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# HCCA Submission and Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

Submitted 16 July 2014

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## Background

The **Health Care Consumers' Association (HCCA)** was incorporated in 1978 to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

In preparing our response to the Service Delivery Plan (SDP) for the rehabilitation centre at University of Canberra HCCA consulted with:

- Consumer representatives on User Groups for UCPH;
- Consumer representatives on committees related to rehabilitation and aged care, ambulatory care, mental health, palliative care, and maternity services; and
- HCCA membership including those people with personal experience of aged care services, stroke, cardiac and pulmonary rehabilitation and primary joint replacement.

We also spoke with representatives from the following organisations

- Mental Health Consumer Network
- Carers ACT
- Heart Foundation
- Alzheimers ACT
- COTA ACT
- Palliative Care ACT

We convened a consultative forum at HCCA on 4 July at which representatives from ACT Health presented an overview of the project and spoke to the SDP. Consumers had the opportunity to ask questions and many were answered on the day. WE have themed the questions that were asked and they are included in our response in Appendix 1.

Our response deals with the following **key issues**:

- There is strong evidence to support a higher single to shared room ratio
- There is a need in the community to provide a hydrotherapy pool at UCPH as well as maintaining a pool at Canberra Hospital.
- There is a high level of community demand for palliative care services to be delivered at UCPH and for palliative care to be integrated across the inpatient units and day services.
- It is crucial that strong links are made with public transport providers as well as community transport to ensure the new facility is accessible to all.
- Strong consumer involvement in parking arrangements and planning is needed.
- Services like cardiac rehabilitation and spinal injury specific care are best placed to be provided at the new rehabilitation centre
- Demand exists for a stand-alone birth centre that could be located at the new sub-acute facility in the future
- Workforce planning needs to be undertaken to guarantee quality services are provided. We would like consideration of a role for general practitioners to practice at UCPH
- Workforce planning also needs to include research into consumer experiences and expectations of allied health and nursing assistance, peer workers, students and the use of volunteers in service delivery
- In a recent HCCA survey 88% of respondents do not feel University of Canberra Public Hospital is an appropriate name for the new sub-acute facility and we would like consideration of alternative names

### 1. General Comments

The HCCA has been an instrumental partner with ACT Health in the decision to build a sub-acute hospital and we are very supportive of the construction of a sub-acute facility at University of Canberra. This is an excellent opportunity to consolidate a range of sub-acute services currently delivered across the Territory. This will be an important step towards an integrated and networked health service. We are also excited by the opportunity to create a centre of excellence and for staff to work in an educational and research environment for that will deliver high quality service to the Canberra community.

We are pleased to note Government's main focus is on patient centred care, quality and safety of services and accessibility, rather than the financial construction costs. We believe that *the global cost should not be the most significant factor* in making decisions regarding the design of the facility. This must be seen as important social infrastructure for the next thirty years.

Sub-acute care is increasingly gaining recognition as an important level of care, offering cost savings and more focused patient care. It provides patients with the opportunity to heal and recover without the high cost of an extended acute hospital stay. The National Hospital and Health Reform Commission identified that there is also an urgent need for substantial investment in, and expansion of, sub-acute services – the 'missing link' in care – including a major capital boost to build the facilities required<sup>1</sup>. There is a general lack of community understanding about what this is. Having documents like the Service Delivery Plan does not necessarily deepen our understanding due its complex and jargonistic language that assumes a familiarity with the planning process. We are keen to work with ACT Health to develop communication materials that meet the community information needs.

The release of the Service Delivery Plan (SDP) is an important milestone in the development of the facility. HCCA has been involved in the development of the SDP, supporting consumer representatives in the user groups, which are an integral part of the process for developing UCPH. HCCA has also participated in the Executive Reference Group for the UCPH and consultation workshops with ACT Health staff.

HCCA welcomes the opportunity to make a submission to the ACT Government regarding the SDP for UCPH. We have had extensive consultation with our members on the future provision of health services in Canberra both through public forums and from individual members and membership organisations such as Palliative Care ACT, Alzheimer's Australia and the Heart Foundation. Through this process we have identified several specific issues which make up the body of our submission. A table of specific questions from the public consultation held at HCCA on 4 July 2014 has also been included in Appendix 1.

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<sup>1</sup> National Health & Hospitals Reform Commission, p.6. (See also p.171.) *"there is also an urgent need for substantial investment in, and expansion of, sub-acute services – the 'missing link' in care – including a major capital boost to build the facilities required"*

### 2. Specific Issues

#### a. Ratio of Single Bed Rooms to Shared Rooms

HCCA strongly advocates a higher ratio of single bed rooms to shared rooms. In May 2013 we directed a submission to the ACT Government stating that ratio of private rooms to shared rooms at UCPH should not be less than 80%. ([HCCA Submission on the Ratio of Private Rooms to Shared Rooms at the University of Canberra Public Hospital](#))<sup>2</sup>. It is now clear that the ratio of single to shared rooms at the UCPH is to be 60%<sup>3</sup>. However HCCA supports higher levels of single bed rooms and would see any reduction in the ratio of single to shared rooms to below the stated policy of 60% as a gross step away from the patient centred care model of care that UCPH is grounded in.

#### b. Hydrotherapy Pool

A hydrotherapy pool will be an important and integral tool for the successful treatment and rehabilitation of many the patients at the UCPH. HCCA has been actively engaged in the planning and design of the hydrotherapy pool at the UCPH through the membership of both the Executive Reference Group (ERG) for UCPH and the dedicated User Group for the hydrotherapy pool.

HCCA is concerned that the present hydrotherapy pool at the Canberra Hospital will be closed when the pool at UCPH is opened. We believe the need for hydrotherapy is such that a second pool within the ACT Health system is justified. If the TCH pool is closed consumers living in south Canberra will not be catered for, particularly for those with limited mobility and access to transport. Having limited access to hydrotherapy is damaging to those with arthritis and other osteoarthritic conditions and insufficient management of these conditions can cause an increase of symptoms requiring more contact with the health system and potentially hospitalisation. Increasing the access to hydrotherapy for the ACT community allows people to self-manage their conditions and eases burdens on the health system.

HCCA sought input from Arthritis ACT (AACT) around hydrotherapy at UCPH and their comments can be seen below:

- Consider a pool depth of at least 0.7- 1.5m to accommodate those requiring arm or upper spinal therapy.
- Use of poolside emergency response to be extended for use by external pool users (e.g. Arthritis ACT users) in the event of an out-of-hours emergency.
- Storage for rehabilitation equipment (e.g. pool noodles, weights etc.) that allows the equipment to dry and prevent the growth of mould
- Close proximity and disabled access between pool and parking as those that require use of the pool often have very restricted mobility.

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<sup>2</sup>HCCA,2013 Submission on the Ratio of Private Rooms to Shared Rooms at the University of Canberra Public Hospital;

(<http://www.hcca.org.au/component/rsfiles/download?path=HCCA%20Submissions%202013/HCCA%20public%20submission%20on%20the%20ratio%20of%20private%20rooms%20to%20shared%20rooms%20at%20UCPH%20-%202014%20May%202013.pdf>)

<sup>3</sup> Page 19 ACT Health UCPH – Services Delivery Plan – User Group Consultation - V3

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

- Consider increasing the number of change rooms/toilets that are currently planned for patients use or allow public access to staff toilets during external provider use of facilities. Also consider making change rooms unisex. Currently, AACT use the TCH pool outside of hours and the total of 2 change rooms is insufficient for groups of 14 people using the facility.
- AACT believe that consideration should be put into the placement of public hydrotherapy pools, administered by Arthritis ACT, into new and existing centrally located aquatic venues.

At present, hydrotherapy pools throughout Canberra can only be accessed by AACT during downtimes of other organisations (e.g. TCH). This restricts the availability of low cost hydrotherapy for ACT residents with arthritis and other musculoskeletal conditions. Another important consideration is the provision of hydrotherapy with low levels of chlorine in the water as this not only aggravates joint and bone issues for those with an osteoarthritic conditions but it also is an issue for those with allergies and chemical sensitivities.

*I just don't know what's going to happen because as I said to you before there's... for example one woman who lives right down in Isabella Plains and although she has a car, I don't know that she'll be too happy with driving all the way over there y'know... Or certainly not more than once a week. And people who have to do it who live on the south side and have to do it by public transport, I don't think they will do it. Simple as that. – HCCA interview with Arthritis ACT Hydrotherapy Pool Supervisor and consumer 2014*

The present pool at Woden should continue to operate and should be an integral part of any future developments at the TCH.

### **c. Palliative Care**

Palliative care is highly valued in the ACT community. However, not all patient groups are adequately served because of limited resource availability (e.g. cancer patients are often well cared for, but some people with other end-of-life conditions, such as Motor Neurone Disease, and Parkinson's Disease are less well catered for).

A strong view emerged among consumers during the HCCA discussion on the future of Clare Holland House (CHH) in 2009 that a second, secular hospice should be an option considered for the ACT community. Some consumers have expressed concern that the only hospice in the ACT is run by a religious organisation, which has moral and spiritual principles which means that it may not cater for all consumers. The location of CHH also disadvantages people who do not have access to private transport.

We recognise that many consumers are satisfied with the support and care provided by CCH, however HCCA supports the inclusion of a palliative care inpatient unit at UCPH. The inclusion of a palliative care service at UCPH is an opportunity to provide more choices and control in the provision of palliative care support to us in the ACT. We are aware of a model of providing palliative care in the inpatient setting at Sunshine Hospital in Victoria where they have combined GEM/Palliative Care ward. The unit

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

creates a relaxed, home like environment. It also has a private garden which provides an alternative area for consumers to spend time with their families outside or for families to spend time on their own.

We see that there is scope to include palliative care within UCPH and believe that this issue needs to be revisited. Many sub-acute hospitals contain palliative care<sup>4</sup> and we believe it makes sense to provide this alongside aged care and geriatric care. It also prevents the need to transport those who are deteriorating in UCPH to an acute hospital. Research shows that clear Advance Care Planning and the provision of palliative care in sub-acute hospitals reduces the need for medical emergency response (MER) and risks due to transportation<sup>4</sup>. There is strong evidence suggesting that transportation of patients during this phase increases mortality rates<sup>4</sup>. Palliative Care ACT informed HCCA there are many pressures on palliative care services currently provided in the ACT including an increase in Canberra's population and an increase in the aged population. Further pressures on palliative care services include:

- The only inpatient palliative care beds are at Clare Holland House (CHH), governed by Calvary Heath Care ACT – There are 19 beds in total and these are reduced to 10 beds for a period of about 6 weeks over Christmas. There is already pressure on these limited beds and not everyone with specialist palliative care needs has access to them.
- Clare Holland House has reduced capacity to provide services to some members of our community. For example, CHH is a successful standalone facility with very little security for the staff and patients, which understandably reduces the capacity of the facility to accept patients with wandering or aggressive behavior or whose relatives have aggressive behavior. Further, access is limited for those whose life expectancy is unclear.

The lack of lockable wards and ability to deal with those in cognitive decline or impairment at CHH means there is a considerable gap in care for those at the end-of-life stage in the ACT. UCPH is perfectly positioned to provide this care. Benefits of providing palliative care at UCPH includes;

- Patients who are able to secure a bed in a hospital these days are living with a high burden of disease. Patients with one or more serious illnesses can benefit the most from palliative care. These patients are often in a cycle of health crises that includes repeat trips to the hospital or the emergency department.
- Palliative care is a high-value service for hospitals, because it is high-quality care for patients that lead to appropriate treatments, fewer unnecessary hospitalisations and lower costs.
- The health care that people receive in the last years, months and weeks of their lives can minimise the distress and grief associated with death and dying for both the individual, and for their family, friends and carers.

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<sup>4</sup> Visser, Philip, Dwyer, Alison, Moran, Juli, Britton, Mary, Heland, Melodie, Ciavarella, Filomena, Schutte, Sandy, Jones, Daryl (2014). Medical emergency response in a sub-acute hospital: improving the model of care for deteriorating patients. *Aust. Health Review* **38**, 169–176.

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

- A secure and supported provision of palliative care to those with cognitive impairment and/or aggressive behavior fills a gap in service provision that ACT residents face.

It is also not articulated in the SPD if there are functional relationships with palliative care in the new UCPH

- The patients who are admitted to UCPH are likely to be living with more than one chronic illness where the uncertainty regarding recovery and the likelihood of further deterioration is quite high. These patients benefit greatly from palliative care services.
- If no functional relationships are formed with palliative care services as part of the hospital plan, there is a risk that patients who need specialist palliative care services will not be able to access them. There is a mortuary in the plan, therefore there has been some discussion and planning for people to die in this facility.
- It is important to note that not everyone who dies needs input from specialist palliative care services as this is already provided by clinicians from ACT Health, aged care and rehabilitation services, General Practitioners and community. However it is estimated by Palliative Care Australia that about 30% of Australians benefit from specialist palliative care services at end of life.
- The Australian Commission on Safety and Quality in Health Care (2013) that many Australians spend time in and out of hospital in their last months of life and that 52% of Australian are dying in Acute Hospitals.
- If there are no palliative care inpatient beds and or no formal functional relationships between UCPH and Specialist palliative care there is a risk of patients missing out on the care that they need at end of life.

HCCA emphatically advocates for the inclusion of palliative care in the new UCPH. At minimum we suggest revision of the SDP to reflect functional relationships with current palliative care services in the ACT.

### ***d. Transportation Arrangements and Parking Facilities***

HCCA notes that one of the reasons in selecting the site of the UCPH was the need to be accessible to the ACT community. To many this means making sure that UCPH is close to major transport routes. University of Canberra is located close to arterial roads and public transport and has a sufficient area for dedicated parking. UCPH is close to the Belconnen Town Centre and is within easy travelling distance for people living in Gungahlin and the future Molonglo Valley development. HCCA supports this proposed site as the location for UCPH, however much work needs to be done to ensure that the advantages of the site are realised and that access to the facility by all means of transport, public, private and taxis, is adequate and easy. One member's comments illustrates the importance of this issue.

*“Accessible transportation to health facilities is critical. The Kambah Village Creek facility and Therapy ACTs Holder facility are excellent examples of how to 'stuff-up' locating a facility. They are also excellent examples of how a*

*problem - accessible transport links to ACT Health services - is continually ignored and not rectified. It is these 'stuff-ups' that show that consultation is only a 'tick box' exercise by ACT Health. As Village Creek and ACT Therapy problems are yet to be solved many, many years after they were identified." –*

### **Written consumer feedback provided to HCCA**

Car parking is often dismissed as a trivial issue but is hugely important for consumers and the community. HCCA holds some concern for the distance of the car parks to the facility. This needs to be on a same plane. It is essential that we do not repeat the issues of the Calvary hospital campus where visitors and those accessing the day services have to negotiate a slope. One consumer described having to arrive an hour before their pulmonary rehabilitation session at Calvary so they could walk and rest as they moved from the bottom car park to the physiotherapy education rooms.

HCCA would like to see spaces reserved for accessible parking at the front of the facility as well as short stay drop off and pick up. It is also important to outline if the parking facilities will be free or paid parking, remembering the effect this may have on consumers, families and carers ability to attend the centre regularly and when required.

We are very keen to see ACTION buses go past the front door of the rehabilitation centre at UC. This will have an impact on the design as the buses could be travelling along both of the internal access roads.

We understand from the documents that parking will be provided and maintained by the University of Canberra as set out in the collaborative agreement between the ACT Health Directorate and the University of Canberra. We are seeking assurance that consumers will play a role in the governance of the car park development with consultation on the design elements. We also invite the University to work with HCCA on the development of car parking.

### **e. Services Available at UCPH**

Along with palliative care there are a number of services that UCPH is well positioned to deliver. This includes sub- acute cardiac rehabilitation services and exercise physiology. This service is currently not outlined in the SPD or the functional brief and should be made clearer if it is to be included. Each year around 55,000 Australians suffer a heart attack<sup>5</sup>. On discharge from acute hospitals all those who suffered heart attacks must attend rehabilitation.<sup>6</sup> HCCA consulted with the Heart Foundation who present compelling arguments for the inclusion of such a service at UCPH due the workforce, equipment and the peer support available at the facility. There is also a concern that cardiac rehabilitation may be moving from the Canberra Hospital leaving no service on the Southside. HCCA supports the Heart Foundation's position that community priorities warrant a cardiac rehabilitation service on both sides of Canberra and that the best placed and resourced environment for cardiac rehabilitation on the

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<sup>5</sup> Australian Institute of Health and Welfare. National Hospital Morbidity Database 2009/10. Available at <http://www.aihw.gov.au/principal-diagnosisdata-cubes/>. Accessed 14 March 2014.

<sup>6</sup> National Heart Foundation of Australia and Australian Cardiac Rehabilitation Association. Recommended framework for cardiac rehabilitation. Melbourne: National Heart Foundation of Australia, 2005.

north side is UCPH. HCCA also raises the question on what affect this may have on the current cardiac rehabilitation services being run from Calvary Hospital.

Page 27 of the Functional brief indicates that spinal cord injury patients will receive acute care interstate with ongoing rehabilitation occurring at UCPH. It is not clear if there will be a spinal cord injury specific unit or program within UCPH which may be necessary for those with spinal cord injuries and should be considered when looking at services provided at UCPH

*“A spinal-specific approach to rehabilitation is not being considered. Should this be true then this ignores common national and international convention by leading medical facilities in acknowledging that spinal-specific rehabilitation is critical for successful outcomes. Placing spinal patients with other patients during the rehabilitation process inhibits patient outcomes and dilutes the specific needs of patients with spinal trauma.” – **Written consumer feedback provided to HCCA***

HCCA would also like a clear outline of amenities available at UCPH including space for a café for consumers, families, carers and staff. Amenities like a café are important when considering waiting times that may occur and the need for a ‘home like’ welcoming environment for all people who use the facility.

### ***f. Inclusion of a Stand Alone Birth - Centre***

It is important that women in the ACT and surrounding areas are provided with a range of birthing options. HCCA strongly supports the Community Midwifery Program (CMP) and similar models of midwifery-led care. The CMP is very popular option in the ACT and many consumers state they have been unable to engage with CMP as they find out about the program too late in their pregnancy by which time the service is oversubscribed.

In response to the Pregnant Pause report<sup>7</sup>, the ACT Government supported the proposal to conduct an assessment of the level of unmet demand for the CMP. This was completed by KPMG in 2006. The KPMG survey indicates that there was a significant level of unmet demand for the CMP service in the community. Since this time, further planning has been undertaken and the new Centenary Hospital for Women and Children has been constructed in addition to the opening of a two bed birth centre at Calvary Public Hospital.

HCCA is aware that the birth rate in the ACT is increasing. We would like the Government to consider building a Birth Centre within UCPH for women who have low risk pregnancies. Women who are considered to be high risk could be referred to TCH Women and Children’s Hospital.

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<sup>7</sup> Tucker, Kerrie. & Australian Capital Territory. Legislative Assembly. Standing Committee on Health. 2004, A pregnant pause : the future for maternity services in the ACT / Standing Committee on Health, Legislative Assembly of the ACT The Committee Canberra  
<<http://www.legassembly.act.gov.au/committees/reports/h08apregnantpause.pdf>>

A feasibility study is currently under way to look at this issue and we look forward to the outcome of this.

### ***g. Workforce***

It is essential that it is clear to the ACT community that there will be the workforce in place to staff the new UCPH will meet that needs of patients requiring care. This includes an appropriate staff skill mix and clear roles for each functional unit and the rehabilitation centre as a whole. It must also be clear that this new centre will not diminish much needed staffing at other ACT Health services..

A clear overall picture of how workforce fits within the current ACT Health organisational structure and guarantees clinical services and programs provided are delivered safely and with appropriate support and governance.

We are also very keen to partner with ACT Health to conduct research into consumer experiences and expectations of allied health and nursing assistance, extended scope roles, peer workers, and the use of volunteers in service delivery.

In 2010-11 HCCA partnered with the Australian Primary Health Care Research Institute (APHCRI) to investigate consumer knowledge and expectations of the role of nurse practitioners. This research was funded by the Commonwealth Department of Health and Ageing as they recognised that if the role of nurse practitioners was to be embedded in the Australian health system an understanding of consumer experiences and expectations of the role and our willingness to access the services of nurse practitioners was important information to have. In 2011 we also completed a small research project with APHCRI into consumer views of practice nurses. We see that there is benefit in conducting a similar study into the workforce planning process currently underway.

Consideration also needs to be given about the potential role of peer workers for mental health. Peer support workers have been shown to add great value to the mental health workforce and experience of health care for mental health consumers<sup>8</sup>. Programs like this are currently run in various parts of Australia including a large program in South Australia.

Mental health peer workers could play a crucial therapeutic role in psycho-social support but are potentially unregulated workers, much like personal care workers in residential aged care facilities. These workers are currently not regulated at a national level and there is no consistent level of education or training required to be employed as a personal care worker. Strong support and clear governance for these important roles at UCPH is of key importance to consumers in terms of safety and quality in our care.

In the *Service Delivery Plan – Frequently asked Questions document* it states;

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<sup>8</sup> Health Workforce Australia [2014]: Mental Health Peer Workforce Study

*“Staff will be required to move if they are currently employed within services that have been identified to move to the University of Canberra Public Hospital” – UCPH SDP FAQs document*

There needs to be clarification around the distribution of services between the south-side of Canberra out of TCH and north-side facilities. For example, there are currently four highly specialised cardiac rehabilitation nurses at the Canberra hospital that are involved in both acute care and recovery and rehabilitation for both inpatient outpatient consultations. HCCA questions whether the potential shift of these services to UCPH or into the community will mean that this team will have to be split in order to serve consumers of acute and sub-acute facilities and what effect does this have on the continuity of care? As these roles require significant training and specialisation and we interested to know how will ACT Health will assure the community these roles are filled by qualified and supported staff members to provide quality care?

HCCA is also very keen to learn about the opportunities for shared care between UCPH treating teams and general practitioners. Given the importance of having a model of care that enables step up as well as step down referrals, the integration of the role of general practice is important.

### ***h. Functional Relationships and Community Connections***

Along with the need to include connections to palliative care in functional relationships it is important to clearly consider possible functional relationships with the new community health centres throughout Canberra and the GP Superclinic and UC Health Hub run adjacent to the site identified for the construction of UCPH. We are also keen to learn more about the health precinct at UC and what opportunities that will deliver for innovation and integrated care into the future.

Another important consideration is the relationship of UCPH with the surrounding community spaces and areas like parks and shopping centres. Many rehabilitation centres encourage patients to practise using new equipment (such as mobility aids) or exercise techniques in the surrounding area of the rehabilitation centre. This allows patients to conceptualise and practise using these new found techniques or aids in a home like or community environment. These connections will be crucial in providing continuity of care for consumers of services in the network of ACT health providers in the ACT. Clearly articulating these relationships also helps to visualise how UCPH will work to provide transitional care and step-up and step-down programs to the Canberra community.

### ***i. Location of Services***

Some concern has been expressed regarding the potential siting of inpatient areas along the stretch of Ginninderra Drive. We are interested in any outcomes of noise studies that will be undertaken and design solutions such as green space.

HCCA recommends that hydrotherapy is located near the main entrance and car park to support people using this out of hours as there could be personal safety issues for

users. Hydrotherapy will also need a reception area, unless this will form part of the main reception area.

HCCA would like to emphasise the importance of waiting areas. These areas in admissions and discharge as well as comfortable waiting space for carers is essential. It is useful to have this located near the café and ideally an outdoor area. Some people may remain in the facility for a series of appointments and so the area needs to be inviting and comfortable.

### ***j. The Naming the New Facility- University of Canberra Public Hospital***

HCCA strongly opposes the name of University of Canberra Public Hospital.

We have been speaking with consumers and staff about the notion that the sub-acute facility is called a “Public Hospital”. Our concerns are shared by many people and we see that there is sufficient concern to warrant reconsideration of the title of the facility.

There are several issues with the use of this name. Firstly, *public hospital* is not an accurate description of the services provided in the new sub-acute rehabilitation centre. We have consistent feedback from members that the term ‘public hospital’ is misleading as it implies specific services to consumers. The majority of consumers perceive a hospital as a place you go to when you are sick and require emergency or acute medical care.

*“From what I understand the University of Canberra Public Hospital is only a rehabilitation centre, with no surgery or critical medical intervention taking place. Accepted public parlance is for a hospital defined as containing the following components; emergency ward, operating theatre, ICU ward, etc. Should the UC public hospital not have these items, then proponents are either corrupting the definition of a hospital, or conversely, redefining what a hospital contains.” –*  
***Written consumer feedback provided to HCCA***

In July of 2013 HCCA ran a survey on naming Canberra’s proposed new rehabilitation facility. Eighty-two people completed the survey. This sample is not large but serves as a snapshot of consumers’ views around naming the new facility. A summary of the results of this survey has been provided and can be seen in Appendix 2. Of those who completed the survey 47% identified as a past or present consumer of rehabilitation services or a carer of those who use these services. The majority of respondents (88%) felt, the University of Canberra Public Hospital was not the right name for the new facility.

*“Not a hospital in the true sense. What will stop people going there in emergencies? Will lives be lost through a misunderstanding caused by the name? It needs to be appropriately named as an Allied Health Centre or Rehabilitation and Allied Services. Hospital should not be part of the name unless it specifically states ‘Rehabilitation Hospital’ –*  
***Response from 2013 HCCA on naming of new sub-acute rehabilitation centre***

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

The concern that people may expect access to emergency and acute care should be recognised as a key community safety issue that should be considered when establishing the new sub-acute hospital.

*Calling this facility a public hospital without a clear reference to its sub-acute function has dangers. What if someone experiencing a heart attack turns up at this public hospital expecting emergency care and dies before getting to another facility. Most people see a public hospital as where to go in an emergency. –*  
**Written consumer feedback provided to HCCA**

Alternative suggestions include “University of Canberra Rehabilitation and Recovery Centre” which 47% of respondents selected as their preferred title or “University of Canberra Recovery Centre” which was suggested due to the possibility that rehabilitation may not be a familiar word to some

### **Further comments**

HCCA sees great potential in the creation of a sub-acute facility on the grounds of the University of Canberra. Sub-acute care is increasingly gaining recognition as an important level of care, it is more patient centred and provides cost savings in decreasing demand for acute care. As part of the community consultation held at HCCA on 4 July, members of the community wrote questions about the SDP and UCPH to be addressed by ACT Health which are included in Appendix 1. The themes of those questions and further community engagement can be seen in the key areas of this submission, naming the sub-acute facility, palliative care, maternity services, single to shared room ratios, transportation and parking, hydrotherapy, scope of services, and workforce.

HCCA is excited to see the progress in the development of this new facility and looks forward to a response from the ACT Government and ACT Health to our submission as well as continued involvement in the development, planning and implementation of the sub-acute facility.

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# **Appendix 1 – Consumer Questions from Public Consultation on the SDP for UCPH**

<b>Governance and Project Management</b>		
What is the role of the principle management contractor and who governs this project?	How do you ensure continuing accountability in the planning, implementation, building and running of UCPH?	What is the procurement delivery model being used?
<b>Functional Relationships</b>		
What will be the interaction with UCPH and the Community Health Centres and the Super Clinic which is co-located with UCPH?	Will there be access to and relationships with local parks and malls to provide community areas for people to walk and move in to promote social inclusion and step-down models of care?	What will be the relationship with palliative care and UCPH?
<b>Transportation and Parking and Amenities</b>		
What will be the distance to walk from the car park to the new facility, for those who have limited mobility?	What are the public transport arrangements and what sort of relationship will UCPH have with community transport?	Will there be shuttle buses from TCH and Calvary to UCPH for patients and families? What is plan for patient transport?
Will there be a café?	Could UCPH be a new transport hub?	
<b>Aged Care, Dementia and Palliative Care</b>		
Can UCPH provide culturally sensitive palliative care?	How many people with dementia or cognitive decline have died in Clare Holland house ever!? – they don't have locked wards or patient tracking	Consider the environmental impact on people with dementia – possibly drawing on the DEEP website or fight dementia website

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

	like UCPH will have or secure gardens! UCPH is the best place to provide more palliative care!	
What is the nature of longer or overnight stay beds in aged care?	Will there be female specific areas for women with traumatic brain injuries or disability?	
<b>Design</b>		
The design of UCPH should be focused around dementia friendly principles	Will you be using universal design principles?	In terms of a Home-like space – what does this mean from a multicultural, multi-age perspective? I.e in Clare Holland House they cater for different cultures such as their pergola for Aboriginal and Torres Strait Islander Peoples
<b>Hydrotherapy</b>		
Why can't we have two pools? One at UCPH and one at TCH if the need is there?	How will you ensure community access to hydrotherapy pools	Please make sure the pool has low chlorine levels!!

## **Appendix 2 – “University of Canberra Public Hospital – what’s in a name?” - Survey Results Summary**

**“University of Canberra Public Hospital - what’s in a name?”  
Survey results summary**

Between 26 July 2013 and 23 August 2013, HCCA ran a survey about the proposed name for Canberra’s new rehabilitation facility. The survey was publicised through HCCA’s community networks, in Consumer Bites, and on the HCCA Facebook, Twitter and blog. The survey was completed by 82 people. The survey questions can be found at Attachment 1.

**Quick facts**

*Demographics*

- 31.1% of respondents identified as “a past or current consumer of rehabilitation services”
- 16.2% of respondents identified as “a carer of someone who uses rehabilitation services”
- 29.7% of respondents identified as “other”, and 20 respondents gave alternative identifications such as:
  - “general health consumer”
  - “surgeon”
  - “ordinary citizen”
  - “work for the ACT ambulance service”

*The right name for the ACT’s new rehabilitation facility*

- 87.8% of respondents indicated that they felt “the University of Canberra Public Hospital” was **not** the right name for the new facility; 8.5% of respondents thought that it was the right name for the facility, and 3.7% didn’t know
- Answers given in the “Why/why not?” free text section include:
  - “Too misleading”
  - “ ‘Hospital’ means ‘hospital’. We are not getting one.”
  - “Does the university own it? Is it a hospital? I think answer to both questions is “no”.”
  - “The name does not suggest the facility is as holistic as it actually will be.”
  - “it’s a hospital at the university of Canberra [sic], it makes perfect sense”
  - “Not a hospital in the true sense. What will stop people going there in emergencies? Will lives be lost through a misunderstanding caused by the name? It needs to be appropriately named as an Allied Health Centre or Rehabilitation and Allied Services. Hospital should not be part of the name unless it specifically states ‘Rehabilitation Hospital’ ”
  - “Simple and clear”
  - “Institutional officials love to puff up their importance. So ‘college’ became ‘university’. This is deceptive, and degrades public confidence. This is to be a teaching facility for relatively minor conditions. And its name should reflect that. Such as ‘Rehab Lab’.”

### *Suggestions for alternative names*

- 47.2% of respondents selected “University of Canberra Rehabilitation and Recovery Centre” as a more appropriate name for the facility
- 47.2% of respondents also suggested alternative names in the free text section, some of which include:
  - "It ain't a hospital. Possible names: Canberra Rehab, Canberehab or Canrehab or Rehaberra (hybrid names). Try an indigenous name for refresh or rebuild.”
  - “ACT Care Centre”
  - “Ginninderra Rehabilitation Hospital/Centre”
  - “University of Canberra Wellbeing and Rehabilitation Centre”
  - “University of Canberra Recovery Centre. People know what recovery is. Some won't know ‘rehabilitation’.”

### *Rehab: Lohan or AFL?*

- A number of the comments in the free text sections noted the differing connotations of the use of the word “rehabilitation”:
  - “The use of the word "rehabilitation" unfortunately has immediate connotation with drug rehab. I would not be surprised similar jokes would circulate about the ‘UC rehab clinic’...”
  - “Nix anything with the word ‘hospital’ in it. I like the word ‘centre’, but I think rehab does have alcohol/drug connotations that might put people off. It needs some thinking about.”
  - “rehab immediately communicates addiction to me. is it sport, injury or addiction? i prefer something more descriptive and like the term 'centre' ”

### *“Prestige” naming*

- A number of respondents reacted negatively to “University of Canberra” being included in the name:
  - “I urge you to change it from the University of Canberra ..... YUK”
  - “I recommend against the usual pomposity. So please de-emphasise (avoid) prestige terms like ‘University Hospital’.”
  - “Why does University of Canberra have to be in the name of the facility.? Presumably the facility is owned by the residents/ government of the ACT and not the University of Canberra. Naming the facility University of Canberra..... gives a very strong message that the University has ownership and governance of the facility. Is this so ?’ ”
  - ““Why persist with the University title? Let's spend the funding needed to tell people what's actually at the UC on something more useful in health. No campaign to educate people about what's at the UC will cater for subsequent newcomers to the Territory.’ “

## Feedback on the Service Delivery Plan for the University of Canberra Public Hospital

- “What input/resources is the the Uni of Canberra contributing to justify having its name in the title? What about simply ACT rehabilitation and recovery centre?”
- “Does it really need to be linked to the University of Canberra?”
- “Although the new centre will be located on UC's campus, including 'University of Canberra' in the name of the centre is misleading. This is a public facility and presumably services are not provided by UC.”
- “Keep the University of Canberra out of the equation [sic], it is not a university! Afterall [sic], we hope it is NOT going to be managed by the University of Canberra, totally inappropriate for a University to manage health care services.”

Attachment 1  
Survey questions

**1. Tell us about yourself...are you...(select as many options as apply to you)**

- a past or current consumer of rehabilitation services
- a carer of someone who uses rehabilitation services
- a consumer of mental health services
- a carer of someone who uses mental health services
- prefer not to disclose
- other (please specify)

**2. Do you think the University of Canberra Public Hospital is the right name for the ACT's new rehabilitation facility?**

- Yes
- No
- Don't know

**3. If you answered "no" to the previous question, which names do you think are more appropriate for the ACT's new rehabilitation facility? Select as many as you like.**

- University of Canberra Rehabilitation Centre
- University of Canberra Rehabilitation and Recovery Centre
- University of Canberra Public Rehabilitation Hospital
- None of the above, please include your own suggestions below

**4. Any other comments?**