ordering of meals. They have the capacity to enable clinicians to share medical records and test results with patients, including imaging such as X-rays and CT scans, but at this stage it has not been enabled.



Patient Information and Entertainment System (PIES)

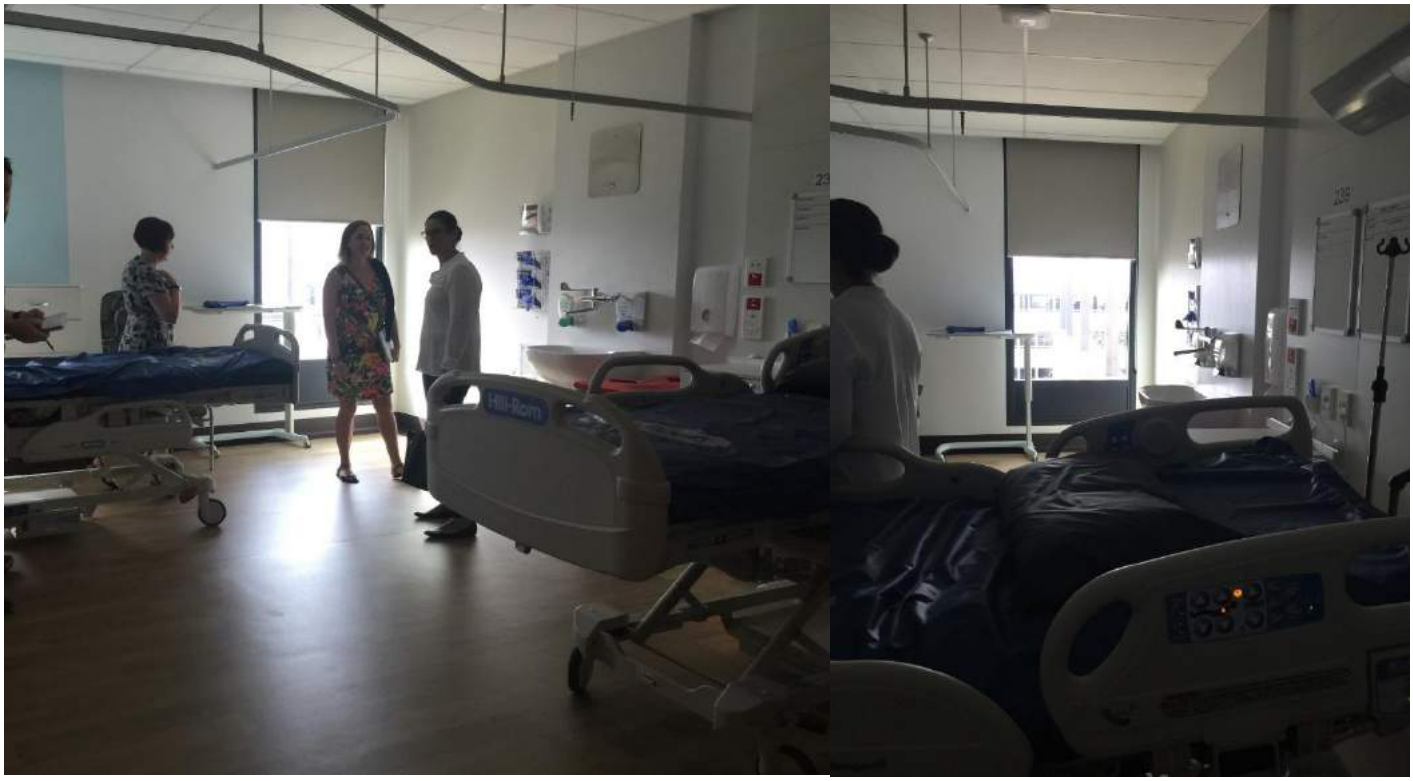
The Pies had issues not going low enough or flat enough for the patient to see the screen when lying flat (they needed to be more adjustable to accommodate all user's needs).

Ensuite

The ensuites had issues with the placement of the nurse call not being accessible to those who have fallen. Also the floor was sloped to the middle of the room for drainage, causing the equipment to roll to the centre of the ensuite.

Double bed room

The double bed rooms were an interesting design. The beds were offset so both patients within the rooms have a view to the outside, and there is good levels of natural light in the rooms. It also allowed for greater privacy as each patient area is located at opposite sides of the room rather than side by side. Patients can also partially pull their curtains to enable privacy form each other without obscuring the view to the windows.



Double bed room

One of the main issues reported with the room design was that there needs to be more lighting options in the rooms. Currently there is a bright light above the bed or patients can leave the toilet light on with the door open so people can move safely moving around the room at night time. Staff said it would be good to have softer lighting options or night lights. This is more so applicable in double bed rooms as there can be a further distance from the toilet and more equipment in the room.

Kitchen/Dining

All the kitchen and dining rooms provided access to courtyards and contained different styles of furniture to suit a variety of users. Staff reported that there was not enough space under the sink for use by people in wheelchairs and that this would be rectified.

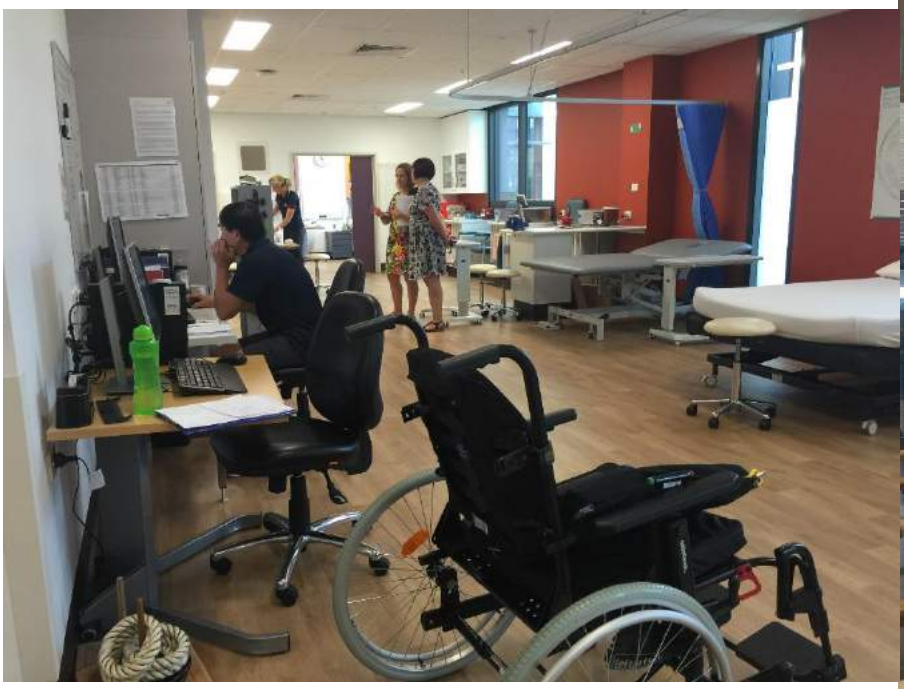
Rehabilitation Kitchen

Rehabilitation dining area

Courtyard for rehabilitation

Rehabilitation Gym

The rehabilitation gym featured an embedded write up station to allow staff to complete write ups in the gym. There were no roof mounted hoists in the gym only portable hoists, as stuff reported they had no need for them.



Staff write up station in the gym

Rehabilitation gym

Fiona Stanley Hospital Information Communication and Technology (ICT)

A major lesson learnt from this project is that it always takes more time to commission a hospital than it is originally thought. The ICT was a significant challenge because of the complexities and scope of the program undertaken. The Project Team believed that it was not simply an opportunity to reform but rather their responsibility to do so. A complex contract was signed in July 2011 for $4.3B over 20 years (10+5+5) with Serco and two main subcontracts (ICT Platform and Siemens, Medical Equipment Service (MES)). It is expected to deliver $500M in savings over the contract life due to efficiencies in work flow for staff.

The medical equipment interface and integration involved major complexities with some now de-scoped and simplified. The hospital was originally planned to be the country's first fully digital hospital but this was not achievable and they are working toward this whilst currently running a hybrid paper-electronic system. WA Health is responsible for the clinical systems, such as patient records, and the FM Contractor SERCO is responsible for the majority of the non-clinical systems such as patient meal ordering.

WA Health ICT

WA Health ICT reported issues with their digital medical record provided via the BOSSnet system, as it did not have the capability to provide a full electronic medical

record. It currently provides direct data entry through eForms including an admission form, integrated progress notes, team conference/multidisciplinary team notes, nursing risk screening tools and assessment forms. However other documentation is hand written and scanned daily. 87 000 forms are viewed per day on BOSSnet. The scanning of medical records occurs immediately in some instances or twice daily depending on need.

The PIES can be used for clinical notes, but it was reported that clinical staff sometimes prefer to use Computers on Wheels (COWs) if they don't want to disturb patients. The Computers on Wheel are portable computers that clinical staff can log onto via a swipe cards to record clinical information at the patient's bedside. The provider chosen for the journey board provision in the inpatient units is C-View.

Computer On Wheels (COW) with medication draws underneath it

The closed loop medication system is soon to be rolled out starting at Fiona Stanley Hospital then going state wide. A barcode system is currently used to identify medication for individual patients.

SERCO ICT

The use of 18 Automatic Guided Vehicles delivering linen and food has been a successful initiative at Fiona Stanley Hospital. These vehicles deliver linen and food using service lifts.

Automatic Guided Vehicles

The Help Desk is for all people using the hospital to call when there is an issue, including Patients, visitors, clinical and support service staff. The FM Contract Manager we spoke to reported that the Help Desk gets 120,000 calls a month but this also include switchboard related calls. At first the Help Desk got a high percentage of calls from patients, however, after about 12 months of operation the call volume reduced with patients preferring to ask clinical staff for assistance.

An interesting piece of technology is the Radio Frequency Identification (RFID) tracking, which is attached to equipment such as linen and can tell how many times a piece of linen has been washed and needs replacing. Key personnel are also tracked like MET call staff. There are very strict guidelines on who can see this data and the system was developed in conjunction with unions, with no push back from staff.

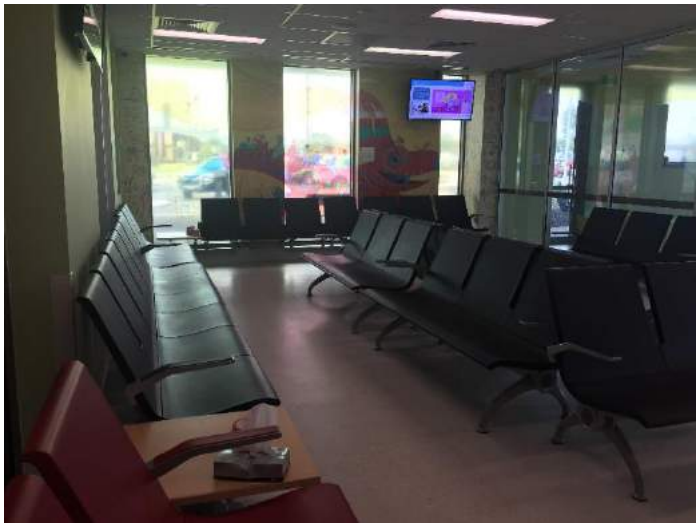
Emergency Department

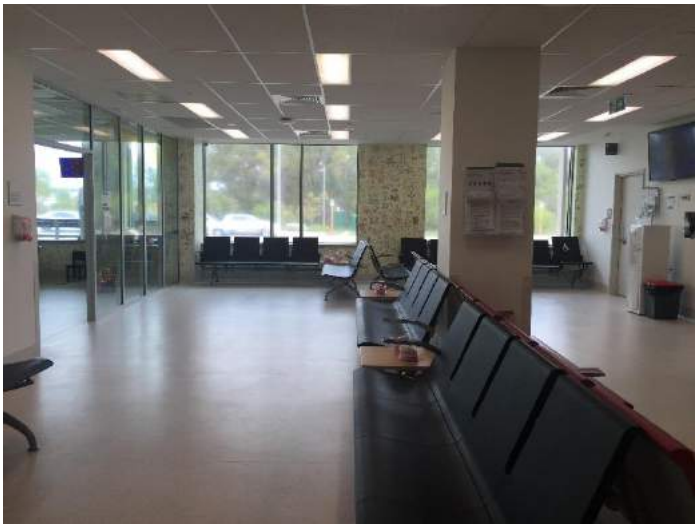
The Emergency Department (ED) sees 120 000 presentations a year (328 a day with about 100 of these are children) and 70-80 ambulances arriving with patients a day. In comparison the Canberra Hospital ED sees about 70 000 presentations a year and about 20% of these are children.

Adult Emergency and Children's Emergency

ED drop-off

The ED has two main streams, an Adult Emergency and a Children's Emergency.
The ED is accessible by a drop off directly out the front of ED.





ED paediatric waiting room

The ED paediatric waiting room is separate from the adult ED waiting room.

ED sections

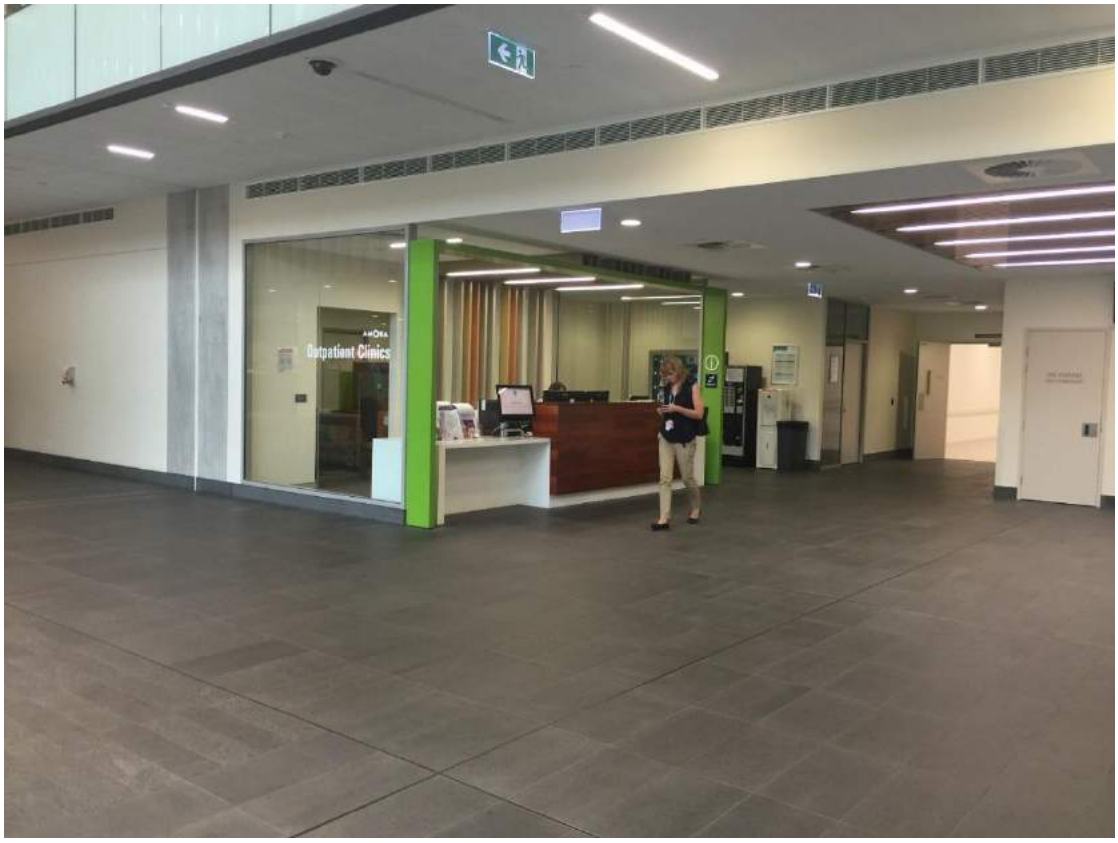
Assessment

There have a separate area for low risk patients. The ED Unit Manager was interested in learning about ACT's walk-in centres and how this low risk patient group could be treated in a non-acute setting.

All staff in ED have portable duress alarms, allowing them to call for assistance where ever they are in ED.

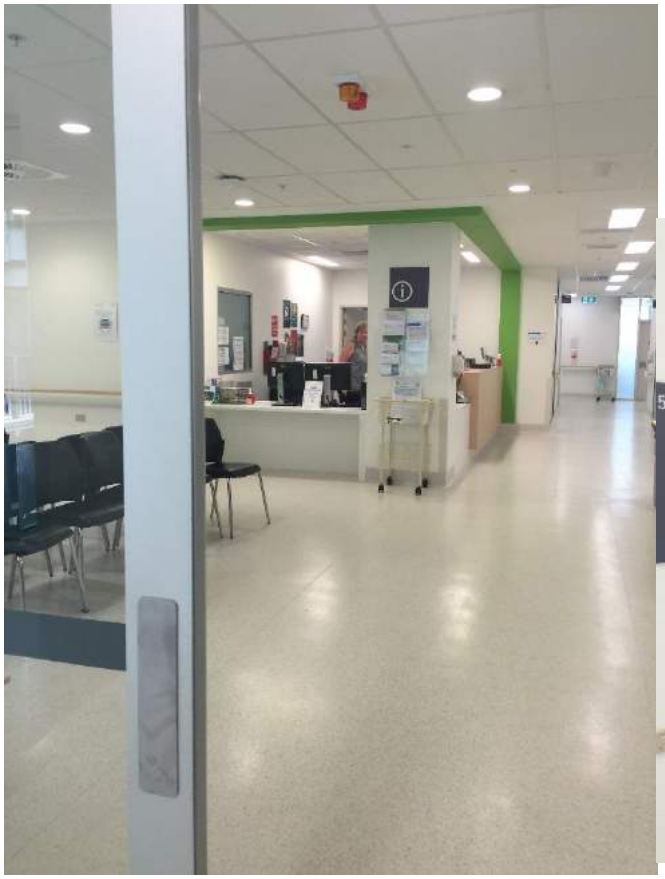
Outpatients

There are 800 – 1000 patients seen per day through eight clinics in the Outpatients Department.



Outpatient's reception

There were plans for a Q Flow system to be installed at opening but due to the large scope of ICT projects, the implementation of this system had to be delayed. Staff are looking forward to this initiative.



Outpatient's waiting rooms

Each outpatient clinics has its own waiting room all without glass frontage on the reception desks. Staff reported it would have been better to colour code each clinic as well as improve the way finding, as the colour scheme all very white.

Facility Management Contract

According to an FM Contract Manger, the project was complicated to commission with the complex intertwined facilities management Private Public Partnership. Early on in the planning the decision was made to contract out 25 hard and soft services to the winning contractor (SERCO). This is something we are very interested in as the University of Canberra Public Hospital will be managed by a private contractor called Brookfield Integrated Solutions.

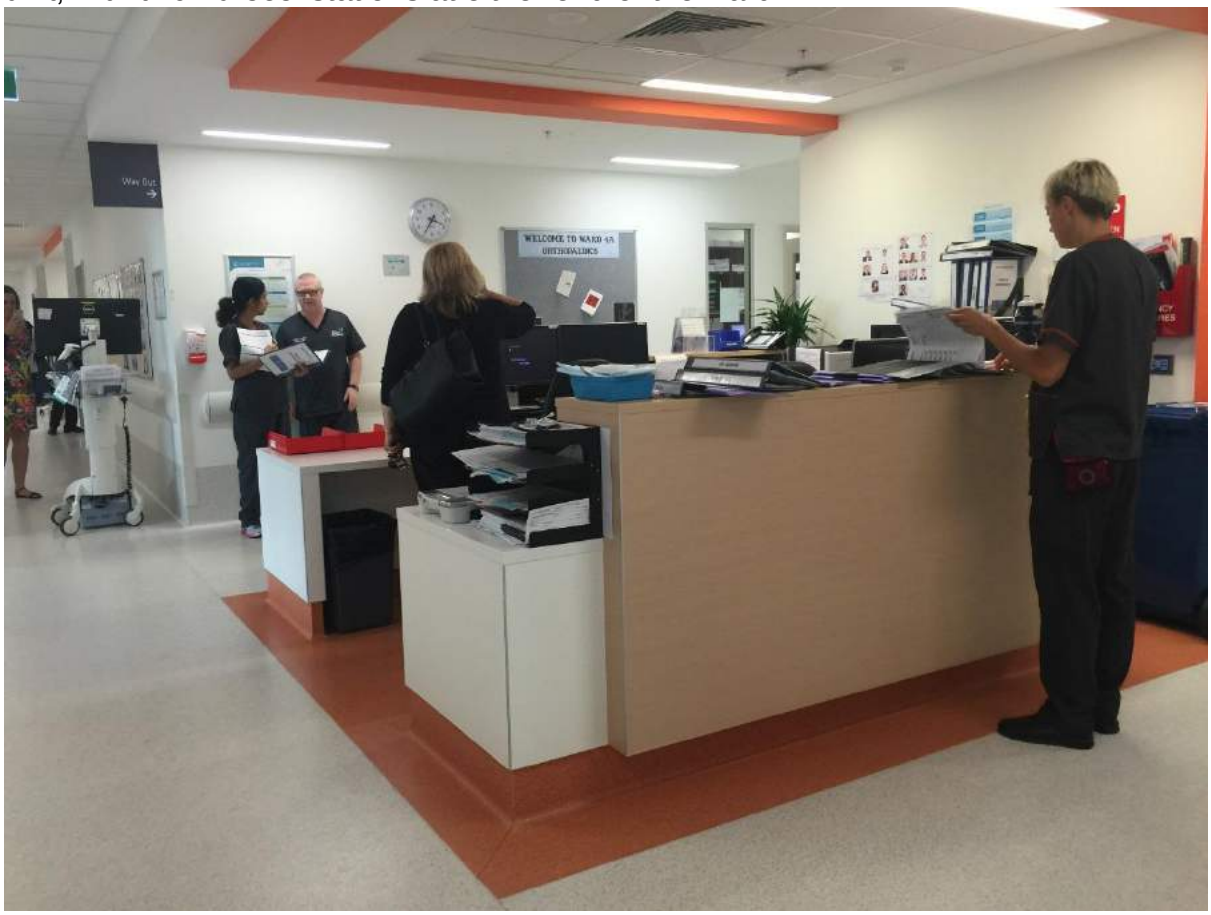
SERCO provides a whole host of non-clinical service such as traffic management, security, fleet management, outpatient patient transport, catering and linen. Through their contract SERCO have to meet 460 Key Performance Indicators and also meet daily audits and complete monthly service reports that are overseen by six WA Health contract managers.

Areas for improvement / Lessons learnt:

- Involve SERCO and WA Health Staff at an earlier stage, to get them working together
- Clearer key performance indicators (KPI's)
- A people manager focus rather than contract managers
- Clearly outline responsibilities of all parties

General Inpatient Units

The layout of the general inpatient wards was similar to the rehabilitation inpatient unit, with two nurses' stations at either end of the ward.



Inpatient nurse station

Inpatient room bench

Each room had a large window to let in lots of natural light. Next to the window was a bench seat for visitors as well as a visitor's seat next to the bed. The ensuites where nicely placed right in front of the bed, providing good line of sight from the bed to the bathroom in addition to the close proximity.

View into inpatient rooms

One of the design issues identified by staff in this area was that some of the views for some room were not very private, looking into other rooms. Another issues identified was that the nurse call was very loud at first and even though it had been turned down, it still is very loud.

Lessons Learnt

The Medical Co Director of FSH Dr Hannah Seymour, said they were proud to have embraced change in this project as the biggest driver of delivering contemporary and innovative models of care in a new build. She believes that the primary focus needs to be about the clinical care delivery not the infrastructure. The commissioning of the hospital was problematic because of the complexities involved in engaging clinical staff and managing two diverse hospitals workforces in addition to recruiting new staff combined with the procurement model of Private Public Partnership also added complexity to the project. She reported that it was essential to get the basics correct and to plan and implement early, and to make decisions, recognising that some will need to be changed along the way.

Upon opening the hospital they experienced both real as well as political issues. Paramount amongst these was that it was recognised early that the FSH project was

behind schedule with opening timelines being unrealistic and the infrastructure program dominating. However despite the workforce, ICT, and workflow commissioning being behind schedule, the politically motivated decision was taken to meet the timelines. Commissioning took longer than was at first thought and a lot of work was done in the post commissioning phase. In contrast the things that worked well in the project was the non-acceptance of the status quo despite with pressure form staff wanting to keep things the way that they always did. Instead they achieved transformational change by utilising Redesign Champions that allowed the new FSH way to become defined.

Some of the other valuable insights were:

- The FM contract made it hard to tell these staff what to do
- They needed more Porters during commissioning phase then it settled down
- High single bed ratios (85%) has resulted in lower infection rates
- Good consumer feedback regarding improved sleep due to less disturbance from other patients
- High single bed ratio hasn't resulted in patients not wanting to go home = Length of stay is below National benchmark
- Biggest consumer and staff complaint is about the expense of car parking
- Good feedback especially form country consumers on the close proximity to train station
- The implementation of hourly rounding with nurses asking set questions is a model of care innovation
- Nursing models have had to change as a result of higher single bed ratios but it has not resulted in a need for more staff
- Need to get clinical buy in early in preparation for the opening
- Clinical commissioning needs to start early – takes longer than expected
- Need a clinical lead for ICT who understands the scope and can communicate with clinical staff in a way they can understand
- Save half the budget for post opening to phase in integration of new ICT systems
- ICT always takes longer than expected to commission
- Use of super users worked well – 5% of staff got 5 weeks of full time training on all aspects of the hospital