South Australian
Salaried Medical Officers Association

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South Australian Branch
Australian Salaried Medical Officers Federation

2 May 2021

Ms Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network
72 King William Road
North Adelaide SA 5006

ATT: Ms Wendy Rowell
Director, nWCH Commissioning and Engagement

Dear Ms Gough

Re: Rheumatology (the Unit) – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES

We are writing to you in relation to the above matter. SASMOA does not endorse the FDB, outpatient rooms or treatment spaces provided for consultation for this Unit, neither at this time does the Unit.

The medical staff attached to Rheumatology (the Unit) in the Women's and Children's Health Network have significant concerns regarding the allocated Treatment Spaces, Outpatient room allocation and the information provided within the Functional Design Brief (**FDB**) for the planning of the new Women's and Children's Hospital (**WCH**).

The Unit receives 300 new referrals each year to the service. A significant number of these patients will be seen only twice however, some patients will require more treatment in outpatients, more often. Most of the clinical work performed by the clinicians in the Unit is in Paediatric Outpatient's Clinics. The service has captured the data for patient numbers utilising the service. The number of patient referrals increase annually. There are several children who are falling through the cracks. The writers are advised by the Unit, there is a gap of 80 children not yet accounted for and five to ten children that never come to the clinic. These additional children should be included in the data to determine the outpatient clinics required for the service.

To provide a high-quality Rheumatology service to South Australian children and future proofing the service for expected South Australian population, the Unit requires 3.0 FTE Consultants undertaking clinics, at WCH. Each clinic requires a nurse and to be supported by a physio and an OT. An advanced trainee registrar is required who would undertake three clinics per week as part of the training program. This staffing is not currently provided.

The difficulty for the Unit is that the LHN does not fund the service to provide the level of care the Unit should be offering and this impacts on the acuity of the patients in later years. The outpatient clinics are held across the week however, only on two of the days nursing support is

provided and no other allied health support such as an Occupational Therapist is provided, though necessary. Only one clinic per week has a Registrar.

On Monday there are three Consultant led clinics, on Tuesday two Consultant led clinics and Registrar led clinic, on Wednesday, a Consultant led clinic but no support, every other Friday there is a Consultant led clinic but no support. There is no administrative time built into the job planning of the doctors, so all work performed at the hospital is clinical work and non-clinical work is performed after hours or at home.

Job plan and business cases were submitted at the beginning of the year for additional staff, but the Unit was advised the case was unsuccessful.

The Unit does not require access to inpatient beds specifically for the Unit but require an inpatient bed from paediatric general medicine from time to time.

There is some shared administrative and secretarial support for the Unit and in outpatients, but this is unsatisfactory.

Outpatient Rooms

There are insufficient outpatient rooms provided based on the data collected by the Unit on transfer to the new hospital. The Unit advises it is simple to calculate, look at the new patient referrals, P1, P2 and P3. Once you know how many new patient referrals there are, the planners can determine overall numbers, add in follow-up patient requirements, and then calculate how many outpatient clinics are needed for the service. The Unit is unclear why it is difficult for the planners to determine the right number of clinics for the service at the new hospital.

The Unit advises there is no process to remediate the deficiencies highlighted in the PUGs and SD.

Consultation Room size for the outpatient service is insufficient for the service. Outpatient consult attendees may include Consultant, Trainee, Mum and Dad, the child (perhaps in a wheelchair) and other family. The clinicians should be designing and determining the size of the consult rooms for their speciality and the cohort of patients they review, not non-clinicians. Engagement on the number and room sizes for outpatients for this service is required to be fixed before the Unit will sign off on the FDB and outpatient rooms and clinic numbers.

Telehealth does not assist in the clinical care for this speciality. Physical examination is important for the care of the patient and for the service to work. It is expected for the foreseeable future and knowing what will be clinically available in the future to treat this cohort of patients, the vast majority of the patients will be required to be seen face to face. Although during COVID, Telehealth was implemented for patients, the quality of the review was unsatisfactory for clinical purposes.

Office Accommodation

The Unit requires individual enclosed office accommodation for all Consultant and nursing staff. This is a both a clinical and professional requirement for the doctors in the service. The service requires secretarial (not centralised) support attached to the service inclusive of accommodation.

The Unit advises they are genuinely concerned for patient privacy and confidentiality and the ability for the doctors to adequately perform their duties and responsibilities should planners attempt to implement open planning. Doctors in the Unit advise they require individual enclosed office accommodation to conduct their clinical and non-clinical responsibilities.

The doctors in the Unit advise they have conducted a mini audit on receipt of telephone calls, related to a patient care, these telephone calls occur approximately every 25 minutes. The length of the calls are for approximately between 10 to 15 minutes. It was observed that all members of the Unit attended to telehealth in a similar pattern. The Unit stated that a hub *"is nice"* but "*not workable*" for ethical clinical care for patients. "*Everyone knows everyone in Adelaide and to attend to clinical matters in on open forum is unethical*". This is not a principal for a "*world class, state of the art*" hospital.

Open planning allows interruption, breach of confidentiality, inefficiency, and a noisy environment not conducive in the provision of health care.

Attention also needs to be given to lessons learned from the current pandemic response. It is clear, enclosed individual office reduces the risk of spreading the infection between staff and patients.

Transitional Care

The Unit submits that the hospital does not perform transitional care. The Unit provides care to children up to 18 years of age, upon attaining the age of 18 years the patients are transferred to the adult rheumatology system. These children leave paediatric care and are not seen in the adult system. The acuity of the patient's condition escalates, and many are unable to maintain gainful employment eventually reappearing in an Emergency Department.

The current and new hospital must include in the outpatient services, clinics for transitional care, every week for adolescents under the care of a nurse specialist. This would cost less than the long-term costs that impact on the system because this service is not available.

Research

Included in research, there must be administration staff to input data, currently this does not occur and increases costs.

SDM

The SDM for Rheumatology is attached. Much of the material included in the document is not captured in the FDB.

World Class, State of the Art – FDB

If the Government is going to design a new hospital, they must go to each service in the hospital and ask what is a "*world class, state of the art*" hospital for your service and how would this principal be achieved for each service. This definition should not be determined by Government and non-clinicians who do not have the professional knowledge to make this decision, this must be determined by the clinicians and their patients. If followed then the Government and South Australia will achieve a "*world class, state of the art*" hospital.

The Unit states the building of this new hospital is a once in a lifetime opportunity to get this right for clinicians and the community.

The Unit has several concerns based on the information provided above. These should be addressed as a matter of priority. The FDB and outpatient rooms allocated to the service cannot be endorsed given the concerns which require the attention of the planners.

Should you have any questions regarding the abovementioned please do not hesitate to contact the writer.

Yours sincerely

Bernadette Mulholland
SASMOA, Chief Industrial Officer

Tea Boromisa
SASMOA, Principal Industrial Relations Adviser