



New Bendigo Hospital (NBH) Opening January 2017

Bendigo Health

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HRT 1617 Sub-acute Improvement Group Workshop

23-24 November

Brisbane



Key Problem - current site

- Separate sub-acute campus
- 60 bed combined rehabilitation and GEM unit
- 4 teams:
 - Stroke/neuro rehabilitation team
 - Orthopaedic rehabilitation team
 - 2 x GEM teams
- No medical staff on site after hours – on-call only
- No security staff on site
- Patients require transport back to the acute campus for: diagnostic tests, acute treatments, and clinical deterioration (clinical risk and \$\$\$)
- Difficult at times to get patients back to the acute campus if required
- Risk to bariatric patients as bariatric ambulance can take hours to arrive if patient deteriorates
- Difficulties with patient flow – typically transport delays from the acute campus leading to multiple admissions late in the day → busing shifts for nursing staff and on call medical officer, no AH review till the next day
- Difficult after hours to get patient histories, medications etc. from the acute campus after hours, or to get pathology to the acute campus

Aim - Integration with the acute campus

- Inpatient Rehabilitation Unit changed from sub-acute to acute division (as a part of an organisational restructure)
- Inpatient Rehabilitation Unit changing from one 60 bed unit to two 32 bed units
- Restructure and division of staff into 2 separate unit
- Employment of additional NUM and ANUM staff
- Division of patient load into 2 separate units (already completed)

Rehab now....



The New Bendigo Hospital



New hospital changes impacting on the Inpatient Rehabilitation Unit

- Nominated staff participated in design meetings and planning for the development of the NBH
- All departments to develop a model of care in preparation for the move
- Introduction of a new digital medical record (with electronic medical record to follow)
- 5S Project – the new Bendigo Hospital will be paper light
- Transition of kitchen, cleaning, and orderly staff to private provider
- ICT – multiple projects completed to ensure new systems will interface with current system
- https://www.youtube.com/watch?v=19xO9_QWhV0&feature=youtu.be&t=139

Ward planning for the transition

- Preparation of detailed Ward move plan. Goals:
 - Minimise risk to patients, staff, and volunteers;
 - Ensure uninterrupted access to clinical services
- Nominated staff to participate in:
 - Operational testing
 - Functional testing
 - Code testing in the new hospital prior to opening
- Nominated staff participated in form design and form review for the DMR, and on EMR working groups (DMR implemented in August 2016)
- Core business continues – e.g. Accreditation

Ward planning for the transition



- Staff leave limited from September 2016 – January 2017 to allow for the training required. Staff have/will be participating in the following training:
 - Interactive workshops for senior staff
 - Dedicated learning centre for staff
 - On-line education modules for staff
 - Familiarisation training for staff in the NBH environment
 - Super-user training provided by equipment company trainers
 - End-user training provided by Bendigo Health corporate clinical trainers
 - Wayfinding
- Equipment champion appointed to oversee and plan for the ward equipment move: identification of equipment to take, liaison with other departments, oversee deep clean of equipment prior to Move day, liaison with removalists.
- Separation into 2 different cost centres
- All patients to be moved in one day. Move to commence at 0800hrs
- Staff to be rostered for both sites, plus additional staff

Benefits to patients

- Multipurpose gym for therapy on each clinical level
- Outdoor therapy area on the balcony
- Back-up on-site for clinical deterioration
- Diagnostic testing available on-site



Lessons Learnt

- Overnight leave was considered for Move day but not proceeded with
- Don't underestimate the time required for planning
- Keep communication lines open with all staff
- Be aware that all staff cope differently with change

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