



Amy Pedley
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ACT Health Directorate
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RE: Northside Hospital consultation

Dear Amy,

HCCA welcomes the opportunity to provide input into the planning and design of the **Northside Hospital**. For this submission HCCA members and staff were invited to make comment on the key themes of quality, experience, inclusivity, accessibility, and innovation HCCA members and it stimulated a high level of interest. Members and others in our networks shared this widely and we received considered and comprehensive feedback from a broad range of people and groups

HCCA has a long history of involvement and experience in supporting consumer involvement in health infrastructure projects in the ACT. Since 2009, the ACT Government has supported HCCA to involve consumers and the community in health infrastructure planning, design, and governance as part of a jurisdiction-wide health services expansion and redesign initiative. Through HCCA, consumers have participated in most of the ACT's recent health infrastructure initiatives with the most recent being the Canberra Hospital Expansion Project (CHEP), which is scheduled to be completed in 2024.

In September 2019, Major Projects Canberra contracted HCCA to provide consultancy services to the Canberra Hospital Expansion Project (CHEP) including the provision of advice and support for consumers to effectively participate in the CHEP Consumer Reference Group (CRG) and participate in the review and development of Models of Care. HCCA, in partnership with Major Projects Canberra and Multiplex, were able to facilitate consumer focus groups to seek consumer input into the design of the CHEP Critical Service Building. Collectively, consumer representatives and HCCA staff have a comprehensive understanding of the effort that goes into hospital planning and design as a result of our work on CHEP. Consequently, the feedback presented in this submission draws on this body

of knowledge and lessons learned that we would like to see emulated in the planning and design of the new Northside Hospital.

From a consumer perspective, there are certain things that would be good to consider when designing the new Northside Hospital and these are outlined in the submission below.

We would be very pleased to meet with you to discuss this feedback and work with you if this would be helpful. Please contact Darcy Whitmore, Project Officer, Health Infrastructure in the first instance at darcywhitmore@hcca.org.au.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Darlene Cox', with a stylized flourish at the end.

Darlene Cox
Executive Director
Health Care Consumers' Association

9 December 2022

Submission: HCCA response to consultation for design and planning of Northside Hospital

1. Background

The Health Care Consumers' Association (HCCA) provides a voice for consumers on local health issues and 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 and consumer and community consultations.
- training in health rights and navigating the health system.
- community forums and information sessions about health services; and
- research into consumer experience of human services.

Introduction and Submission Overview

The Northside Hospital is a welcome opportunity to address the distinctive health needs of ACT residents living in the area. This submission has been prepared in consultation with our members and community organisations to ensure the planning and design of the hospital adequately addresses the specific health needs of ACT region residents. This consumer feedback will provide a valuable contribution to the planning and design stage for the hospital and support the team to achieve improvements in care and health outcomes for the ACT residents and surrounding communities.

To align with the community consultation themes mentioned on the “YourSay” website, we have chosen to comment on the key themes of quality, experience, inclusivity & accessibility, and innovation. In addition to these themes, we have included additional topics raised by consumers around the role of Calvary Health Care in the provision of public services in the ACT, mental health services and pandemic design.

2. General Comments

2.1. Quality and Safety of Hospital

What does the hospital need to assure you of its safety and quality?

HCCA is a member-based organisation with a Consumer Reference Group on Quality and Safety that is focused on the quality and safety of health services in Australia. Consumers stressed the importance of clinical excellence, as well as a cultural and practical commitment to providing patient-centred care at all levels.

Consumers have expressed a need for health care providers to be transparent and accountable about their performance in relation to quality standards. Consumers want to see sound protocols for patient care and infection control, as well as frequent, open, public reporting on safety and quality data, such as results on incident data and quality improvement.

Workforce is an essential element of high-quality, safe care. We need an adequate number of qualified personnel from the top down. An executive team which creates a culture of patient-centred attitude is fundamental. If a commitment to patient-centred care is established from the onset, it will be easier to recruit competent and compassionate staff.

There are workforce challenges which impact the delivery of care. To provide safe, high quality health care, the ACT Government needs to maintain a healthy and effective workforce to deliver a high-quality service to consumers. There is a clear relationship between patient safety culture and health workers' well-being. Consumers have been consistent in their discussions with HCCA that staff need to be well trained and supported in their work to perform their duties in delivering high-quality, safe care.

Improvements to our health system infrastructure are essential and require forethought and well-informed planning that involves consumers of health care. Consumers would like to see a high level of commitment to partnering with consumers and carers at all levels of care, service design, and delivery. They would also like to see the development of a culture and practise that prioritises frequent, clear communication between consumers and health care staff, as well as between clinicians. Consumers want adequate mechanisms for patients/families to offer feedback, combined with timely, genuine responses that incorporate meaningful, quantifiable actions to avoid recurrence of the same issues. In addition, HCCA wants to see transparent and explicit inclusion of consumers and consumer feedback from the earliest phases of this project, particularly during the **drafting of the hospital's functional brief**.

2.2. Experience

What does your ideal hospital experience look like?

Consumers identified features that they would like to see in the design planning of the new Northside Hospital based around their experiences as patients, carers, or visitors to the public spaces and facilities at other hospitals.

Quality medical care

Consumers spoke of the importance of receiving safe and high-quality medical treatment and being treated with respect, in a way that accommodates their individual needs. The quality of care provided by staff is critical to the consumer experience. Consumers expect attentive treatment as well as helpful and supportive hospital ancillary workers. There should be clear and timely communication between consumers and health professionals, as well as within and between health services. Most importantly, effective communication with (and between) treating physicians and nursing personnel should be maintained. Consumers would also like firmly and formally established communication channels with designated family/carers – regardless of whether they visit the patient in hospital or are unable to visit due to COVID limitations, geographic distance, or other factors.

Healing Environment

Consumers consistently highlight the importance of being able to access outdoor green spaces, such as gardens and outdoor terraces, and connect with nature as part of a healing environment. These spaces provide important respite from the clinical environment; a place to sit quietly and reflect or grieve, or to go for a walk. The outdoor areas should include plenty of seating and some protection from the elements such as adequate shade in hot summers. There should be a variety of areas within these outdoor spaces where people can either retreat for privacy or sit in small groups. Plants and greenery in the outdoor areas are essential. Low-allergy plant selections should be considered. Outdoor areas need to be accessible for people with disabilities, mobility issues, or prams. They also need to be safe, especially at night, so good design and lighting is important.

Within the hospital, access to natural light and outdoor views are especially important for inpatient rooms. Where natural light is limited, access to windows with views and light should be prioritised for patients who have longer stays.

HCCA has been part of many discussions over the years and across different health infrastructure projects, regarding consumer views on the ratio of single to shared rooms. We would expect that there will be at least 70% single rooms in the Northside hospital, acknowledging that this may be influenced by the service mix. Mixed gender shared rooms are not acceptable.

Hospital design should support better sleep and recovery in hospital for inpatients. While there are a range of reasons for poor sleep in hospitals, building design can have a great impact on problems like exposure to light and noise, particularly in shared wards. In single rooms, individual, patient-controlled settings for light and temperature are necessary.

Facilities for Family and Carers

Where a consumer is an inpatient of the hospital, it is expected that family members and carers will spend most of their time in the patient's room or by their bedside.

There is increasing evidence that family members and carers play an important role in the safety, care, and recovery of patients in hospital. Programs such as the award-winning Carer Zones Project at the Blacktown and Mt Druitt Hospital (BMDH), demonstrate the value of investing in strategies that support family members and carers to be involved in patient care.¹ At BMDH this was done by providing a 'carer zone' in 40 single rooms. This included a lounge that could convert to a bed. The hospital also changed procedures regarding visitors and developed information and resources for carers.

The new Critical Services Building on the Canberra Hospital campus will provide similar facilities for family/ carers. Patient rooms in the northside hospital should allow sufficient space for visitors, including space and furniture for overnight family/ carer stays.

Supporting a loved one admitted to hospital is usually a stressful time for family members and carers. They are often experiencing heightened levels of anxiety, fear, emotion, and sometimes grief. During this time, family members and carers may need to access a range of different spaces within the hospital to meet their physical, psychological, and social needs.

While the types of family and carer spaces will need to vary across the hospital, all these spaces need to be:

- a healing environment based on evidence-based design principles
- designed in consultation with consumers, family members, and carers
- pleasant, comfortable, relaxing, and quiet, non-clinical spaces with access to plenty of natural light and, where possible, views to the outdoors
- accessible for people with disabilities, mobility issues, or prams
- culturally appropriate, safe, and welcoming to all people, including Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse communities
- the inclusion of spaces for patient and family spiritual and cultural practices is important

There is also a need to have adequate number of break-out spaces for consumers and families to talk to the treating team about diagnosis, prognosis, and options for care. The current experience of consumers is variable across facilities. Some have shared that these conversations were able to be held in private spaces. Sadly, many people have shared experiences with us that these conversations have happened at the bedside without privacy.

Consumers also expressed that they would like the new hospital to have flexible visiting hours for friends and family. In addition, they want the opportunity to socialise with other patients, when possible, as well as the option to have privacy when desired. Consumers also requested that general waiting areas be designed in a way that accommodates family members and carers, including children, who are accompanying patients. We note that requirements will differ depending on the area of the hospital and the length of time spent waiting in that space.

Food Services

Consumers have asked that food service providers prioritise the use of fresh produce in order to provide meal options that are not only appetising but also culturally appropriate and nutritious. Consumers emphasise that they have often encountered issues with poorly coordinated meals, especially for individuals who need food at specified times (e.g., late at night after surgery or fasting, at the same time as certain medication, or when blood sugar is low). Parents with children who have anaphylactic food allergies have been offered allergenic foods in the hospital, despite ongoing attempts to communicate their child's specific allergies. At other times, these foods are removed from the meal tray and a suitable replacement is not provided, leaving the consumer hungry. It is vital to regularly monitor food delivery and intake to ensure that consumers are appropriately catered for. Food services should be a better integrated part of consumer's health care planning- they are central to care and recovery and not separate from medical care.

Consumer satisfaction with hospital meal services is higher the closer to mealtime they can make their order. Ordering close to mealtime has also been noted to substantially reduce food waste, packaging requirements, and as a result, costs.² Consumers would benefit from the implementation of real-time digital food ordering systems and innovative kitchen design. A range of models of food service have been trialled at Australian hospitals in recent years with positive impacts on cost, nutrition, waste, and consumer satisfaction. Getting the design of the kitchen and food service model right is critical to consumer nutrition and has an impact on their health.

2.3 Sustainability

What is important for the environmental design and sustainability of the new hospital?

As a health promotion organisation, HCCA recognises that climate change acts as a barrier to sustainable healthcare and presents profound risks to health. Health promotion must be central to climate change policy and action. While hospitals seek to treat communities, they can also contribute to climate change and ultimately affect the health of many and exacerbate the spread of illness. Hospitals pose risks to the environment due to their large-scale production of greenhouse gas emissions, and non-biodegradable and hazardous waste. Consumption of water and energy also need to be factored into sustainability of the new hospital.

Transport

Easy access to public transport is crucial to the sustainability of the Northside Hospital. Many consumers report barriers in distance and accessibility of pathways to public transport, necessitating the use of private transport to attend appointments. Members have raised with us their interest in exploring greenfield sites closer to the light rail as a more accessible and environmentally friendly option. For example, Thoroughbred Park was identified as a possible site. This option or similar would align with the ACT Planning Strategy 2018 (actions 3.1.1, 5.1.1 and 5.1.4) and the ACT Climate Change Strategy (Goals 3B and 3C).

Positioning the Northside Hospital close to an established public transport corridor will also provide multiple sustainable transport options beyond direct travel, including park-and-ride and bike-and-ride options. Other benefits to prioritising public transport access include:

- reduced congestion around the hospital
- reduced health impacts from vehicle emissions
- greater social connectedness for consumers, staff, and visitors
- reduced transport costs for consumers, staff, and visitors

Inclusion of adequate telehealth facilities will further reduce carbon emissions by reducing consumer transport needs.

Consumption and Waste Management

Food, plastic, and chemical waste are key issues to consider for the sustainability of a new hospital. It is estimated that food waste makes up half the total waste by volume in some hospitals.³ The ACT Government has a commitment to reducing household food waste, but it is vital that this commitment is extended to food waste in hospitals and health services.⁴ The issues contributing to this need to be addressed, including patient appetite and preference, food quality and quantity, and

limitations in ordering. We are aware of a range of initiatives across Australia to reduce food waste in hospitals, including reducing the number of food items requiring refrigeration, reducing the number of mid-meals not being consumed by patients, improving communication and collaboration between clinical staff and food services, and introducing composting for health facilities. Approximately one-third of a hospital's general waste is plastic. There have been some great initiatives from health care companies and institutions to reduce plastic via replacing or switching materials and reviewing usage⁵. Reusable textiles and equipment should be used where possible, as consumers want to see similar action taken in the ACT.

Energy

We are pleased that the new Critical Services Building at Canberra Hospital will be an all-electric building and hope that the Northside Hospital takes a similar approach to energy procurement and consumption to avoid being reliant on gas. This will assist in minimising the carbon footprint of our health system.

Sustainable Design

Beyond accessible transport, waste reduction, and cleaner energy sources, building design is crucial when considering climate impacts. To align with the ACT Climate Change Strategy (Goal 5D, 5.10) the Northside Hospital must “establish and implement a pathway to a zero emissions ACT Government health sector by 2040 informed by an assessment of all current and planned public health facilities”. We expect that the architectural design of Northside Hospital will reflect principles of sustainable design, minimising the use of power and utilising sustainable materials wherever possible.

Consumers also raised the need for a focus on indoor air quality control and management. The Northside Hospital should implement best-practice arrangements for ventilation and air purification as part of its infection control measures, especially given the prospect of communicable disease issues continuing in the future, and the needs of consumers with Multiple Chemical Sensitivity (MCS).

Other aspects of environmentally conscious building and campus design include proximity to public transport and bike paths, bike parking on site, green spaces, a walkable campus, locating the hospital near other community facilities, and using recycled materials in construction.

2.4 Inclusivity and Accessibility

How do we make the hospital inclusive and accessible? What is important to you?

Adopt Consumer-centred and Universal Design Principles

The theme of *consumer-centred design principles* is an overarching one which applies to all areas of the hospital and is a useful guide for infrastructure of the hospital. Consumers continue to report to HCCA that design standards do not go far enough to meet the needs of people with disabilities. There is need for a commitment to go beyond the minimum design standards for health care facilities when it comes to the needs of people with disability. HCCA would strongly urge Northside Hospital planners and designers to adopt universal design principles to build a functional hospital that fulfils the physical, sensory, and cognitive needs of both consumers and carers.

The hospital should be accessible for all people. Accessibility features should not be confined to rooms but should ensure consumer-centred design principles throughout the building, including:

- Amenities at accessible heights for all consumers including children and those that use wheelchairs
- Braille and tactile signs throughout the hospital for people who are vision impaired
- Ground surface indicators
- Wayfinding assistance
- Colour contrasts in surfaces and handrails within rooms
- Power points and light switches that are within reach
- Bathrooms that are accessible and inclusive:
 - physically accessible
 - gender neutral
 - full public change facilities for adults who require specialised toilet facilities (please see more on the [Changing Places project](#))
- Staff should be trained to assist and support people with a variety of disabilities, and people with disabilities should deliver this staff training. Examples of training to support people who are blind or vision-impaired include: being a sighted guide, announcing your presence, and explaining when putting things on the bedside table and why.

Access to Transport

Transport to and from services is an important aspect of consumer access. New and redesigned health services must be accessible by frequent public and community transport that is suitable for people with disabilities or limited mobility, and travel times must be reasonable. Consumers have raised in previous consultations and

reports^{6,7} that poorly timed and inaccessible public transport limits their access to healthcare or ability to visit loved ones in hospital. Public transport to the hospital should ideally use one of the rapid bus routes or light rail, as these offer greater frequency and extended hours of travel. Sufficient accessible car parking as well as free or low-cost parking must be provided, and visitors should be able to park close to the hospital and with ease. Community transport should have priority access to the campus to support consumers who cannot use these options.

Wayfinding and Signage

Consistent attention to signage and wayfinding is essential to enable positive consumer experiences of health services, during construction as well as in new or redesigned buildings. It should be easy for consumers to identify and reach where they need to go. Consumers remarked on the importance of clear signage directing people to rooms, lounges, and other facilities. Maps, consistent signage, marked pathways, and landmarks at decision points can make it easier to describe to consumers where they need to go. It would also be useful (e.g., for those pushing a wheelchair a long distance) if signage includes walking distances/times.

Catering to Cultural and Spiritual Needs in Health Care

Culturally competent health care service delivery is important to consumers. It can improve health outcomes and lead to better experiences of care. The Canberra community is culturally diverse, and there is a strong body of evidence showing consumers from culturally and linguistically diverse (CALD) backgrounds experience poorer health access and outcomes. We need to address the complexity this presents in providing high-quality, safe health care across our health system.

Many people have spoken to us about the importance of spirituality in our multicultural communities. Australia has become more religiously and spiritually diverse; according to the ACT Census snapshot, 12.1% of people in the ACT who claimed a religious affiliation were identified with a non-Christian religion⁸. A hospital needs to provide designated spaces for cultural, spiritual, or religious purposes, such as a chapel, space for cultural grieving rites, et cetera. HCCA also emphasises the importance of and access to non-religious spiritual support. For instance, connection to nature, pet therapy, music/sound therapy, art therapy, mindfulness, yoga, and even access to particular cuisines may be comforting and nurturing care strategies contributing to the spiritual health of consumers. Canberra Health Services are presently reviewing their spiritual support service model of care, on which HCCA provided feedback in [our HCCA Submission on Spiritual Support Service Review at CHS](#).

LGBTQIA+ Sensitive and Inclusive Care

There are inequities in the access and quality of care for LGBTQIA+ consumers. This is due to limited access to the care and services they need, negative experiences, unsafe or unwelcoming environments, or health providers who lack knowledge or experience in caring for them. The importance of safety in delivering LGBTQIA+ sensitive and inclusive care cannot be overstated. To provide the greatest quality healthcare for the community while minimising inequities in treatment, the healthcare needs of people with diverse sexualities, sexual identities, and gender identities should be considered throughout planning and design of the Northside Hospital.

Further measures include anti-discrimination policies, maintaining confidentiality, regular training for administrative and clinical hospital staff, signs of inclusion to demonstrate to consumers that the hospital is a welcoming and safe space, and knowledgeable staff (via peer-led initiatives, lived experience, or training to be more aware of community barriers, needs and identity).

Today we have better understandings of how to make design processes and outcomes more inclusive for a wide range of consumers. When existing health care facilities in Canberra were constructed, there was less knowledge around how to make services gender affirming, welcoming to the LGBTQIA+ community, culturally safe, aligned with the social model of disability, dementia-friendly, and able to cater to sensory needs. The Northside Hospital is an opportunity to include consumers from more parts of the community in the planning and development, implementation, feedback and evaluation, and improvement of services, facilities, programs, and policies. Clinical environments and staff can do more than just accept consumers into hospitals but affirm and respect their identities.

2.5 Innovation

What does the hospital need to be a facility of the future?

The Northside Hospital could be a national, or even global, leader in health care. Consumers would like to see the hospital use best practice models, addressing the current issues consumers face in healthcare settings and being guided by existing successful models. Construction of a new hospital also provides a crucial opportunity to plan for major events such as climate change and pandemics through evidence-based planning and design. Innovation in the Northside Hospital can be realised in a multitude of ways, from the care practices being used to the design, functionality, and accessibility of the hospital buildings/campus. Opportunities for innovation include inclusive practices, infrastructure and facilities, the use of virtual care, and the embedding of integrated care principles.

Research for innovative and safe hospital care supports evidence-based design principles for health care infrastructure. There are studies that link the physical environment to both consumer and staff experience and outcomes. Considering design principles can assist in improving overall health care quality, including:

- Improving patient safety
- Reducing stress for patients and improving health outcomes
- Reducing staff stress and fatigue – and increasing effectiveness for delivering care

Facilities, systems, and workforce can all help facilitate inclusive practices and partnership with consumers by:

- Creating IT systems and physical facilities that are designed to recognise gender diversity (for example, forms and restrooms)
- Training all staff on how to be gender affirming and culturally sensitive, and to provide trauma-informed care
- Creating a dementia-friendly environment to create a calm, inclusive and functional area for all people⁹.
- Using the knowledge and experience of local consumers and community organisations to create and evaluate hospital design
- Creating a building that allows people with a disability to fully participate in their own health care
- Employing staff that represent the diversity of consumers

Health Infrastructure and Facilities

Being in the early stages of development, the Northside Hospital has the perfect opportunity to design its infrastructure and facilities in ways that can transform how care is delivered while improving staff and patient outcomes. Some of the ways in which this can be achieved is through matching infrastructure design and planning with Models of Care. Form (the infrastructure design) should follow function (what and how care is to be provided).

An innovative safety design process for the Northside Hospital should include features such as:

- Patients/carers/families being involved in design process
- Equipment planning from day one
- Design that considers our patients/carers who are part of groups more at risk of poor health outcomes
- A clearly articulated set of safety-driven design principles, so that all participants in the design process can share a common focus and commitment to the project and its outcomes.

- Improved access to patient transportation
 - HCCA would like to see an improvement in the accessibility for emergency access for transportation, including the use of and access to helipads for quick transfer of emergency patients
- Well-staffed emergency rooms for shorter wait times

HCCA strongly supports the introduction of specialised care for older people (referred to as geriatric streaming) in the Emergency Department for the northside hospital to meet the unique needs of older people¹⁰. We have been unsuccessful in our advocacy for this in the Model of Care for the new Emergency Department in the Critical Services Building but feel strongly that this needs to be included in the northside hospital.

An important innovation we would like to see included in Northside Hospital plans is an emergency department designed to include spaces that facilitate streaming of patients who present to emergency. In particular, HCCA strongly supports the introduction of specialised care for older people (referred to as geriatric streaming). The development of the Northside Hospital presents the ideal opportunity to implement geriatric streaming to meet the unique needs of older consumers presenting to the Emergency Department.

The experience in NSW and hospitals overseas that have introduced geriatric streaming has demonstrated this model of service offers better health outcomes and increased patient satisfaction³. Geriatric streaming achieved higher rates of post-discharge independence and fewer re-presentations, as well as lower admission and readmission rates. These improved health outcomes demonstrate a more efficient use of resources⁴. The expected reduction in admissions, re-admissions, and even re-presentations, offers an opportunity to reallocate funding to other areas of need.

Other innovative design principles might include consideration of:

- Noise reduction
- Scalability, adaptability, flexibility
- Standardisation or automation where possible/where it makes sense
- Visibility of patients to staff
- Patients involved with their own care – shared decision making and partnering with consumers
- Easy access to information, close to where patients receive care
- Minimising patient transfers where possible

There are also a wide range of current and potential functionalities within the ACT Digital Health Record that will help hospitals in the ACT to be innovative and support best practice in patient safety. These opportunities should be explored and utilised to their full extent wherever possible in the Northside Hospital.

Virtual care

It is critical to recognise that virtual care is not just telehealth – effective virtual care encompasses a range of options that *include* telehealth or video conferencing. Innovative virtual care design should also allow for remote monitoring of patient health, and safe and efficient ways of recording, storing, and sharing health information with patients who access and see multiple clinical specialties within the hospital and outside the hospital.

Harrison's¹¹ recent article in *Australian Health Review* discusses the important linkages between infrastructure design and virtual health care:

'The coronavirus disease 2019 (COVID-19) pandemic has highlighted the potential value of virtual models of care to support more efficient and accessible healthcare delivery at reduced cost. In order to achieve this, the healthcare services and facilities must be designed to integrate virtual care. To date, incremental approaches have been used to accommodate virtual care innovations within existing systems and services. Infrastructure innovation is now critical to fully realise the benefits of virtual and hybrid models of care for population health and health system efficiency. With record capital expenditure on healthcare infrastructure across Australian jurisdictions, we are in a critical period for making transformative changes to the design of healthcare facilities to ensure the relevance of future facilities and redevelopments.'

Continuing and expanding the use of virtual care needs to happen in a way that provides value for money, using high value technologies and providing high quality experiences of care. We know that one size does not fit all – research suggests that consumers value having the choice and flexibility to use virtual care when appropriate or at particular points of their patient journey, but not as a complete replacement for face-to-face delivery¹². Building consumer confidence in virtual care services through infrastructure may include:

- embedding reliable platforms and technology,
- enhancing the quality of virtual interactions, and
- meeting the access and equity needs of vulnerable and targeted groups¹³.

HCCA also recommends planning for virtual care from the early stages by:

- Early planning of technological infrastructure needed. For example, software needed for video conferencing appointments, software for managing appointments made for virtual care,
- Planning for tools and software that can be used to remotely manage and monitor patient health in consultation with consumers and carers who will be responsible for tracking and logging data remotely,

- Early planning of physical infrastructure required for virtual care for example rooms on site for clinicians to conduct appointments with appropriate privacy,
- Ensuring there is appropriate support for staff and patients to be able to access care virtually and that their access needs are met.

Integrated Care

HCCA support the incorporation of integrated care practices in the Northside Hospital.

One of our members argued for investment in primary care, including integrated care in a community-based service. This suggests that the new hospital design and services should include projection and modelling data to demonstrate the needs of the community at large. Rather than continuing to provide hospital-based services there is an opportunity to be innovative and explore other ways to deliver health care. They wrote

‘We probably need better data on what problem they are trying to solve in relation to health care. It should not just be a political decision, based on population centres etc. And there may be many other better options to ensure people have their health care needs better met. e.g., Community Health Centres, based on a Winnunga Nimmityjah integrated care model; places where people can access allied health services in the community, using and improving existing models or places like the Walk-in Centres; a Rehabilitation Service facility.’

We ask that the planning process take full and careful consideration of what health services must be provided in an acute hospital environment and what services can be better provided in an alternative setting – perhaps as part of an integrated health campus of which a hospital is just one component.

An example of this is the potential for development of a free-standing, midwife-led birth centre, to meet the significant demand for midwifery-led continuity of care in a home-like environment. A facility such as this has the established potential to reduce per-birth costs and improve midwifery workforce satisfaction, while providing a safe, high standard of care to women and pregnant people seeking this model of care.

2.6 Community Views on the role of Calvary Health Care in the public hospital system

Consumers and local organisations have raised a range of views with us relating to the ongoing role of Calvary Health Care in the ACT public hospital system. While we have support for the quality of care provided at Cavalry Public Hospital Bruce and Clare Holland House, some consumers wish to explore the ongoing role for Little Company of Mary. We have heard had a range of issues concerning inclusive care, LGBTQIA+ rights, reproductive rights, end of life care, and institutional governance. If the Northside Hospital seeks to provide quality care, positive consumer experiences, and a service that is inclusive, accessible, sustainable, and innovative, the ACT government needs to give serious consideration to the ethical dilemmas, tensions, and compromise involved in using a Catholic provider for public health care services. It is important to note that the arguments against having Calvary Health Care ACT as a major provider of public hospital services are less of a reflection on the skills and compassion of the people who work there, and more related to the limitations of services Calvary as an organisation offers and is willing to provide.

Members of the LGBTQIA+ community have raised ongoing concerns about treatment at Calvary Public Hospital Bruce. In 2013 the Sex Discrimination Amendment (Sexual Orientation, Gender Identity, and Intersex Status) Bill came into effect, affording greater protections to lesbian, gay, bisexual, trans, gender diverse, and intersex people¹⁴. However, religious schools and hospitals are exempt from the Act, making the LGBTQIA+ community more vulnerable to discrimination in hospitals run by religious institutions. HCCA strongly supports equitable access to health care for the LGBTQIA+ community, yet LGBTQIA+ consumers continue to feel unsafe and face discrimination in both health care and religious settings. The Northside Hospital should not be an example of a major health care provider that combines both sources of discrimination.

LGBTQIA+ awareness and inclusion are an issue in the health care system regardless of service provider's religious affiliation. According to the 2022 *LGBTQ Pride in Health + Wellbeing* statistics, 8% of health care staff in Australia reported that their personal beliefs meant they could not look after sexually- or gender-diverse consumers, and 80% of obstetricians and gynaecologists did not receive training in residency on caring for transgender consumers. However, data collected from *Pride in Health* also demonstrated positive outcomes where inclusive access to health care occurred. Severe psychological distress and suicide attempts were reduced by over 50% where consumers had access to gender-affirming surgeries, while access to gender-affirming hormones were associated with an almost 40% reduction in depression and suicide attempts¹⁵.

This data highlights the particular importance of access to safe and appropriate care for the LGBTQIA+ community in Australia. Due to discrimination, harassment, and

social exclusion, the LGBTQIA+ community is more likely to face poorer health outcomes than the wider Australian population, and more likely to require access to health care services. The community has a higher risk of psychological stress, self-harm, mental illness, and drug dependence as a coping mechanism¹⁶. The Northside Hospital has an opportunity to be a leader in inclusive care and improve these health disparities currently faced by LGBTQIA+ people. This opportunity may be incompatible with a hospital governed by Catholic values.

There are broader community concerns over equitable access to healthcare if Calvary were to continue as the service provider, considering their policies are based on Catholic values preventing them providing crucial services such as contraception, in vitro fertilisation, and voluntary assisted dying¹⁷. Since the ACT Legislative Assembly inquiry into reproductive rights there has been increased discussion among consumers and consumer groups about the role of a faith-based provider in the public hospital system.

When surveying the ACT community on the topic of reproductive health, Women's Health Matters found that consumers experienced difficulty in accessing care at health facilities run by religious institutions, reporting that these organisations did not provide appropriate reproductive services¹⁸. Women's Health Matters have suggested that, at a minimum, the Northside Hospital require a code committing the service to non-discrimination in practice to ensure that people have access to emergency treatment and/or referral for reproductive health issues including abortion.

When consulting with community members to write a submission to the inquiry into reproductive choice in the ACT, HCCA heard from consumers about their experiences of Calvary Public Hospital declining to provide certain types of reproductive health care interventions due to their 'Health Philosophy' principles¹⁹. This includes consumers being denied the 'morning-after pill', even as a victim of sexual assault. Abortion is fundamental health care and HCCA considers it unacceptable that the ACT community does not have equitable access to these services. The ACT Government must ensure access to stigma-free public reproductive health services in order to meet their obligations under the Australian Charter of Health Care Rights.

Other submissions have also referred to issues caused by religiously motivated care from a public institution²⁰. Consumers report that they have not been provided with adequate information to make informed decisions about their reproductive health options, while others feel reluctant to use Calvary services at all if they are in a same-sex relationship²¹. When Catholic values are applied to health care, consumers are at risk of delaying treatment due to confusion over where to go and fear of stigma. The lack of these services at the public Calvary hospital also places pressure on the private system and relies upon consumers being able to privately

afford costly procedures. Any new facility must seek to respect consumers' choices, and provide clinically appropriate care without refusal, delay, or stigmatisation.

Delivering dignified and respectful palliative care would not be possible with Calvary as service provider as Voluntary Assisted Dying (VAD) is not permitted under their Health Philosophy principles²². Now that the ACT has had its right to create new legislation on VAD restored, the Northside Hospital must include VAD in its services if it hopes to be a leader in the health of older people. Consumers have raised with us their concerns about accessing VAD as patients of Calvary public hospital and the ability for Calvary Health Care ACT to provide palliative care services.

Working across different governance structures can be challenging. While the ACT Government has made concerted efforts to work closely with Calvary in health services planning, there are benefits to be considered in moving away from a religious provider. In addition to consistent values, more in line with those of the community, our members have suggested that a single-governance arrangement would also be more efficient, as well as increasing transparency of costs and performance. The Calvary Network Agreement is not a public document, which currently limits transparency to the community.

Given the ACT Government is working to enhance the integration of health care across the territory, acquiring Calvary public hospital land would provide an opportunity to shift public health care towards more inclusive values that serve all consumers in the ACT. A new Northside public hospital should not be exempt from providing crucial services to the LGBTQIA+ community, women and people with uterus, older people and those facing end-of-life care, but instead be an inclusive environment for the Canberra community.

2. 7 Mental Health Services in the Northside Hospital

We support a new, purpose-built mental health precinct to enable the provision of safe and therapeutic, recovery-oriented care. This would involve a new mental health inpatient unit and services for older people.

We want the design to enhance privacy and dignity. We also want a range of spaces for patient, family, and carers as well as for staff use. Consumers want access to courtyards on ground level, to have single rooms, and flexible spaces.

We want this to be co-designed with consumers, carers, and staff.

We do not support mental health services in a multistorey acute building.

We think that there are complex interdependencies with territory wide planning of mental health services. This includes services available at Canberra Hospital

campus, community teams and private hospital planning. We support bringing forward the mental health precinct planning to align with this work.

Feedback from consumers and carers is very clear that we do not support mental health services in tower blocks.

We are interested to understand that community (outpatient) mental health services are being planned for. We appreciate that the clinical services planning process is running in parallel and there is also work on a mental health services plan. For example, consumers asked us if there would be child and adolescent services. For many consumers living with mental illness alcohol and other drug use is common. How will alcohol and other drug services be provided?

We are also mindful on the need for a connection with the hospital. We want to avoid the situation at Canberra Hospital with a very long bridge that requires ambulance transfer. We favour an airbridge from the mental health precinct to the hospital for access to imaging and also rapid deployment of the medical emergency team as required. There also needs to be consideration of ambulance and police access to the building.

2. 8 Pandemic planning

Infection control principles and standards are fundamental to the design of health facilities.

We have an opportunity with a new building to include engineering controls to reduce hazards and optimise ventilation and air quality. This includes raising ceilings, increasing air exchange, installing air flow and air filtration systems. We can design buildings that are naturally ventilated with access to outside areas.²³ We can also include separate entrances for contagious patients and including areas to screen patients and visitors

We need control measures to prevent staff-to-staff as well as patient-to-staff transmission. Building design is key to this. For example, tea and break rooms in have been well recognised as places for staff-to-staff COVID-19 transmission. How will design address this?

We know that negative pressure rooms with an anteroom have been effective in minimising transmission in the care of people with COVID-19. The Australian Commission for Quality and Safety in HealthCare provides as dice that if a negative pressure room are not available, we need isolation rooms with negative airflow. Rooms with positive pressure airflow should be avoided.²⁴

3. Concluding remarks

We appreciate that the Government is in the early stages of planning for the northside hospital and there will be more opportunities to contribute to the process. We hope our comments are useful. They have been collated and summarised from consultation with consumers about this project, and previous ones such as the University of Canberra Hospital and the Canberra Hospital Expansion Project. We have to share on the topics we have raised in this submission, and we look forward to working with the Government to ensure there is meaningful consumers input into the planning and design in the coming years.

Please do not hesitate to contact us if you wish to discuss any issues we have raised in our submission.

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