Division of Surgery & Perioperative Medicine and Division of Medicine, Cardiac and Critical Care

Realignment of Services
Service Plan

Southern Adelaide Local Health Network

Incorporating
Reintegration of Inpatient Orthopaedic Services from Flinders Private Hospital
Transition of 4GM from Medical to a Surgical ward
Transition of Urology from 6G to 6C

November 2018
Version 3

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### DOCUMENT REVISION HISTORY

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</table>
| 1       | 13 September 2018  | Consultation draft (Version 1.0)                                      | Catherine Hughes  
Co-Director Division of  
Rehabilitation, Aged Care and  
Palliative Care Services (SALHN)  
Debra Moen  
Co-Director, Medicine,  
Cardiac & Critical Care,  
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(SALHN)  
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Project Manager, Project  
Management Office  
(SALHN) |
| 2       | 26 September 2018  | Consultation draft (Version 2.0) Comments by M Francese and W Dungey |                                                                      |
| 3       | 6 November 2018    | Comments provided by Workforce                                         | Michael Francese  
Wayne Dungey |
|         | 7 November 2018    | Sent to Co Directors of SAPOM and Medicine, Cardiac and Critical care for final review |                                                                      |

### DISTRIBUTION LIST (FOR CONSULTATION)

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Signed:

Date:
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1. Executive Summary

The Division of Surgery & Perioperative Medicine (SAPOM) and Division of Medicine Cardiac and Critical Care Clinical Realignment Plan, Version 3, November 2018, outlines the proposed:

- Return of public elective inpatient orthopaedic activity from Flinders Private Hospital (FPH) to Flinders Medical Centre (FMC); and
- The realignment of ward spaces within FMC to optimize the medical, nursing and allied health specialisation by surgical or medical stream in 6C, 6G and 4GM.

SALHN has been working closely with senior medical, nursing and allied health clinicians from Division of Surgery, Surgical and Perioperative Medicine and Division of Medicine Cardiac & Critical Care and Division of Rehabilitation, Aged and Palliative Care on the service realignment opportunity so as to ensure appropriate service alignment and capacity planning for SALHN patients in formulating this proposal.

This proposal shows the way in which the SAPOM will create capacity within their division to manage short stay elective surgical and elective orthopaedic activity currently being provided at in Flinders Private Hospital.

Additionally, this document outlines how the existing bed pressures within the acute wards relates to patients queueing for lower acuity environments. This includes patients in the Emergency Department awaiting a ward bed, Intensive Care Unit patients awaiting ward transfer, acute patients ready for rehabilitation, and rehabilitation patients awaiting National Disability Insurance Scheme (NDIS) or other community supports.

Despite a number of interventions, including reduction in length of stay in Geriatric Evaluation Medicine (GEM) beds and an increase in rehabilitation beds, modelling shows that on any single day across SALHN approximately 14-20 acute patients await a sub-acute transfer, with a further 14 patients awaiting NDIS or Transition Care Package (TCP). This has been caused, in part, by changes to the NDIS process which is creating significant delay in the transition of newly acquired disability patients from the acute inpatient environment.

As announced by the Minister for Health on 30 October 2018, arrangements are underway for the creation of the Care Transitions Ward in RA in building 12 on the Repat Health Precinct (RHP). This will
create the necessary post sub-acute capacity to accommodate the downstream flow. It is anticipated this ward will be operational by mid December 2018.

Modelling demonstrates that by creating additional bed capacity in the post-sub-acute environment on the RHP, there will be a reduction in queuing in wards and ED at FMC and will allow the capacity for outlying elective orthopaedic inpatients to return to the FMC (figure 1).

Figure 1- Patient value chain of waiting for appropriate care environment

Please note, capacity remains at FPH for bed utilization if required
The plan sets out the following proposed transition:

- Ward 4GM is currently a 16 bed general medical ward, that shares the full ward capacity with the 4GP (eating disorders mental health service, The 16 beds are appropriate for accommodating elective patients.
- The 16 beds in the new ward, 4GS, will become a combination of elective orthopaedic surgery and short stay surgical activity.
- Relocating surgical urology beds from 6G to 6C to be collocated with Vascular. This will turn 6C into a 28 bed Urology and Vascular ward and will establish a homeward for this cohort of patients in SAPOM and provide specialist surgical nursing.
- 6G will then revert to a specialist Renal and Medical Unit, which will optimize nursing, allied health and medical specialization.

The Service Realignment for in-scope Wards model (image 2) outlines the current and future state beds in line with this proposal. This reflects a realignment of bed allocations within FMC through additional flow capacity creation in the Rehab Health Precinct (RA). Flexible capacity remains at FPH as needed on a case by case basis.
Figure 2 - Service Realignment for in-scope wards
2. **Introduction**

The realignment of clinical services within SALHN is focused upon improving patient access and flow, reducing outliers, consolidating home teams and ensuring there is an effective creation of capacity to deliver services across the SALHN hospitals.

This document details the realignment of a number of services including:

- Reintegration of Inpatient orthopaedic activity from Flinders Private Hospital
- Transition of 4GM from Medical to a Surgical ward
- Transition of Urology from 6G to 6C

3. **Purpose**

The purpose of the *SALHN SAPOM and DOM Service Plan, Version 3*, is to provide an overview of the:

- Proposed transition and realignment of activity
- Proposed employee transition processes
- Proposed associated timelines
4. Service Realignment

SAPOM and the Division of Medicine Cardiac and Critical Care will continue to provide safe, high quality care for patients while transitioning services.

SAPOM and Division of Medicine Cardiac and Critical Care will continue to provide:

- Elective orthopaedic and short stay surgery maintaining the same activity level
- Appropriate levels of care in the most appropriate clinical setting as and when needed

4GM - Medical General Medicine Ward - Current State

4GM is a 16 bed General Medical Ward within FMC which is under the GMF4 medical team. The types of patients currently within this ward include a mix of General Medicine patients, OPAL and RCOT patients.

Ward 4GM has been a general medical ward since the SALHN Clinical reconfiguration and RGH decommissioning.

Following the commissioning of RA in December, it is proposed that 4GM will close on 21 December 2018 as part of the standard Christmas closures across SALHN, reopening on 7 January 2019 as 4GS. Any remaining patients will be accommodated within other wards at FMC as clinically appropriate and consistent with usual practice.

<table>
<thead>
<tr>
<th>Service</th>
<th>RN3</th>
<th>RN2</th>
<th>RN1</th>
<th>EN</th>
<th>Ward Clerk</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4GM</td>
<td>1</td>
<td>2.21</td>
<td>13</td>
<td>5.99</td>
<td>1</td>
<td>22.2</td>
</tr>
</tbody>
</table>

* data provided based on current workforce as at 7 November 2018

Transition of nursing staff and any other affected staff will be managed in accordance with Section 6 - Workforce Transition.
4GM Future State- 4GS - Elective Orthopaedic Services

Following the decommissioning of the RGH and support for the RAH Ramp down, elective orthopaedic surgery including arthroplasty was planned to be temporarily accommodated within FPH. Due to bed pressures and a desired separation of elective from emergency surgical work, there has been limited capacity, until now, to return the orthopedic work to FMC.

Under the current model, Medical, Specialist Nursing and Allied Health consulting is provided by FMC with post-operative nursing care provided by FPH nursing staff.

Elective orthopaedic inpatient activity at FPH will cease on 21 December 2018, which aligns with the standard Christmas closures for SALHN, with the inpatient activity recommencing on 7 January 2019 from the new ward 4GS (formerly the 4GM space).

From 7 January 2019 it is proposed that 4GS will be a 16 bed ward for patients requiring elective orthopaedic Surgery. Some elective short stay surgery from within SAPOM will be moved to 4GS to ensure optimal utilization.

Governance for 4GS will return to the Nursing Director Surgery and Perioperative medicine.

4GS will include two high acuity beds to care for arthroplasty patients within the first 24 hours post-surgery that require close observation and monitoring. The two beds will be
allocated a Registered Nurse as a 1-2. The high acuity utilization will be reviewed after three months.

The staffing for the 16 Beds, including high acuity and the associated nurse is:

<table>
<thead>
<tr>
<th>Service</th>
<th>RN3</th>
<th>RN2</th>
<th>RN1</th>
<th>EN</th>
<th>FTE Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shift Configuration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 / 5 / 3</td>
<td>1.1</td>
<td>2.58</td>
<td>15.29</td>
<td>6.87</td>
<td>25.84</td>
</tr>
<tr>
<td><strong>NHPPD</strong></td>
<td>6.88</td>
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</table>

* based on 14 beds with 2HDU, budgeted FTE. Provided by NQIS office, nursing calculator.

Recruitment and staff transition processes for affected staff will take place in accordance with Section 6 – Workforce Transition.

**Medical Staff**
There will be no change to the allocation or assignment of Medical Officers as part of this service realignment.

**Allied Health Staff**
There will be no change to the allocation of Allied Health staff as part of this service realignment. Allied Health will continue to deliver unit based services based on priority, not location or unit. Allied Health will continue to service this patient cohort within the reconfigured 4GS rather than provide patient care and support within Flinders Private Hospital.

**Administrative Staff**
It is proposed that the current 4GM Ward Clerk/Administrative Support Officer will remain with the ward and change governance and reporting lines to the proposed new ward of 4GS and remain in the same current location.

**Weekly Paid Staff**
There will be no direct impact or change to the composition of Weekly Paid employees as a result of this realignment. Hotel Services will continue to be provided at current allocation as cleaning, porter services and fetch and carry will be maintained even with the reduction in beds.
Transition of Urology Services

As part of the RGH Decommissioning and clinical reconfiguration, Urology Services were relocated to 6G within FMC, as part of a 28 bed specialist ward.

As part of this service plan, it is proposed that Urology relocate from 6G and become collocated with vascular services in 6C. This will create a 28 bed ward and will establish a homeward for this cohort of patients and provide specialist surgical nursing within SAPOM. It is proposed that this transition will occur on 7 January 2019.

### Current Workforce - 6G*

<table>
<thead>
<tr>
<th>Service</th>
<th>RN3</th>
<th>RN2</th>
<th>RN1</th>
<th>EN</th>
<th>FTE Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6G- Renal &amp; Dialysis</td>
<td>1.1</td>
<td>2.95</td>
<td>23.47</td>
<td>15.55</td>
<td>43.07</td>
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* based on 24 beds, budgeted FTE. Provided by NQIS office, nursing calculator

### Future Workforce - 6G*

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<td>12.70</td>
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<td>NHPDD</td>
<td>7.47</td>
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* based on 20 beds, budgeted FTE. Provided by NQIS office, nursing calculator

### Current Workforce - 6C*

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<th>Service</th>
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<th>FTE Total</th>
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<tr>
<td>6C- Surgical Ward</td>
<td>1.10</td>
<td>3.73</td>
<td>17.81</td>
<td>16.45</td>
<td>39.09</td>
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* based on 22 beds, budgeted FTE. Provided by NQIS office, nursing calculator

### Future Workforce - 6C*

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<th>Service</th>
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<th>RN1</th>
<th>EN</th>
<th>FTE Total</th>
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Division of Surgery & Perioperative Medicine and Division of Medicine, Cardiac and Critical Care
Realignment of Services Service Plan, Version 3, November 2018
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<td>7.35</td>
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</table>

* based on 28 beds, budgeted FTE. Provided by NQIS office, nursing calculator.

Recruitment process and staff transition will take place in accordance with Section 6 - Workforce Transition.

**Medical Staff**
There will be no change to the allocation or assignment of Medical Officers as part of this service realignment.

**Allied Health Staff**
There will be no change to the allocation of Allied Health staff as part of this service realignment as it related to Wards 6G and 6C.

**Administrative Staff**
There will be no material impact to the assignment of other Ward Clerks/Administrative support within 6G or 6C. It is not anticipated that workload will be adversely affected by this service realignment, however this will be reviewed following the service realignment.

**Weekly Paid Staff**
There will be no direct impact or change to the composition of Weekly Paid employees as a result of this service realignment of Ward 6G and 6C. Hotel Services will continue to be provided at current allocation as cleaning, porter services and fetch and carry will be maintained even with the reduction in beds.

5. **Clinical Engagement and Consultation for alignment of Service**

**Communication (Patients and Families/Carers)**
Communication will occur with patients, families/carers to inform them of the service moves and associated changes by way of information packs, including parking availability and appointment dates.

**Communication (General Practitioners/Referrers)**
Communication will occur to inform General Practitioners/referrers of all service relocations.
and the associated service changes.

**Communication (Aboriginal and Torres Strait Islander patient, families, carers and communities)**

SALHN recognises that the proposed new locations of surgical services will present significant change to consumers, including Aboriginal and Torres Strait Islander people. Consultation with SALHN’s Aboriginal Health services’ staff supported a series of recommendations for the next phases of transition planning for SALHN Surgery and Perioperative Service Reconfiguration to support Aboriginal and Torres Strait Islander patients and families to highlight cultural requirements and awareness during this period of change. These recommendations include:

- Cultural learning strategies to be implemented for all SALHN staff who provide surgical and perioperative services. Key topics suggested to be addressed include:
  - supporting the social and emotional well-being of Aboriginal and Torres Strait Islander people
  - communicating effectively with Aboriginal and Torres Strait Islander people
  - liaising with Aboriginal Hospital Liaison Officer at Karpa Ngarrattendi for assistance in supporting Aboriginal and Torres Strait Islander patients to access services.

- Creation of Aboriginal and Torres Strait Islander friendly environments including the display of Aboriginal Flags and art.

- Communication with the Aboriginal Community in culturally relevant language in relation to the new locations of services.
6. Workforce Transition

<table>
<thead>
<tr>
<th>Ward</th>
<th>FTE count</th>
<th>Staffing options</th>
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<tr>
<td>4GM</td>
<td>22.2 FTE</td>
<td>Due to the change in patient cohort of specialty, 4GM nursing staff will be reassigned to suitable alternative locations/specialties. Affected nursing staff will, in consultation, be assigned to vacancies across SALHN within the Division of Medicine, in accordance with discipline specific skills, experience and relevant qualifications as well as taking into account personal circumstances and contract of employment.</td>
</tr>
<tr>
<td>6G</td>
<td>34.21 FTE</td>
<td>The realignment of the Urology patient cohort to 6C may require some staff/FTE to relocate with the specialty or elsewhere across SALHN. 6G staff will have the option to remain with the reconfigured Medical Specialty ward (6G). Transition will take place in consultation with affected staff. Any 6G staff seeking to transition elsewhere across SALHN or to other location/specialty are encouraged to discuss with their</td>
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</table>
Nurse Unit Manager in the first instance or otherwise apply for advertised vacancies.

All other staff seeking to be assigned to Ward 6C or elsewhere across SALHN including 4GS (new) are encouraged to apply as part of usual recruitment processes.

<table>
<thead>
<tr>
<th>New positions</th>
<th>6C</th>
<th>48.99 FTE</th>
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Any vacancies within 6C to be filled by open recruitment process, noting there may be some realignment of staff from 6C. All other existing SALHN staff are encouraged to apply.

<table>
<thead>
<tr>
<th>New positions</th>
<th>4GS</th>
<th>25.84FTE</th>
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Open recruitment process (nursing staff) to take place to staff the new 4GS Ward– all other existing SALHN staff are encouraged to apply.

Nursing Workforce
The transition of affected nursing staff arising from this realignment of services will be undertaken in accordance with the established *SA Health HR Principles Nursing and Midwifery February 2017*, including – but not limited to Appendix A Transition, Maintenance and application of Conditions of Employment

Term or temporary contracted staff will be managed on a case by case basis and in accordance with the conditions of the term/temporary appointments. SALHN will work with affected term and temporary staff to ensure suitable placement across the Network and to fulfil the terms of assignment/appointment.

**Staff on current 4GM Ward – General Medicine**
Current ongoing/permanent 4GM Enrolled and Registered Nurses, given the realignment to an Orthopedic Surgical Ward will transition to suitable vacancies across SALHN within the
Division of Medicine, Cardiac and Critical Care, in consideration of discipline specific skills, experience, qualifications (where relevant), contract of employment and as much as is reasonably possible individual circumstances. Consultation will take place with any affected staff and all transition will be in accordance with the *SA Health HR Principles - Nursing and Midwifery*.

Education and orientation packages will be provided for all realigned staff as required.

SALHN is committed to the placement of affected employees across the Division of Medicine, in consultation, and it is not envisaged there will be excess nursing staff.

**New proposed ward 4GS**
Recruitment for suitably skilled and qualified staff for the new Ward 4GS will take place through usual recruitment processes and existing SALHN staff are encouraged to apply.

Any existing unattached or excess staff will be considered for placement with 6C based on an assessment of discipline specific skills, experience and where relevant qualifications.

**Ward 6G – Current and Future state**
Ward 6G currently including Urology, will transition to a medical specialty unit. The urology patient cohort will be transitioned to Surgical Ward 6C. There may be an impact to existing staff as part of this realignment of services and patient cohort. Existing staff within 6G may remain in the ward. Alternatively staff may be considered for transition to other wards as part of recruitment processes. Should 6G staff be seeking to transition to 6C, or other locations and specialties across SALHN, they are encouraged to discuss this with their Nurse Unit Manger in the first instance.

All other staff seeking to transfer to Wards 4GS or 6C, or any other specialty areas across SALHN, are encouraged to apply for positions as part of the open recruitment processes.

**Ward 6C – Current and Future State**
The current Vascular Ward 6C will transition to a Vascular and Urology ward. Short Stay Surgery will transition to Ward 4GS. There will be no staff impact to the new Ward 6C configuration including Urology and Vascular. Open recruitment processes will take place to fill any vacancies and to appropriately staff the Ward. Recruitment to any vacancies within
6C will take place through usual recruitment processes and existing staff are encouraged to apply.

Unattached or excess staff will be considered for placement with 6C based on an assessment of discipline specific skills, experience and where relevant qualifications.

**Medical Staff**
There will be no change to the allocation or assignment of Medical Officers as part of this model.

**Allied Health Staff**
There will be no change to the allocation of Allied Health staff as part of this model. Allied Health will continue to deliver unit based services based on priority, not location or unit. Allied Health will continue to service this patient cohort within the reconfigured 4GS rather than provide patient care and support within Flinders Private Hospital.

**Administrative Staff**
It is proposed that the current 4GM Ward Clerk/Administrative Support Officer will remain with the ward and change governance and reporting lines to the proposed new ward of 4GS and remain in the same current location. There will be no material impact to the assignment of other Ward Clerks/Administrative support within 6G or 6C. It is not anticipated that workload will be adversely affected by this realignment; however this will be reviewed following the transition.

**Weekly Paid Staff**
There will be no direct impact or change to the composition of Weekly Paid employees as a result of this realignment. Hotel Services will continue to be provided at current allocation as cleaning, Porter services and fetch and carry will be maintained even with the reduction in beds. Modelling shows that there is a slight increase in fetch and carry activity associated with a surgical ward which will be managed within current resources and work allocations.

**7. Business Rules Review**
It is acknowledged that there is a requirement to undertake a Business Rules Review in accordance with the *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016* and associated Business Rules. In the interim, it is proposed that the existing Business rules for the affected wards apply.
8. Realignment of SALHN Services - Interdependent Phases

Realignment of SALHN Services - interdependent phases

- **Phase 1**: Establishing Care Transitions Ward in Rehab A on the Repat Health Precinct
- **Phase 2**: Extension of RV on the Repat Health Precinct to support slow stream rehab
- **Phase 3**: Elective Orthopaedic Inpatient services ceasing at FPH
- **Phase 4**: Transfer of Urology from 6A to 6C, to be collocated with Vascular
- **Phase 5**: Ward 4GM transitioning from a Medical Ward to a Elective Orthopaedic and Short Stay Surgery Ward

- December: 10
- January: 22, 7
- February: