

PROJECT INSIGHTS

A new and expanded Emergency Department (ED) will be one of the first services to open in the new three-storey clinical building as part of the \$150 million Dubbo Hospital Redevelopment Stages 3 and 4.

We spoke with some of the ED staff members who contribute to the design process and models of care, to find out how the new ED will benefit staff and patients.

What are some of the challenges of the current ED?

Margo Mackenzie, Operations Manager, ED: We have a lack of space in the current ED which can restrict movements in what is often a very physical work environment.

Kate Butler, Registered Nurse, ED: In the current unit, our patient flow is disjointed which can impact on our flexibility, treatment times, flow and streaming of patients.

Chris Waters, Nurse Unit Manager 1, ED: At the moment, our models of care are based around the design of the current space we work in. Being part of the ED design process means we could design a space that was in the best interest of patients and supported the way we wanted to work.

A key driver when designing the new hospital was implementing our Rapid Assessment Fast Track (RAFT) model of care.

What is the Rapid Assessment Fast Track model of care?

Margo: It's about streamlining patients who present at the ED to the most appropriate areas to complete their required treatment as efficiently as possible.

To achieve this, we've enhanced the design of our triage assessment area, reviewed our processes and created a dedicated treatment and waiting area for low acuity patients.

Kate: RAFT model starts at the front of house for ED and streamlining at the beginning of the patient's ED journey is vital. It ensures the right patient is treated in the right area with the right resources and right model of care.

Chris: At the moment, our ED is a bit like a rabbit warren and our RAFT area is often used for other things because of space limitations. Creating purpose-built areas for RAFT will be very beneficial to staff and patients.



Left to right: Chris Waters, Kate Butler and Margo Mackenzie

What role did you play in the design of the new ED?

Chris: As well as participating in the design user groups meetings, we visited several new EDs across NSW to learn about what design will work best to support our RAFT model of care. These visits have helped us look at ways we can improve our standards of transferring the patient.

Chris continued: We've also been looking closely at our current data and future projections to develop a strategy that will support the uplift in demand for our service.

Margo: I was involved in the detail design phase, and as a team, we are doing a lot of process mapping to finalise our new models of care.

Kate: I've been involved in the RAFT process mapping, which looks at ways to improve the flow of patients. I've also reviewed different models of care in other places.



An aerial view in April 2019 shows construction of the new three-storey clinical building which will house the new ED

What are you looking forward to when the new ED opens to patients?

Margo: Providing staff the space and resources to do their job well, will have a hugely positive impact on everyone. As a team, we will also be much more efficient which will mean patients can be assessed and treated in a timely manner which will improve health outcomes.

Chris: While our new unit will be bigger, it will also be more open so you can see what's happening across the whole department from the central nurses station.

Kate: I'm looking forward to having dedicated paediatric treatment bays in ED. I am also looking forward to our community's response to the new department as there has been plenty of interest and engagement about the redevelopment

When we move in, our morale will be at an all-time high. It's the main topic of conversation around the unit at the moment, especially now that we can see the building coming to life.

The construction of the new clinical building is being carefully staged to minimise disruptions and maintain all hospital services throughout the building process. In 2020, the new ED will open, with additional ED areas opening in 2021 when the building is fully complete.

Following full completion, the new building will also include an Ambulatory Care Unit, a critical care floor comprising of Coronary Care, Intensive Care and Cardiac Catheter Laboratory, as well as new front of house and main entry.



An artist's impression of the new front entry of the hospital where patients and visitors will access the new ED, hospital main entry and drop off zone.