

APPENDIX R

Operational Management Policy



The attached document reflects the current operational policies with regard to servicing requirements including waste management, loading zones and mechanical plant. Given that the policy covers the entire WWBH and that modifications to servicing facilities, including the new Loading Dock and the Central Energy Plant, will be carried out under a separate approval process under the provisions of ISEPP, it is proposed that this document be updated Prior to Occupation Phase for the Phases 2/3 development.

MURRUMBIDGEE LOCAL HEALTH DISTRICT

Wagga Wagga Health Service: Operational Policies

December 2011

This is a 'living' document and during the WWHS Redevelopment will require updating three monthly, earlier if required

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| Local Health District | Murrumbidgee |
| Document title | <i>WWHS Operating Policies</i> |
| Date | <i>December 2011</i> |

| Issue | Date | To | By |
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| 1 | December 2011 | SW JL MS FT | D Goodwin |
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INTRODUCTION

The Wagga Wagga Health Service redevelopment project aims to achieve an integrated health service delivery model that will enhance service quality, promote self sufficiency, and optimise the allocation and utilisation of resources within the Murrumbidgee Local Health District (MLHD).

The purpose of this document is to:

- describe and illustrate the models of care for various patient groups;
- outline the key requirements for the future development and implementation of new service policies and practice; and
- describe some of the design and functional requirements for the new facility.

The main patient journeys and service models are illustrated and the associated implications for operational policies are described.

Operational Policies

Operational Policies are developed to address the following;

1. overarching policies across an entire health care facility or LHD; and
2. specific to one unit such as emergency unit.

The specific operational policies of a unit will be described in the operational component of the relevant functional brief and will reflect the demographic profile of the anticipated users of the service (patients, consumers) the clinical characteristics of the patients and the defined role of the Unit including its place within the service network. Operational policies are significant in the design process as they can have an impact on the size, configuration and the nature of accommodation.

Operational policies not only act as a specific guide to the operation of each group of spaces, but also provide a framework as a reference for the functionality of the facility as a whole. The operational policies would respond to, and incorporate policies of other services within the LHD to ensure a patient focussed/centred continuum of care. Examples of these types of policies would be admission and discharge policies.

In the feasibility development part of the planning Phase, the provided overarching operational policies are utilised by the engaged architects, engineers and facility and service planners to ensure that the range of activities and requirements that have been identified are reflected and articulated in the functional brief documentation. The various models of care being implemented at WWHS also require operational policies, protocols, procedures, guidelines and / or documents to address the various components of the patients' journey.

Operational Policies/Processes

| Heading | Sub Heading | |
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| Vision | CORE – collaboration, openness, respect and empowerment | To promote and deliver accessible quality health services for all people living in the Wagga Wagga Health Service regional referral area. |
| Facility context within the LHD & state-wide | Major Rural referral centre for the MLHD | <p>Wagga Wagga Health Service holds a level 5 site and role delineation</p> <p>Level 6 – Operating Suite,</p> <p>Level 5 – Pathology, Pharmacy, Diagnostic Imaging, Anaesthetic, Intensive Care, Emergency, General Medicine, Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, Oncology-Medicine, Renal, Respiratory, Rheumatology, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Urology, Vascular Surgery, Maternity, Family & Child Health, Geriatrics, Health Promotion, Rehabilitation, Aboriginal Health, Community Health-General, Community Nursing and Oral Health.</p> <p>Level 4 – Nuclear Medicine, Coronary Care Unit, Haematology, Immunology, Oncology-Radiation, Burns, Day Surgery, Ear/Nose& Throat, Neurosurgery, Plastic Surgery, Neonatology, Paediatric Medicine, Paediatric Surgery, Adolescents, Adult Mental IP, Child Protection Services, Drug & Alcohol Services, HIV/AIDS, Palliative Care, Sexual Assault Services, Sexual Health Services and Women's Health.</p> <p>Level 3 – Infectious Diseases, Adult Mental Health CC, Child & Adolescent Mental Health IP, Child & Adolescent Mental Health CC, Older Adult Mental Health CC and Multicultural Health.</p> <p>Level 2 - Older Adult Mental Health IP</p> <p>Level 1 – Cardiothoracic Surgery</p> |
| Governance | Audit and monitoring criteria, IIMS, EQUIP, Risk reference to performance framework KPIs | <p>The organisation aims to identify problems with care or service provision and to ensure that improvement action occurs at the clinical, service and facility levels</p> <ul style="list-style-type: none"> • to enable a single system for notification WWHS will utilise the Incident Information Management System (IIMS) • All accidents, incidents, near missus and complaints will be reported promptly, with documentation meeting MLHD policies and standards • management of incidents requires that a number of steps are taken so that the identified risks are managed appropriately and effective action is taken to improve the delivery of care and services • WWHS monitors the delivery of care and services through the review of key performance indicators and auditing practices against legislation and policy requirements • WWHS measures practices and service deliveries against the EQUIP standards and accreditation surveys |
| Access/Operating Hours | | <ul style="list-style-type: none"> • The WWHS Main entrance will be open from 0600 – 2030hours, 7 days a week, the reception/enquiries counter will be staffed between these hours • Hospital Administration Unit will operate Monday to Friday 0800 – 1700hrs excluding public holidays • Operational hours for the ambulatory precinct (central entrance) is 0830 – 1700hrs Monday to Friday excluding public holidays, after hours access is in accordance to emergency surgery guidelines • Inpatient and emergency services will operate 24 hours per day, 7 days per week |

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| | | <ul style="list-style-type: none"> • A Tele-Health service will be available through the ED to support surrounding smaller facilities • The operating Suite will operate between Monday to Friday, 0700 – 2130 hours and 0800 – 2230 hours on weekends • Imaging Department will operate for outpatients Monday to Friday 0800 – 1700 hours, public holidays excluded; all services are provided 7 days per week/24 hours per day, with ultrasound, CT, and MRI services being an on-call service out of hour • Angiography Suite will operate Monday to Friday 0700 – 1700hrs, excluding public holidays and provide an on-call emergency service 7 days per week • Pharmacy Department will operate Monday to Friday, 0830 – 1700hrs excluding public holidays and provide an on-call emergency out of hours service 7 days per week • The Community Nursing Service will operate 7 days per week, 0800 – 1700hrs • The Palliative Care Service will operate 7 days per week, 0800 – 1830hrs and provide an on-call service • CAPAC will operate 7 days per week • The Opioid treatment Dispensing Unit will operate 7 days per week 0830 – 1230hrs • Information Service Unit will be operate Monday to Friday 0830 – 1700 hours, public holidays excluded and provide an on-call emergency out of hours service 7 days per week, - 24 hours support service is available through a 1800 health Support Service • Sterilising Service will operate Monday the Friday, 0700 – 2400hrs, Saturdays and public holiday 0800 – 1630hrs and Sundays 0800 – 1930hrs • The Transit Lounge will operate Monday to Friday, 0800 – 1800hrs excluding public holidays • Patient Transport will operate Monday to Friday 0800 to 1800 hours, excluding public holidays. An on-call service will be available on weekends • The Supply Unit will be open Monday to Friday 0730 – 1600 hours excluding public holidays • The sterile stock service and delivery aide will operate Monday to Friday 0500 – 1330hrs excluding public holidays • The Central Medical Equipment Store will operate Monday to Friday, 0800 – 1700hrs excluding public holidays • Security service will operate 24 hours per day, 7 days per week • Cleaning services will be provided from 0500 – 2200hrs, 7 days a week including public holidays • The 'Linen Service Unit' will operate from 0730 – 1630hrs 5 days a week, excluding public holidays • Waste Handling Service will operate 7 days per week, 0600 hours to 1430 hours 7 days per week an after hours will be provided as required by wards persons • Central staff amenities will be accessible via proximity access cards 24 hours per day / seven days per week • Retail outlets will be commercially operated and open during business hours |
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| | | <ul style="list-style-type: none"> Coffee Shop/Café hours of service 0830hrs to 2000hrs, 7 days per week, including public holidays |
| Access | Appropriate allocation of patients and staff | <ul style="list-style-type: none"> To appropriately manage the utilisation of beds, a admission criteria will be developed for all patient areas Specific models of Care enable the streaming of patients and will require admission criteria; Fast Track, EMU, MAU, HVSS, EDO, Day Only, PARC & CAPAC Planned admission with predicted lengths of stay will be assigned to the relevant care area and be placed on a care pathways at the time of admission Patients presenting to the Emergency Department will be streamed into groups acute, subacute, fast-track, EMU and after hours GP services Patient presentations to the Procedure Unit will be staggered as per schedule of service/procedure Patients who may be psychiatrically unstable with a primary medical condition (therefore cannot be cared for in the mental health unit) will be managed with appropriate supervision within an inpatient unit in a single room designed to minimise self harm The Paediatric & Adolescent Inpatient Unit will have access to six swing beds located within the unit for use in times of demand Women greater than 20 weeks gestation will be admitted to the maternity unit Out of Hours/Emergency services will be provided by the Procedural Unit, Angiography Unit, Pharmacy and Radiology Units The community based nursing service work as support avoidable admissions for case sensitive ambulatory care conditions <p>Nursing Management Model</p> <p>The integrated inpatient units will be managed by a number of clinical teams. The size and skill mix of each team will depend on the acuity and case mix of the patients to be managed. Staffing across the units will be flexible. As the acuity of the patients changes during hospitalisation staffing levels will be adjusted.</p> <ul style="list-style-type: none"> This flexible approach to the allocation of nursing staff will: enable the efficient allocation of nursing resources in response to patient acuity, improve capacity to cover meal, leave and study breaks, create opportunities to up skill and multi-skill nursing staff and provide a supportive environment in which staff and students can develop their skills The inpatient area will accommodate a variety of nursing care models (eg patient allocation, team nursing, task allocation) dependent on resources and skill mix available at the time The procedure centre will have a standard schedule for staffing |
| Transfer of Care (Admission & Discharge) | | <p>Streaming of patient groups will support management efficiencies, give clarity of service provision and improve patient flow</p> <ul style="list-style-type: none"> Appropriate centralised admission points will streamline the admission procedure and assist with patient flows Request for Admission (RFA) documentation provides detail of the reasons for admission. All planned |

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| | | <p>inpatient admissions will occur through the Admission and Booking services located in the Main Entry. Excludes those being admitted to Day Surgery prior to 0630.</p> <ul style="list-style-type: none"> • All ambulatory care admissions will occur through a centralised intake process, resulting in bookings being scheduled efficiently against service delivery. • Clinical service/programs will have a documented procedures to ensure efficient and effective intake services are provided • The main ambulatory precinct reception area will access all appointments via the electronic diary/client booking system. Appointments (schedule) for the precinct established through clinician allocated intake service • Unplanned Admissions will be initiated by the emergency department, outpatients/ambulatory service, visiting medical officer's and general practitioner's rooms. • The Patient Flow Manager (in hours) and After Hours Nurse Managers coordinate the bed allocation for all patients • Where able patients will take themselves to the relevant inpatient unit or be escorted when required • Inter-ward Patient Transfers will be coordinated by the Patient Flow Manager • Emergency admissions will be via the Emergency Department • Direct Transfers will be directed to the admitting unit and be coordinated by the Patient Flow Manager • The patient/carer/s will be involved in care planning from admission, the patient will be commenced on the relevant clinical pathway • The estimated date of transfer is identified at time of booking for planned admissions and at time of admission for all unplanned admissions <p>A streamlined approach to increasing or decreasing capacity to efficiently meet patient service demands.</p> <ul style="list-style-type: none"> • Improve access through the use of surge beds in peak periods of activity • Provision of LDRP (multi purpose) room in Women's Health New Born Care unit will allow versatile use of available rooms for birthing or for overnight inpatient accommodation • Provision of larger bedrooms in Mental Health Acute admissions, will enable flexible accommodation of children, adolescent, mothers with babies and patients accompanied by a carer or partner • All planned admissions patients are advised not to bring any personal items of value to hospital • Unplanned/emergency admissions – all personal items of value will be returned to the patients family relative or carer for removal from the hospital |
| Transfer within WWHS | | <ul style="list-style-type: none"> • All referrals following multidisciplinary team assessment are undertaken in a timely manner, recorded and tracked electronically • WWHS Ambulatory care referrals will be managed through the centralised intake process • Inter-ward Patient Transfers will be coordinated by the Patient Flow Manager or after Hours Nurse Manager using the appropriate mode of transport and clinical support as clinically appropriate |

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| | | <ul style="list-style-type: none"> • Patients being transferred to or from the Operating Suite will be transported by mobile bed or wheelchair • Neonates being transferred anywhere within the hospital will be transported in a hospital cot |
| External Transferring from WWHS | External transfer between facilities | <ul style="list-style-type: none"> • Day and short stay patients will be discharged when they meet predetermined recovery criteria. Patients will be given all necessary post procedural care instructions in printed form and telephone details for contact in case of emergency • Patients requiring transfer to external service providers will be facilitated by the discharge planners, AARC, ASET and primary community clinicians teams. • Patients where clinically appropriate will be transferred from WWHS will be within their estimated date of transfer • All patients transferred from WWHS will have an electronic discharge summary supplied to their treating doctor • All patients for transfer from WWHS will have their referral services booked, ongoing management/care plan provided and explained, transport booked and personal items returned • Transit Lounge - this unit will provide facilities for patients who have been discharged and are awaiting ambulance or private transport home or to another health facility, the inpatient unit is responsible for coordinating the booking of transport • Discharges will be registered in Admissions, Transfer and Separations (ATS) • Patients requiring transfer to and/or from other hospitals for ongoing care will be transported either by NSW Ambulance Services, 'Wingaway' or MLHD Transport Services, in accordance with clinical need • Neonates requiring transfer to or from the Hospital for ongoing care will be transported either by NETS or Ambulance Transport services, as appropriate. |
| | Patient belongings, Money and valuable storage | <ul style="list-style-type: none"> • Patients valuables unable to be returned to family relative or carer will be logged in a register and secured in a lockable safe • Where patients are carrying large amounts of money, the cash is banked and a cheque is provided to the patient • All lost property will be logged and stored for a period of three months, where all non claimed items will be donated to the WWHS hospital auxiliary. • Lost property that is considered of high value will be logged and then signed over to the police. |
| Amenities for patient, visitor, staff and volunteers | Public Amenities | <ul style="list-style-type: none"> • A memory garden or memory wall will be located at the front of the main entrance, this will contain plaques and information on the history behind the plaques that were previously in various locations around the WWHS • Public amenities services external to the emergency department entrance and waiting room area will be unavailable to the public from 2030 – 0600hrs • Retail outlets will be commercially operated and open during business hours and will comply with all relevant statutory and authority codes |

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| | | <ul style="list-style-type: none"> • Coffee Shop/Café hours of service 0830hrs to 2000hrs, 7 days per week, including public holidays • Vending machines within public areas will provide 'healthy options' for food and beverages • Disabled access and amenities will be provided in designated areas through the facility • Amenities for mothers and babies will be provided in designated areas through the facility • Child play areas will be provided throughout the hospital especially in ED, Paediatrics and the Ambulatory precinct • All child play areas and associated equipment will meet legislative standards, including maintenance requirements • Pay telephones located will be available in the main entrance of the hospital and will require a prepaid card system • A pay phone will be located in the main entrance and adjacent to the emergency department and ambulatory precinct • An area for public internet access 'user pay" will be available in the hospital main entrance area • A ATM will be located in the hospital main entrance, a withdrawal limit of \$50.00 will be set for this machine • A taxi service phone will be located in the main entrance of the hospital and ambulatory precinct |
| | Visitor & Carers | <ul style="list-style-type: none"> • WWHS will support and enter into a service level agreement for ready access to overnight accommodation at a reasonable cost to families/carers of inpatients of WWHS. This service level agreement will be with an external accommodation provider who is within reasonable proximity to the hospital. • Parent/carer accommodation will be available in the Paediatric unit for parents of seriously ill children • Parents will be provided 'Ronald McDonald House' accommodation information |
| | Staff Amenities | <ul style="list-style-type: none"> • There is no patient/client access to staff amenities areas, Staff access is by proximity access cards • Amenities will be provided on site for staff changing and lockers • 'quarter' Lockers will be provided for temporary access within the central amenities area is for staff who do not have a primary work area, access will be via an electronic tagging system • Staff will have access to store personal items in lockers or designated office/workstation within their primary work space • A dining facility will be available for all staff to use including facilities for chilling and reheating meals, and beverage preparation • An external area with barbecue facilities adjacent to the staff dining facilities will be available for staff social activities • Staff will be responsible for cleaning up after use, cutler/dishes and generated waste • Purpose built amenities will provide comfortable quarters for medical staff. This will assist in recruitment and retention • Provision will be made for a lounge area (including lockers), beverage bay, computer access, shower and toilets for use by medical staff • Access to after-hours staff car parking is to be controlled so that VMOs and staff rostered after-hours have priority access |

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| | Staff Accommodation | <ul style="list-style-type: none"> Overnight accommodation will be provided for clinical staff that are required to be readily accessible (on call) overnight Short-term/interim accommodation will be accessible for health students participating in a clinical placement at the WWHS – this is also a recruitment strategy Short-term accommodation is available to clinical staff coming from overseas Eight weeks accommodation is available to clinical staff moving to Wagga to commence in a postgraduate development year program or taking up employment in an area of need |
| | Volunteer Services | <ul style="list-style-type: none"> Volunteer service of WWHS will be accessible between 0830 – 2030hrs Monday to Friday and from 1000 – 1400hrs Sunday to Friday A volunteer 'way finder' service will be provided within the main entrance area A volunteer 'friend of' service will be developed between units A coordinator oversees a facilitated Palliative Care Volunteer and bereavement support program through trained volunteers to support the role of the Palliative Care service in the community Funds raised by the volunteers is to be deposited with the cashier located at the main entrance within hours To enable laundering of patients clothes the volunteers will have access the washing machines located in the health support 'Linen Handling Unit' area |
| | Multicultural Access | <ul style="list-style-type: none"> Services will be provided by the Health Care Interpreter Service or Translator Interpreter Service. Staff will book the service or co-ordinate access to the telephone interpreter service Access will be provided to therapeutic gardens particularly in the areas of Spirituality, Mental Health, Aged Mental Health and Rehabilitation. These gardens will be appropriately cultivated for the target user group. They will be non denominational and multicultural The outside area attached to the culturally appropriate meeting room located in the main entrance, client services area is to be secure and accessible via the meeting room only Aboriginal and Torres Strait Islanders will be identified at admission and the Aboriginal Liaison Officers notified of their admission A culturally appropriate meeting/interview room with direct access to an outdoor area, will be available for Aboriginal Liaison Officers use |
| Cleaning – Provided by HSS | NSW Health provides a cleaning service through the NSW Health Support Services (HSS) department | <ul style="list-style-type: none"> The scheduling of cleaning will meet the NSW Health cleaning standards Cleaning services will be provide from 0500 – 2200hrs 7 days a week including public holidays, cleaning of all patient care areas, public waiting areas and public toilets Cleaning of the 'ambulatory precinct' will occur 5 days per week Operating Room Assistants will be responsible for 'between care' cleaning in the procedural unit, the Cleaning Unit will provide the terminal and general cleaning of the theatres Cleaning and domestic supplies (eg. Paper hand towels, tissues, toilet paper, cleaning products, mops and buckets) will be provided and restocked by the HSS cleaning department Dangerous chemicals will not be used for cleaning Mop heads will be cleaned according to guidelines by the HSS cleaning staff utilising the dedicated washing machines located within the linen handling unit Cleaning staff will collect all waste from the various WWHS departments and place within |

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| | | <p>departmental waste disposal rooms, whereby the cleaning staff transport the waste to the central waste handling area at agreed intervals, which are determined upon the requirements of each department</p> <ul style="list-style-type: none"> • Periodic cleaning equipment for use throughout the facility will be stored centrally within the cleaning unit, this equipment will be tracked electronically • Curtains and drapes located in patient areas will be changed as per a agreed schedule, earlier if required (soiled/infectious) • External cleaning of windows is provided by an external contractor |
| Clinical Information – Medical Records | | <ul style="list-style-type: none"> • A streamlined record system will be utilised to eliminate duplication, minimise storage and enhance retrieval systems. • Where possible paper patient/client records will be eliminated (with the exception of sexual assault) • eMR manages records for Emergency presentation, Theatre, pathology • At time of eMR downtime the MLHD eMR policy is activated • An Electronic (eMR or Scanned) unit record will be maintained for all patients who attend as either an inpatient or outpatient • Medical Records will manage paper generated patient records utilising the forward scanning' process • Active and archived medical records will be held in secure storage areas managed by the Health Information Records Service • All patient/client activity will be registered in an Information Patient Management System (iPM) • Bookings, admissions and separations will be entered into iPM by the Admissions and Bookings staff & ward clerks on the clinical unit, administration and intake staff in the ambulatory precinct • Patients' access to their record will be coordinated by the Health Information and Records Service • CHIME electronic record system will support all Community, Outpatient and Ambulatory Care service with an interface linked to eMR and client held controlled medical record |
| Communication and Information Technology | Switchboard | <ul style="list-style-type: none"> • A WWHS switchboard service will operate twenty-four hours a day, with the main entrance switch board area being open from 0600 – 2000hrs hours. After hours the Emergency Department Ward Clerks provide the service • A switch board service will operate Monday to Friday, 8 hours a day in the Ambulatory Precinct to provide direct access to the administration service and the staff within the precinct • A stable IT platform will be provided to support the management of the centralised intake service |
| | Telephones | <ul style="list-style-type: none"> • Inpatients will have a telephone at the bedside, these telephones will accept incoming calls only • Inpatients requiring to make out going calls will use a prepaid phone system • 2200 – 0600hrs all calls to patients phones will be through the WWHS switch service and redirected to the relevant clinical staff station |
| | IT strategy Internet/intranet | <ul style="list-style-type: none"> • Key programs will include building a secure Information Technology (IT) network and improving |

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| | | <p>access to clinical information, business processes and state-wide directions</p> <ul style="list-style-type: none"> • Patient Administration System (PAS) will be implemented at WWBH • In conjunction with the EMR an increase in terminal/computer access at ward and clinic locations with facilities to cater for computers to be accessible at point of care • Clinical documentation will be undertaken within the patient bed room to facilitate nurse/clinician presence at the bedside • Point of Care Clinical System (POCC's) or Electronic Medical Record (EMR) where orders, results reporting, care plans and discharge referrals will be managed electronically at either the point of care or the nurses station • PACS, will enable radiological images to be distributed in soft copy form. In the clinical areas the traditional X-ray viewing boxes will be replaced by Viewing Stations • All wards and clinics will have Viewing Stations that are connected directly to the PACS Network for quick access to images and reports • Nominated tutorial rooms will require instalment of PACS • Area staff with service delivery roles will move on-site to the Wagga Wagga Health Service • Wireless networks will be the main access method of clinicians as they move around the facility (especially if a bedside computing model is not adopted). Enough base stations must be included to provide suitable wireless coverage across all clinical areas of the hospital • Hand held devices which provide access to patient records and double as a pager will become more prevalent (unified messaging). This will rely on wireless networking. It is anticipated that the IP based extension used within the hospital if required will also couple as a mobile phone, as the staff member exits the hospital premise the coverage of the phone is handed over to the carrier's mobile phone network. This provides the staff member with a single phone number, the device also provides wireless access to the Internet and Area applications • MLHD is moving towards a converged network which will provide Internet Protocol (IP) based videoconferencing and voice calls • Bedside computers will provide the patient with the ability to watch in house movies, play games, and access the internet and even videoconference with families and friends over the net. This device can double as an access point for clinicians to patient records, results and for ordering tests or drugs • Access to a patient education TV Channel will be provided to patient within bedrooms, waiting rooms and LDRPs • Communications Device Standard. The area will move to Power of Ethernet (PoE) for all communications switching • Wireless network and computer tablets will be provided to all clinicians providing home based care, Access to CHIME, medical records diagnostics, pathology results and access to clinical resources (MIMMS) will be available through these devices |
| | Signage and Way Finding | Health Services are very complex environments and as such clear sign messages are needed to ensure that all people are able to find their destinations quickly and safely. |

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| | | <p>Pictograms must be based on internationally accepted symbols and categorized into the areas of information, regulation and access. As per the 'way finding strategy' pictograms must:</p> <ul style="list-style-type: none"> • Provide clear information to people of all nationalities and cultures; • Be consistent, using uniform scale, style and subject; • Have a high degree of visibility; • Reinforce word messages; and • Have a distinctive design to appeal to a multicultural audience and that avoids stylistic fads • A 'way finder' kiosk run by the volunteers will be set up in the main entrance to assist in providing directions to the public • Electronic touch screen facilities to be available to provide information and directions for those accessing the facility |
| | Internal Emergency (fire/bomb threat etc) | <ul style="list-style-type: none"> • WWHS will have a dedicated unique number comprising of three digits for notification of emergencies • Smoke detectors and annunciators area installed throughout the facility • The fire alarm connects directly to the fire brigade • The fire panel is located inside the Emergency Department, 'mimic' panels will be placed in strategic access areas throughout the facility |
| | Medical Emergencies | <ul style="list-style-type: none"> • WWHS will have a dedicated unique number comprising of three digits for notification of emergencies • WWHS will have a centralised alerting system to ensure all required personnel are easily and rapidly notified |
| | Courier and Mail Services | <p>Centralised mail delivery service will streamline postage and collection of mail. A mail room is to be included in the Front Entrance Client Services Area. The following process will occur as part of the hospital Mail service:</p> <ul style="list-style-type: none"> • Mail will be delivered and picked up daily by the Australia Post Service • Sorting of mail will be performed by main entrance reception staff, mail will be placed into pigeon holes located in the main entrance, client services area for collection by the relevant area • Mail (including administration) will be collected by the relevant staff member or the clerical staff of each unit/precinct from the main entrance reception area • Outgoing mail (internal and external) will be delivered to the Centralised mail area within the main entrance for sorting and dispatch • Outgoing mail requiring 'registered post' is to be managed by the relevant units clerical/administration support staff |
| Disaster Management | | <p>WWBH is required to have a Disaster Coordination Centre (as per Australian Standard 4083-2010) to manage both internal and external disasters. This room needs to be separate to the District DCC as both may be in operation at the same time for different functions. This room requires: back up emergency power supply, 6 PTSN phone lines, 3 phone line on the WWBH PABX, 8 data points to access the network & web, 8 power points and access to nearby amenities</p> |

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| | | <p>WWBH planning requirements include:</p> <ul style="list-style-type: none"> • The WWHS disaster control room will be located within the meeting room located in the nursing service hub in the main entrance • Disaster response plan for the management of both internal and external emergencies • Sub plans for the management of high risks eg. thunderstorm asthma (requires storage of supplies for ED) • Business continuity plan for the continued provision of services during emergencies • Pandemic Influenza Plan as Health is the combat agency • WWHS also maintains a State Disaster Equipment Kit (to be located near the ED) • WWHS requires decontamination showers for CBRN incidents • Department / Service Manager is responsible for staff attending annual fire and disaster training • ASET Management/Engineering is responsible to ensure that the evacuation plans are current and on view for staff in each department/area • WWHS has staff trained in the Emergency Operations Centre • WWHS has a emergency plan, scheme of designed responsibilities, actions, equipment and procedures, required in the event of an emergency • WWHS has clearly detailed activation, notification and stand down procedures • WWHS will have a dedicated unique number comprising of three digits for notification of emergencies • WWHS will have a alerting system to ensure all required personnel are easily and rapidly notified <p>Murrumbidgee Local Health District's Disaster Coordination Centre is located at WWHS from which the response and recovery aspects are managed during an emergency affecting the LHD. The Health Services Functional Area Coordinator (HSFAC) coordinates the Murrumbidgee LHD resources from this room. This room requires: back up emergency power supply, 8 PTSN phone lines, 1 phone line on the WWBH PABX, 10 data points to access the network & web, 10 power points and access to nearby amenities</p> |
| Education | Staff education, training and research Education equipment management | <p>Purpose built teaching facilities and appointed staff will support a progressive learning environment which will enhance staff recruitment and retention. Partnerships with other learning facilities will strengthen relationships and promote a centre of excellence.</p> <ul style="list-style-type: none"> • The facility will be accredited for the teaching of medical, allied health and nursing students. • There will be a large central lecture theatre facility in the Education precinct • Throughout the facility resources will be purpose built to support this educational concept • All education venues are accessible by the various clinical disciplines and departments of WWHS • A centralised electronic booking system will be utilised to manage and control the use of the education facilities • Seminar/Tutorial and Meeting rooms will be distributed in clinical areas/precincts throughout the new WWRIHS facility • All education/meeting rooms will have full audio visual fit out |

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| | | <ul style="list-style-type: none"> • Multidisciplinary space will be provided for students on placement • Research grants will be sought to support clinical research and service evaluation activities • Clinical staff will be actively encouraged to access the evidence and undertake research into the program activities as part of their clinical duties. • Desk space and computer access will be available to staff and students undertaking program related research • Education facilities will be available for public booking, on a fee for service basis • Persons accessing the education venues after hours will make arrangements for access as part of the booking process • An education based internet service will be provided • Clinical Nurse Educators will be located within clinical areas, with the exception of the Nurse Educator who will be based in the nursing group of the main entrance |
| | Centralised Venue Booking System | <ul style="list-style-type: none"> • All meeting and education rooms throughout WWHS will be managed through a centralised booking system • Meeting and education rooms within individual units will have that units needs scheduled into the booking system • All meeting and education rooms are available for use upon request (centralised booking system) to all clinical disciplines and departments of WWHS • Request from WWHS staff for access to venue has priority over external users • Identified education rooms are available for booking by external users at a fee, booking are to be through the centralised booking system • Once a request has been approved, changes to this booking cannot be made without the persons who have booked the venue being contacted and offered a different venue, the person seeking the change is to organise the 'different venue' for the already pre-booked user. |
| | Patient Education | <ul style="list-style-type: none"> • A coordinated approach to patient/client information and education with current relevant literature being readily available in key areas • Health information and patient/client education materials will be provided in the waiting and consultation areas. The Waiting Areas are to include racks for the display of information pamphlets • Patient/client education and health promotion learning sessions will be broadcasted through televisions at patients bedsides, waiting rooms and consult rooms |
| Equipment Storage – General Stores and Supply Materials Management Services | Centralised Equipment Store | <ul style="list-style-type: none"> • The Central Medical Equipment Store will operate Monday to Friday, 0800 – 1700hrs excluding public holidays • Facility based medical equipment will be centrally managed, It will reduce duplication of equipment items and storage • Centralised equipment Store will ensure a timely distribution and appropriate use of safe clean, operational equipment • The service will co-ordinate storage, cleaning, and maintenance & equipment replacement • All WWHS equipment will be electronically tagged and allow for location tracking |

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| | | <ul style="list-style-type: none"> • All facility based medical equipment will be bar coded (ideally a Radiofrequency Identification/RFID tag will be used) to allow tracking of equipment and return of equipment to the store or appropriate clinical area • All equipment will be tracked and managed from a central data base • Equipment tagging will be undertaken within Biomed and Asset Management • Equipment cleaning will be undertaken according to manufacturer's recommendations, using high pressure water, steam cleaning or chemical cleaning as appropriate • Steam and chemical cleaning will be undertaken within the Central Medical Equipment Store cleaning area • High pressure water cleaning will be undertaken within Asset Management • Day to day cleaning of unit equipment by wipe-down will be undertaken by unit based staff • Equipment maintenance will be co-ordinated by the Medical Equipment Coordinator and undertaken by Biomedical Engineering • The Central Medical Equipment Store will be responsible for receiving and holding equipment awaiting repair by Biomedical Engineering or external contractors • Access to equipment for out of hospital use will be provided by an external provider • Individual clinical units will hold a core inventory of routinely used equipment that will be regularly exchanged with equipment in the Central Medical Equipment Store for cleaning and routine maintenance • Equipment not considered part of the core inventory required by a clinical unit will be held by the Central Medical Equipment Store • The majority of bariatric equipment will be in use throughout the hospital, with small reserves accommodated within the Central Medical Equipment Store |
| Food Services – Provided by HSS | NSW Health provides a food service through the NSW Health Support Services (HSS) department | |
| Infection Prevention / Control (IF&C) | | <p>All infection control policies and procedures will be consistent with the current NSW Department of Health Policy Directive Infection Control Policy. This policy outlines the broad principles of infection control for public and private health care settings</p> <ul style="list-style-type: none"> • Standard precautions apply to all patients/clients receiving care in health organisations, regardless of their diagnosis or presumed infection status • Standard precautions involve the use of safe work practices and protective barriers including: hand hygiene, appropriate use of gloves, use of facial protection, use of masks and gowns/aprons, appropriate handling devices and handling of laundry and incorporates respiratory hygiene/cough etiquette |

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| | | <ul style="list-style-type: none"> • Hand hygiene will be the basis of infection control • Alcohol hand-rub dispensers will be accessible at or near each patient bed, clinic room, unit corridors, waiting rooms and through out the facility • All elective bronchoscopy procedures will be undertaken in a negatively pressure procedural room |
| | Isolation S & N rooms | <ul style="list-style-type: none"> • Airborne precautions apply to patients known or suspected to be infected with pathogens that can be transmitted by the airborne route. Patients for whom airborne precautions are required should be cared for in a negative pressure room • Infectious patients will be nursed in single rooms • Immunosuppressed patients or those requiring protective isolation will be reverse barrier nursed in single room |
| Linen Services – Provided by HSS | NSW Health provides a linen service through the NSW Health Support Services (HSS) department | <ul style="list-style-type: none"> • The 'Linen Service Unit' will operate from 0730 – 1630hrs 5 days a week, excluding public holidays • Linen supply ordering will be based on an imprest system • Clean and sterile linen supplies will be received 5 days per week • Sterile linen will be delivered directly to the Sterile Service Unit in sealed packs on trolleys by the HSS linen staff • Weekend linen supplies will be provided by hospital assistants utilising the WWHS central linen holding area • All clinical areas will utilise the imprest (roll-on/roll-off) system for the supply of clean linen. Trolley system will promote efficiencies of service with handling, storage and use of linen • Clean linen will be stored throughout the hospital within linen cupboards (door closing), these cupboards will accommodate the roll-in trolleys and fixed shelving for pillows • Dirty linen will be collected in linen skips, the linen skip bag once filled to the recommended capacity will be placed in the dirty linen trolley within the dirty utility room • Dirty linen will be collected from the clinical areas 7 days per week by HSS linen staff and taken to the dirty loading dock for transport, this is a separate service to the delivery of clean linen to the facility • The linen unit will have a washing machine for the laundering of mop heads • The linen unit will coordinate the washing of lifting harnesses/straps |
| Maintenance & Refurbishment Services | Bio-medical Engineering Service | <ul style="list-style-type: none"> • A program of 'preventative' maintenance will be undertaken during normal working hours utilising a computerised data system • The majority of repairs will be carried out at the equipment location or if necessary in the appropriate on-site workshop • External contracted will be sourced for some maintenance processes |
| Room/Office Allocation | Office Requirements (single/shared) | <p>Office space will be allocated on a needs basis which will provide efficiencies in space.</p> <ul style="list-style-type: none"> • Office space allocated will be determined by positional requirement • 9metre squared offices are to be provided for all single office accommodation with the exception of the WWHS Senior Executive Team |

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| | | <ul style="list-style-type: none"> • Where appropriate/relevant open-floored office spaces are preferred • Provision will be made for decentralised offices within clinical areas for salaried and sessional medical staff based at WWHS • Access will be made available to "hot desk" office space for all other medical staff • Unit based offices will be available for Nurse Unit managers |
| Pathology Services | Pneumatic Tube System | <p>Staff and time efficiencies gained by direct access to Pathology Departments.</p> <ul style="list-style-type: none"> • A pneumatic tube system will be implemented throughout the facility for all clinical areas to Pathology and Pharmacy |
| | Blood Fridge monitoring | <ul style="list-style-type: none"> • Centralised monitoring and alarm systems will be manned 24 hours minimising error • Alarms for Blood fridges in ED/Pathology/Blood Service etc will be situated in ED |
| Pastoral Care | | <p>Prayer room – 24 hrs/day</p> <p>Total respect for the belief system of each person is integral to the Pastoral Care Service</p> <ul style="list-style-type: none"> • Provides a pastoral and spiritual ministry to patients, their families and staff, appropriate to their personal beliefs and consistent with the Australian standards • Operates as part of the Facilities community Monday to Friday 0900 – 1700hrs • The Coordinator is normally within the Hospital during working hours and is "on call" after hours • A Coordinator oversees the Pastoral Care Service within the Facility. The Coordinator is assisted by visiting clergy from the various churches, religions and by the volunteer Pastoral Care Team, made up of members representing the different denominations • Visit throughout the Hospital, providing an open, friendly atmosphere, offering emotional and spiritual support in the context of the appropriate faith or belief systems • Provide contact with particular denominations or church communities for those who so desire • Provide opportunity for privacy and support at all times when needed, and especially at times of trauma and loss • Provide prayer and ritual support when requested • Offer on-going support, training and accreditation opportunities for volunteer Pastoral Team members |
| Pharmacy Service & Medication Mng. | | <ul style="list-style-type: none"> • Pharmacy Department will operate Monday to Friday, 0830 – 1700hrs excluding public holidays • An on-call service is available out of hours • The WWHS After Hours Nurse Manager will have access to an 'emergency' pharmacy store • An Imprest reserve drug supply will be maintained in the Clean Utility room of all inpatients units including the Procedure Centre • Special Access Scheme (SAS) drugs will be ordered and dispensed by the WWHS Pharmacy and a Section 100 dispensing service will also be provided • Patient specific medication dispensing is co-ordinated by Clinical Pharmacy Pharmacists, technicians will distribute pharmaceutical supplies to clinical units - the pneumatic tube system will assist in the distribution of some pharmaceuticals • Commercially available TPN (Total Parental Nutrition) and other sterile products such as Cytotoxic drugs will continue to be sourced externally (except methotrexate which will be produced onsite). • WWHS Pharmacy will continue to manufacture some sterile drugs such as specific eye-drops |

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| | | <ul style="list-style-type: none"> • Patient specific supply is encouraged and has been demonstrated to be the ideal drug distribution system as it is associated with significantly lower medication error rates than other systems • All storage of pharmaceuticals must be in accordance with the current Poisons Regulation and Department of Health Policy • To assist in the elimination of medication errors WWHS will be pursuing the introduction of automated dispensing machines • Storage of individual patient medications in lockable bedside drawers is also encouraged • Accountable drugs will be stored in a separate secure drug safe • Drugs requiring storage in controlled environments (fridge rated) will have the environments centrally monitoring, with an alarm system which is manned 24 hours • The 'Methadone Dispensing Clinic' will utilise an iris detection camera for client verification process • Supplies will be delivered to the WWBH loading dock and then subsequently delivered to the Pharmacy Department by the storeman via a non-public access corridor • Pharmaceutical deliveries will be in de-identified packaging • Some drug distribution to district hospitals from the WWHS Pharmacy will continue in the future • Pharmacy staff will provide a clinical pharmacy service to WWHS inpatient units on a priority needs basis • Education and counselling for inpatients will form a significant part of this service |
| Mortuary | Care of the deceased | <ul style="list-style-type: none"> • Mortuary will be locked with access being by authorised swipe card access • CCTV, surveillance cameras at the entrance • Authorised persons only will be given access • All bodies placed within the mortuary are signed into the 'register of deceased persons' • A identified pathologist performs coronial autopsies at wagga • Autopsy coronial – upon the request of the coroner require transporting to Glebe Sydney • SWSP pathologist performs hospital requested autopsies • Appropriately trained mortuary assistants assist with the autopsies • Transport of deceased person from the inpatient units will be via red corridors and the trolley will be appropriately covered • Family/carers requesting a viewing of a deceased person must be accompanied by and authorised mortuary staff member and a Nurse manager • Observational area is accessible for education purposes – for coronial autopsy the coroner must give permission for general autopsy the pathologist conducting the autopsy must give approval • Observational area is available to the police if the coroner has requested the police to be in attendance • Cadavers for educational purposes are to be stored, managed and transported as per legislation, educational facilities requiring access to cadavers are to provide a system for storage within that educational institution |
| Safety, Security | Work Health & Safety | <ul style="list-style-type: none"> • Risk management principles and staff consultation shall be utilised during task design, equipment design, equipment purchases, equipment maintenance and at all stages of planning and redesign of workplaces |

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| | | <ul style="list-style-type: none"> Secure rooms with direct observation by clinical staff and with outside access to a secure courtyard will be provided for ground floor confused/demented patients. Secure single rooms with direct observation by clinical staff will be provided for confused or high dependency patients within the wards Staff proximity access identity cards will be issued by the security staff. A single proximity card will be utilised by each staff member to access authorised work and staff areas and to activate the car parking boom gates. |
| | Patient Manual Handling | <ul style="list-style-type: none"> Manual handling risks shall be identified and prioritised using the risk management principles according to the likelihood of the occurrence of an injury together with the seriousness of the injury. All identified bariatric areas and stroke beds will provide ceiling mounted hoists for patient movement within the patient room area and ensuite Mobile patient lifters will be readily available throughout the facility All patient bed areas will have a 'slide sheet' assigned to that bed area All movement of patient beds will utilise the 'gazunder' motorised bed movers WWHS has a bed replacement program and as beds require replacement they are replaced by electric beds approved by the OH&S now known as the Work Health and Safety committee |
| | Security | <ul style="list-style-type: none"> Security service will operate under the 'Protecting people and property' manual NSW health; WWHS security guidelines All staff identification cards will form part of the 'swipe' proximity access card and managed and distributed by the security department at WWHS Security service will operate 24 hours per day, 7 days per week Public access to the campus will be via designated entry points After 2000hrs the WWHS will close all entry points other than the Emergency Department, access to the health service will be via this emergency entrance only and authorisation and escort given for further access into the facility outside of ED waiting area Security of neonates will be by an ID bracelet-type security scanning system CCTV surveillance system will be used for recording purposes, a four week digital looping system will be utilised CCTV monitors to be situated in the security office collocated with the Emergency Department, this office is to overlook the ED entry point and waiting room CCTV will be located in heavy traffic flow areas; all entry points, ED and Methadone Dosing Clinic, Mortuary entrance, Pharmacy entrance, car parks and other identified high flow public areas In the event of an alarm being activated in the non 24 hour/7 day per week areas the security service will attend and investigate The executive, security manager and after hour nurse manager role will hold access keys/swipe cards/access codes to all areas Duress systems will be in place for all high risk areas, the need for fixed or dependent systems will be provided to cover all staff present A trained duress response team, will respond to all calls Security staff perform patrols of the site on foot to observe and report concerns |

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| | | <ul style="list-style-type: none"> • Provide escort for staff to their vehicles when required, particularly at staff change-over times • All access walk areas to and car parks for the hospital require sufficient lighting for safety and security reasons • Security staffing may be supplemented by staff from an external contractor when there are staff shortages • All staff will carry a access control card, with authority to access areas within the facility approved by the security manager • All entry points requiring locking, will have electronic access control and the capability to be locked down centrally • Central staff amenities will be accessible via proximity access cards 24 hours per day / seven days per week • All electronic equipment will be security tagged to reduce theft |
| Sterilising Services | | <ul style="list-style-type: none"> • The Sterilising Service will operate Monday the Friday, 0700 – 2400hrs, Saturdays and public holiday 0800 – 1630hrs and Sundays 0800 – 1930hrs • Will provide sterilising services for all re-usable items and surgical instrument trays for WWHS and surrounding facilities • The contract turnaround time for sterilisation of instruments is 48 hours • Imprest stock from Procurement and Supply at the facility is undertaken by each unit/department at unit level, this includes SSU • Instruments belonging to wards or departments are reprocessed in SSU and returned to the relevant unit • There is no processing of sterile linen within the SSU • A fully computerised Instrument Tracking / bar coding System for tracking of all sterilised items from the beginning of the sterilising process is be implemented • Testing of all equipment within SSU e.g. sterilisers, washers and dryers will include if relevant; leak and air removal tests daily – pre-vacuum steam sterilisers, spore tests weekly – all sterilisers, thermocouple testing, including calibration, penetration and time at temperature, annual validation and weekly water checks for Ph, hardness • A preventive maintenance program will be carried out on the steam sterilisers |
| Stores and Supply Materials Management Services | | <ul style="list-style-type: none"> • Store ordering will be based on a 'just in time' principle • The majority of supplied will be ordered according to agreed imprest stock levels and orders will be generated using a barcode scanning system • Non-standard or new stock items will be ordered through a 'Non-Stock' purchase order • Supply Unit staff will undertake supply ordering for the following: Medical and surgical supplies, IV fluids, Medical gases and Printed matter and stationery • Other supplies will be ordered as follows: Sterile stock to be ordered by the Sterile Stock Delivery Aide, Pharmaceutical will be ordered by the Pharmacy, Cleaning and domestic supplies (e.g. paper hand towels, tissues, toilet paper and cleaning products) to be ordered by on-site Health Support Services staff, Groceries and dry goods will be ordered by on-site Health Support Services Staff and Furniture and equipment will be ordered by Asset Management as required • Imprest supplies of intravenous (IV) fluids and irrigation solutions will be stored within the Supply Unit |

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| | | <p>and distributed directly to clinical departments</p> <ul style="list-style-type: none"> • Inpatient units and clinical departments may store up to three day's supply of IV fluids. IV fluids will be stored within the proximity card entry Clean Utility Room • Dialysis fluids will be delivered in bulk to the Renal Dialysis Unit • All deliveries to WWHS and collections of goods, waste and linen will be via the loading dock • The majority of deliveries to WWHS will be received by the 'Supply Unit', with a range of incoming supplied being received each morning • Bulk fluids, some pharmacy (theatre only) and food supplies may be delivered directly to the relevant departments • All incoming supplies will be cross-checked by the 'Supply Unit' with invoices and delivery docket data entries being completed • Supplies will be distributed using an electric powered vehicle (storage bay to be within the Supply Unit) or manual trolley as appropriate • The majority of Supplies will be held within the Supply for a short period of time to allow for unpacking prior to distribution by Supply Unit staff to the relevant hospital units • Supply Unit staff will deliver supplies to hospital units, de-box and shelve supplies • IV fluids will be stored in bulk within the Supply Unit and distribution to hospital units as required • Sterile stock will be delivered directly to the sterile stock store on pallets for de-boxing, storage and distribution • Medical gas bottles will be stored on a reticulated manifold system located in the gas bottle compound. Oxygen nitrous oxide and medical air including small 'C' size cylinders will be stored in bulk • Medical gas deliveries will be provided direct to the medical gas compound by an external contractor • Small cylinder medical gas bottles will be distributed by Wards persons as required • A range of supply items will be dispatched from WWHS to other MLHD facilities each day • Dispatch supplies will be collected from the Supply Unit in the afternoons • All dispatched items will be logged electronically |
| Support Service | | <ul style="list-style-type: none"> • The Supply Unit will be open Monday to Friday 0730 – 1600 hours excluding public holidays • The sterile stock service and delivery aide will operate Monday to Friday 0500 – 1330hrs excluding public holidays • Out of hours access will be available via the after hours nurse manager • In regards to the clerical component, all planned bookings arriving in hours will be through the admissions service located in the main entrance and through the emergency department clerical staff out of hours • A petty cash float is administered by the main entrance administration staff • The cashier will receive, balance and securely store all monies received throughout WWHS • Wards persons will be located within their assigned clinical areas • Wards persons will sign-on/off at the security service department |
| Vehicular Access and | Car Parking and Traffic | Purpose built car park will provide a safe, secure and accessible area for adequate parking. |

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| Parking | Management | <ul style="list-style-type: none"> • Safe and accessible parking is to be provided for staff and patients accessing the WWHS facilities at all times • Access to the partitioned off 'boom gate' area for staff and medical officers will be via an authorised access card • Safe and equitable access to boom gate car parking will be provided to all WWHS staff who meet the after hours criteria ' shift finishes after 2000hrs' • WWHS assumes no responsibility for any damage or theft to a motor vehicle or any loss of vehicle or its contents whilst on this facility • WWHS fleet cars will have identified parking areas, city council will issues fines to any car not displaying the MLHD logo parked within these identified areas • City Council monitors utilisation of timed car parking areas and issues fines accordingly |
| | Patient Transport | <p>The transport service provides for the transfer of patients between facilities within the MLHD and private health clinics where necessary.</p> <ul style="list-style-type: none"> • The service will operate from 0800 to 1800 hours Monday to Friday. An on-call service will be available on weekends • Request for transport is through an centralised electronic booking system • Two patient transport vans are equipped to transfer patients on stretchers. There are an additional two escort vehicles for those patients who are able to travel seated • Centrally positioned off the Transit Lounge for convenience |
| | Fleet Management | <ul style="list-style-type: none"> • Request for access to fleet cars is via a centralised electronic booking system • Fleet cars will be centralised on-campus in a secure fleet car pool to facilitate effective utilisation of this asset • Health Service vehicles will be managed by Fleet Management Services, in accordance with MLHD policy • Some specific units will require dedicated parking eg: ED (patient drop-off), patient transport (3 vans and 2 escort vans), and Pathology (2 vehicles), Domiciliary Service, Paediatric Outreach, CAPAC, Community Nursing and Palliative Care services |
| | Emergency Services | <ul style="list-style-type: none"> • Unobstructed Ambulance vehicle access is readily available at the Emergency Ambulance Entrance • For emergency situation the Police and fire will have access within the drop off areas of the main entrance • General parking for police and fire services is within the general paring area |
| | Helipad | <p>The transport service provides for the transfer of patients between facilities within the MLHD and private health clinics where necessary</p> |
| | Bus Service | <ul style="list-style-type: none"> • A local bus rank is located directly outside the WWHS grounds • Bus service runs according to a council agreed timetable, providing access to and from the various suburbs |
| | Taxis | <ul style="list-style-type: none"> • Public access to a Taxis service, will be supported by 'Taxi' direct phones being accessible within the facility • Taxis have access to the public 'drop off' section of the main entrance as identified in the traffic |

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| | | <p>access and flow documents</p> <ul style="list-style-type: none"> • A taxi rank is located directly outside the WWHS grounds |
| Waste Management - Provided by HSS | Clinical waste Non Clinical waste Management Recycling on site Hazardous Materials and Substances | <ul style="list-style-type: none"> • Waste Handling Service will operate 7 days per week, 0600 hours to 1430 hours 7 days per week an after hours will be provided as required by wards persons • Waste will be segregated into appropriate colour coded, lockable, leak proof, mobile waste containers at the point of generation; general waste, clinical waste, sharps, recyclable (glass, aluminium, plastic, paper, cardboard) • Waste will be held in wards and departments, in the dirty utilities or disposal rooms • Waste stored within the disposal rooms will be collected daily or as required and transported to the Waste Handling Unit • Compactors will be used for the management of general, combined recycling and cardboard. • Bin washing/drying will be undertaken on-site for all general and recycling bins, these cleaned bins will be re-used throughout the WWHS • Confidential waste generated in clinical areas will be shredded in the clinical areas then placed into paper waste bins • Larger volumes of confidential waste can be disposed of in specific identified 'confidential waste' bins located in hospital administration, clerical area of the main entrance and medical records. These bins are collected by an external contractor |
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| Models of Care | Service level | |
| | Management | |
| | Governance | |
| | Relationship with departments | |
| | Roles / Responsibilities | |
| | Operating hours | |
| | Resources / Equipment | |
| | Access | |
| | Admission / transfer of care | |
| | Discharge | |
| | Clinical pathways | |
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