

## *Prototype two-bed inpatient room - Acute Services Building*

**Over 100 staff who participated in Redevelopment Project User Groups were given their first glimpse of the prototype two-bed inpatient bedroom and ensuite for the new Acute Services Building in December 2018.**

### **What is a prototype room?**

The prototype two-bed inpatient room brings to life the architectural plans and drawings that staff, community members, consumers and the design teams have been developing during the Schematic and Detailed Design phases of the project.

The room layout, its finishes and fixtures reflect the designs developed and approved by the inpatient unit (IPU) Project User Groups throughout the design process.

### **Why build a prototype room?**

Rather than just looking at drawings or 3D digital images, our clinical teams, support staff and consumers can now stand in a real life model of the space and experience what the new rooms will be like.

### **Testing the prototype**

Between January and April 2019, staff from across the hospital will be able to visit the prototype room, and a number of departments will be involved in scenario testing to simulate various clinical activities anticipated to occur within the room.

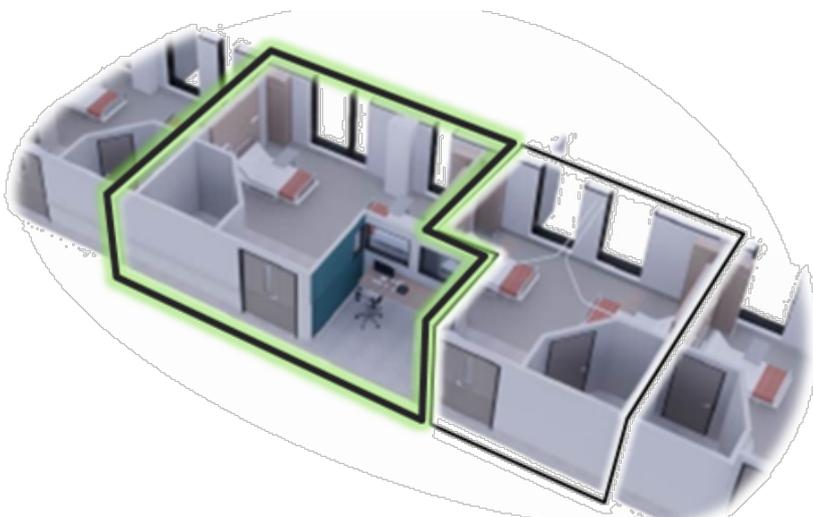
### **Contemporary design for new ways of working**

A key objective of the scenario testing phase is to consider how the contemporary IPU design will allow new models of care and new ways of working at Prince of Wales Hospital, enhancing our clinical practices while improving the patient and staff experience.

### **Engaging with staff and consumers**

In addition to engaging with the clinical teams during this testing phase, access to the prototype spaces will be opened up to a broader hospital audience for tours and inspections.

User feedback is vital to ensure we achieve the best design for patients, staff and carers.



**Figure 1** A prototype two-bedroom inpatient room has been built on level 2 of the High Street Building of Prince of Wales Hospital for user and scenario testing. The prototype room is equipped with ensuite and adjacent staff bay.

## About the two-bed 'toe-to-toe' room design

Each of the IPU is based on a 'generic' floor plan that has been customised throughout Detailed Design to meet the particular needs of each department. Throughout each IPU there is a mix of single and double rooms and a small number of special rooms.

The two-bed 'toe-to-toe' inpatient room provides:

- Clear clinical, patient and carer zones
- An ensuite with improved access from both inpatient beds
- Natural light for both patients
- Adjacent staff bay, and
- Improved lines of sight to/from the door and staff bay.

With the 'toe-to-toe' design, every patient's bed is near a window, and each patient has clear access to the ensuite without having to pass another patient.

The designation of a 'clinical' zone, which is on the side of the patient and closest to the entry of the room, supports an increased focus on speaking with and treating the patient from the side, rather than from the end of the bed.



Figure 2 A 3D image of a two-bed inpatient room.

### Staff working and observation bays

A design feature of the two-bed layout is the inclusion of a staff observation and working bay with windows into two adjacent double rooms.

This flexible working space is designed to allow:

- Observation of patients from outside the bedroom
- Educational and clinical discussions
- Learning and group observation common in teaching hospitals
- General working such as note taking, looking up reports and test results
- Temporary storage of frequently used equipment related to patient care i.e. mobile hoist.

The staff working and observation bays support improvements to our models of care at Prince of Wales Hospital.

### Why toe-to-toe?

*The 'toe-to-toe' layout has been selected by users, clinicians and the Executive team at Prince of Wales Hospital as the preferred layout for the Acute Services Building as it best meets contemporary clinical drivers, providing benefits to both the consumer and clinical teams.*

### Acute Services Building IPU fast facts

- Five levels of inpatient units
- Approximately half single rooms and half double rooms
- U-shape building with wings on either side of a central core containing clinical and support services and lifts
- 30-32 beds per wing (i.e. up to 64 beds per floor)
- An allocation of 2 'special' single bedrooms for every wing that offer increased circulation area in the room and ensuite, and additional carer space (providing the ability for carers to stay overnight)



Figure 3 A 3D image of a staff observation and working bay with windows into two adjacent two-bed inpatient rooms (see Figure 2)

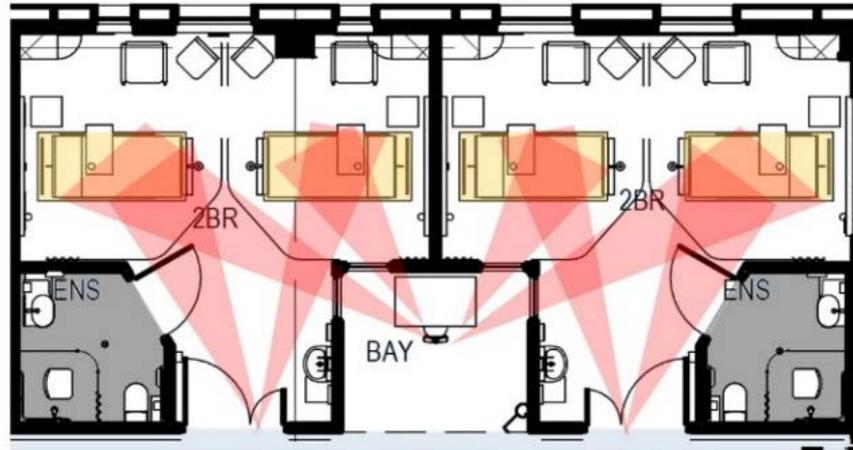


## Clinical drivers for the two-bed inpatient rooms

A range of clinical drivers have informed the toe-to-toe configuration of the two-bed inpatient rooms.

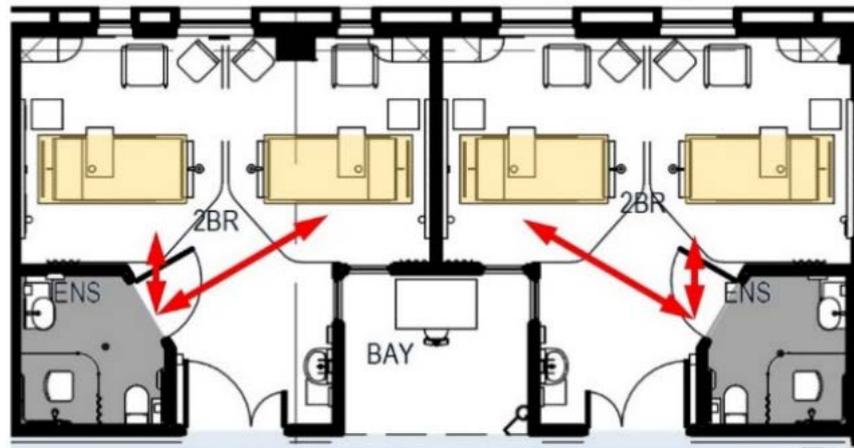
### 1 Desire for patients and staff to 'see and be seen'

The room design facilitates lines of sight from both the corridor and the staff bay to/from patients



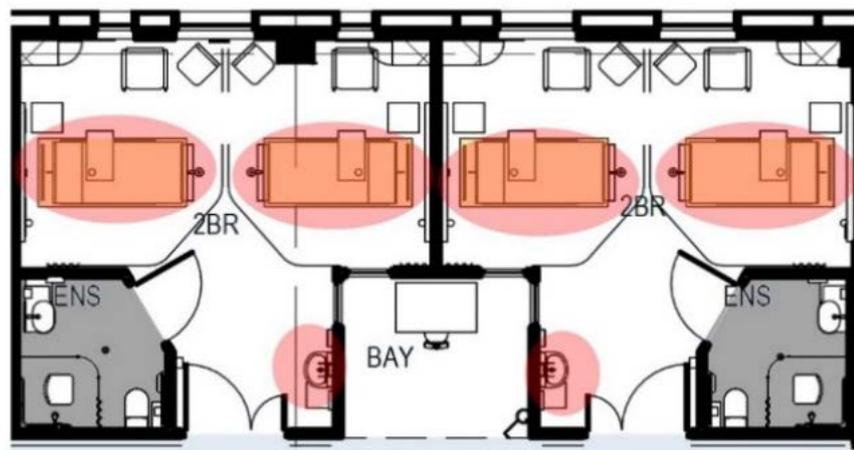
### 2 Falls prevention and improved patient handling

The room design facilitates direct access to the ensuite for all patients



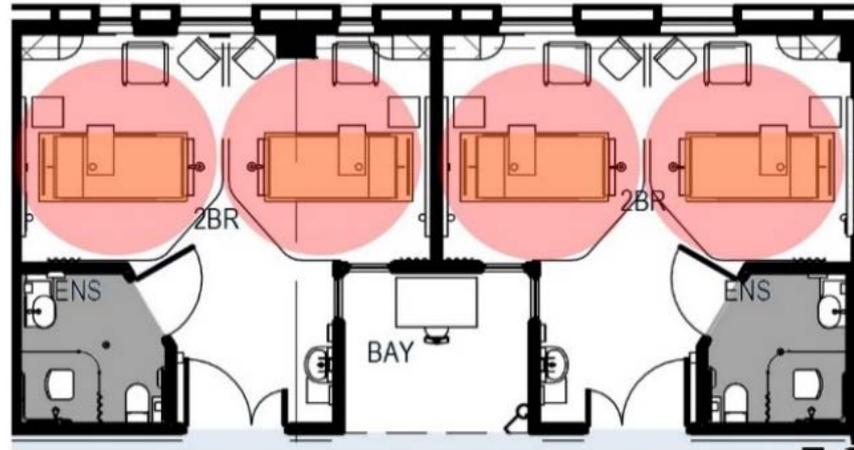
### 3 Consistent bed and hand wash basin positions in all inpatient bedrooms

Hand wash basins are located at the entry to each room, promoting good hand hygiene for staff before entering the patient bed space



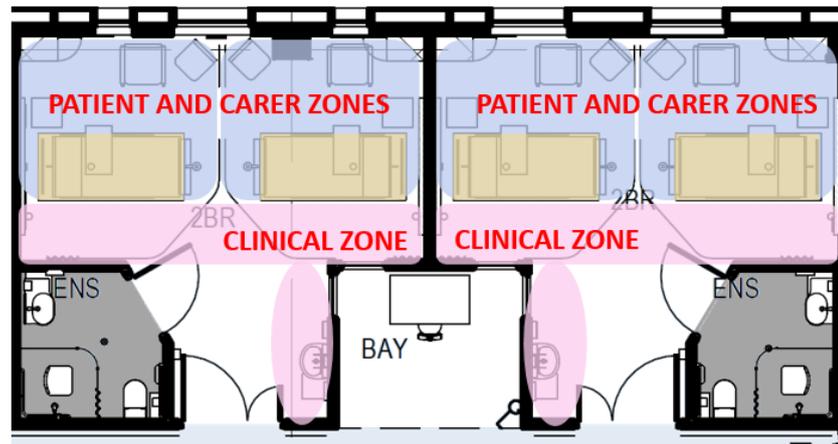
#### 4 Patient handling around a bed

The room design creates valuable space on either side of the patient bed head



#### 5 Appropriate clinical, patient and carer zones

The room design facilitates appropriate and defined zones of activity within the room. Each patient area has a curtain able to be independently and partly drawn to increase privacy without blocking natural light or site lines from the staff bay or door.

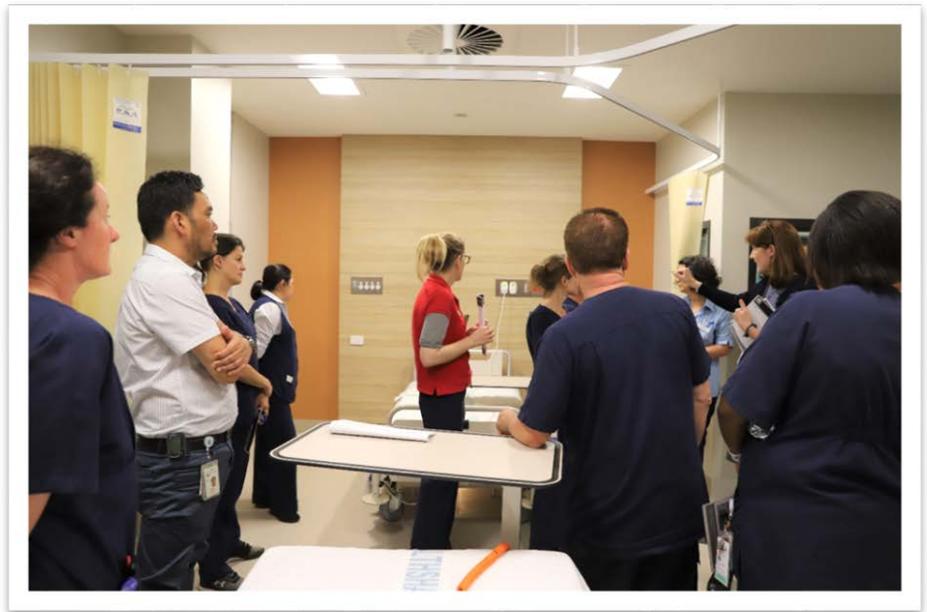


## Your feedback

The Redevelopment Project Team is keen to hear from staff, consumers and community members about aspects of the room that could be improved, as well as any issues you think may need further investigation, user or scenario testing.

We encourage you to think about:

- The clinical drivers that have informed the room design
- How you work now compared to how you may work in the future, and
- The patient experience.



While many aspects of the designs are fixed and unable to be changed, prototype testing and user feedback will inform decision-making about modifications, FF&E selection, new models of care and change management processes.

A range of commentary and feedback from users at the initial tours of the prototype room is under discussion by the project team. A summary of this feedback is available. This feedback has contributed to the planning of the scenario testing phase and will continue to be considered by the project team.

## How decisions are made

All feedback provided during consultation, and the outcomes of user testing will be collated by the project team and provided to the Acute Services Building Operational Change Management Executive Committee (CME).

The CME is chaired by the Prince of Wales Hospital General Manager and its membership includes the Prince of Wales Hospital Executive, Clinical Program Leads and representatives of the Project Team and Campus partners.

The CME will consider improvements, recommendations or requests for change as well as the readiness of staff to implement new models of care.

Design changes and change management requests may be accepted, rejected or referred back to the relevant user groups for further information, user input or testing.

Any major or material variations to the design which emerge from the prototype review phase will need to be referred to the appropriate level of project governance for assessment and advice including the Randwick Redevelopment Project Control Group, the Randwick Redevelopment Executive Steering Committee, and potentially the AusHFG Steering Committee.

## Next steps

The focus from now until the opening of the new facility in 2022 is to ensure that staff and specialty areas are prepared for their new work environments well ahead

of the 'go live' date. A significant program of change management will ensure staff are informed and prepared for the new facility and new models of care.