

## Frequently Asked Questions

# Moving to the new Royal Adelaide Hospital

During September 2017, the Royal Adelaide Hospital will be moving from its current location to our new state-of-the-art hospital on the corner of North Terrace and West Terrace.

### **How will the move work?**

The patient move will take place in daylight hours over three days, from Monday 4 September to Wednesday 6 September 2017, with Thursday 7 September as contingency. Some outpatient, radiation oncology and day surgery services will progressively start operating at the new Royal Adelaide Hospital from 14 August 2017.

A range of options for the move were carefully considered by our clinicians and key agencies including SA Ambulance Service (SAAS), with all agreeing this is the safest option.

To support the move of clinical services, a professional moving company will coordinate and schedule the move of equipment, furniture and other items to the new hospital, four weeks before we start moving patients.

### **Why are some services moving before the patient move?**

Delivery of outpatient services is complex, with the RAH seeing 375,000 outpatients per year. Moving some services early allows us to ensure our systems and processes are working well before all services open at the new hospital.

Likewise, commencing day surgery procedures before more complex surgeries provides our staff with extra time to familiarise themselves with the advanced technologies that are part of the new hospital.

### **Who is in charge of the patient move?**

SA Ambulance Service moves patients between hospitals every day and are best placed to lead the move of patients.

A move command team will be based at SA Ambulance Service headquarters at Eastwood. The command team will consist of Royal Adelaide Hospital and SA Ambulance Service staff who will work closely with other agencies, such as fire, police and transport during the move.

### **How will patients be transferred?**

Patients will only be moved when a doctor agrees they are stable enough. Patients will be transferred between the old and the new hospital sites using ambulances and the ambulance bus.

Ambulance officers or MedSTAR staff will collect our sickest patients from their bedside and will transfer them directly by ambulance to their bed at the new Royal Adelaide Hospital.

Patients who are more stable will be collected by 'move teams', taken down to a transfer bay and then transported by ambulance to the new site. On arrival at the new hospital a 'move team' will greet the patient and take them to their room.





### **How many patients will be moved each day?**

In the six weeks leading up to the move of patients we will be working to reduce the number of patients receiving care at the existing RAH from around 600 to about 300. This is called 'ramp down'.

This strategy will help to reduce risk and ensure patient safety, which is our number one priority.

This means we are aiming to move around 100 patients each day.

### **What if you have more than 300 patients?**

We are aiming to transfer around 300 patients over the three day patient move, but are planning for up to 350 and have an extra day factored into the move schedule as contingency.

### **What order will be patients be moved in?**

Most patients in the Intensive Care, Medical, and Surgical Units will be gradually moved over the three days, with the timing dependent on how busy the unit is and how sick the patients in that unit are.

Cancer and remaining oncology services will move on Monday 4 September and Wednesday 6 September, while Renal services will move on Tuesday 5 September.

Patients who are in hospital at the time of the move will be provided with everything they need to know, including the timing of their move and who will accompany them.

### **When will the Emergency Department move?**

The existing Royal Adelaide Hospital Emergency Department will continue to be open until 7.00am Tuesday 5 September 2017.

It will then close and the Emergency Department at the new RAH will open its doors, marking the official opening of the hospital.

Any patients in the old Emergency Department at this time will continue to be treated there.. Then they will either be discharged, or transferred directly to a bed at the new site if they require admission.

### **Where do I go in an emergency?**

Throughout the ramp down and move period if you have a medical emergency, you should call 000. Ambulances are the safest way to be assessed, treated and transported to the right hospital for the best clinical care for your condition.

Emergency care is also available at all seven metropolitan hospitals, so if you need treatment for an urgent or life-threatening condition, you can access those hospitals 24/7.

Any minor injuries and illnesses are best treated by your local General Practitioner in the community. Alternatively, there are a range of other care options to consider which are listed on the SA Health website at [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au).

### **What if I go to the wrong hospital?**

Any patients who self-present to the Royal Adelaide Hospital Emergency Department on Monday 4 September will be treated there. There will be staff posted at both hospitals so that if you go to the wrong ED, you will be directed or assisted to the correct ED.

Throughout the move there will be a Medical Emergency team located at each site, who will be able to attend to any critically ill patients who arrive at the wrong site. The new Emergency Department will open on Tuesday 5 September at 7.00am. From this point the Emergency Department at the old RAH will stop taking new patients.

Signs will be in place out the front of both sites throughout this time to provide guidance about whether the Emergency Department is open.

### **Will there be road closures?**

At this stage there are no planned road closures, with all ambulances travelling down North Terrace to the new hospital.

If required, the team managing the move will work with the Department of Transport, Planning and Infrastructure (DPTI) to adjust traffic light sequencing.

Alternative routes have been planned in partnership with DPTI and Adelaide City Council in the event of any accidents or unexpected road works.

### **Are you going to be running both hospitals at the same time?**

The amount of time both hospitals are open will be kept as short as possible.

### **Could my outpatient appointment or surgery be postponed?**

If you have an existing outpatient appointment it will proceed. All new urgent referrals for outpatient appointments will also continue to be seen.

If you have surgery booked, it is likely to go ahead. If there is any need to reschedule due to the move we will notify you well in advance.

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## **For more information**

**New Royal Adelaide Hospital Project**

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**Visit: [www.newrah.sa.gov.au](http://www.newrah.sa.gov.au)**

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## Frequently Asked Questions

# Outpatient activity ramp down – Information for GPs

In preparation for the move to the new Royal Adelaide Hospital (RAH) there will be a controlled decrease in outpatient activity between May and October.

Reductions in activity will provide staff with time to adjust to a new working environment, new patient flows, different workforce models and new electronic patient management systems.

These activity reductions will be achieved by prioritising clinically urgent appointments and deferring bookings of non-urgent patients until the end of October when we have settled into the new hospital.

### How will the outpatient ramp down work?

To assist in better prioritising patient appointments based on their clinical need, all new and review outpatient referrals will be assigned a Clinical Urgency Category, as outlined in the Department of Health and Ageing Specialist Outpatient Services Clinical Urgency Categories Policy Directive.

This will see patients triaged as one of four categories.

- Rapid Access Appointment (immediate appointment within 72 hours)
- Category 1 (urgent within 30 days)
- Category 2 (semi-urgent within 90 days)
- Category 3 (non-urgent, greater than 90 days).

All Category 1 and Rapid Access Appointments will continue to be booked as per normal, except for the three days of the patient move Monday 4 September to Wednesday 6 September. Any Category 1 or Rapid Assessment referrals received in the week before the move will be booked in on Thursday 7 and Friday 8 September.

All Category 2 appointments will be booked and seen at the current RAH as per normal until the patient move. Between 4 September and 23 October 2017, all patients clinically triaged as Category 2 will be added to the outpatient waiting list / booking queue maintaining treat-in-turn principles. After this date appointments will be booked as normal.

No new or review Category 3 appointments will be booked from 26 May 2017 until after the patient move. These patients will be added to the waiting list / booking queue, after this date appointments will be booked as normal.

This process will see the number of bookings in the system gradually decrease in the lead up to the patient move, freeing up staff for training and reducing the amount of data to be transferred to the new system.

Having less activity over the move period will also give staff a chance to get used to their new workplace before activity increases to normal levels.

### What happens if my patient is put on the waiting list?

Any patients that are placed on the RAH outpatient waiting list / booking queue will be supported by a treat-in-turn principle so that specialist appointments can be made based on clinical need and in the order of when the referral came in.



Once the clinical move is complete there will be a gradual increase (Ramp Up) in outpatient activity, the timing of which will be determined on a clinic by clinic basis.

### **How long will this delay my patient's appointment?**

Once we have settled in to the new RAH we will ramp activity back up to normal levels and develop strategies to deal with any backlog. This is expected to take about 8 weeks following the opening of the new RAH.

It is important to remember that patients on the waitlist have been classified as not urgent. Should the patient's condition change at any time they will be encouraged to speak to their General Practitioner, so they can be re-classified if necessary.

### **What if my patient already has a booking during September and October?**

A small number of patients have appointments booked in the system during the move week, Monday 4 September to Friday 8 September. These patients will need to be rescheduled, however the new appointment will be made as close as possible to the original appointment time.

All other patients who already have a booking scheduled over the next few months will keep their appointment, regardless of their clinical urgency category. However if it is after Thursday 7 September, the location will change to the new RAH.

### **Will I be notified if my patient's appointment changes?**

If there is any change to either the time or day of existing appointments, both the patient and their General Practitioner will be notified ahead of time, including advice on how to access the new hospital.

### **Are there any changes to the referral process?**

There will not be any changes to the outpatient referral process in the lead up to the move to the new Royal Adelaide Hospital.

Once the new hospital has opened there will be new phone and fax numbers for our outpatient departments, which will be provided to you prior to the move.

### **Will all outpatient clinics at the current RAH move to the new RAH?**

We are currently reviewing all outpatient clinics across CALHN to align with the service profile of each hospital. Some clinics may move from the RAH to TQEH and vice versa during this process. Any changes to clinics will be communicated to patients and General Practitioners ahead of time.

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## **For more information**

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# **GP engagement – General info for SA Health Internet / email / newsletters / presentation**

## **Presentation to Southern GP Council (1 August 2017)**

### **Changes to Southern Adelaide Local Health Network (SALHN) services**

- A number of outpatient services moving across the network between July and October 2017
  - Services and clinicians providing similar services to be located together, wherever possible, to improve care and patient experience
  - All services to continue to be available.
- Outpatient clinics moves
  - Hand Therapy successfully relocated to FMC in July 2017
  - Respiratory and Cardiology clinics will relocate to Noarlunga GP Plus in August 2017
  - Remainder of outpatient clinics to move in September and October 2017

### **Impact on GPs and specialists who refer patients to SALHN**

- The relocation of services will affect GPs and specialists who refer patients to SALHN. This includes changes to the contact details and where referrals will now need to be sent to. The referral management process may also change in an attempt to streamline it.
- GPs and specialists will be receiving a notification letter referring to relocating SALHN services. This letter will include information:
  - about the new service location and timing of the move;
  - on what they will need to do for future referrals.

### **Communication to patients**

This will occur in a three (3) step process and will include:

1. The patient will be sent a letter which documents their next appointment's date, time and new location. A map identifying the clinic's new location and Frequently Asked Questions sheet will accompany the letter. Letters will be mailed to patients wherever possible six (6) weeks prior to the patient's first appointment at the new location;
2. A follow-up phone call will be made to each patient approximately two (2) weeks after appointment letters have been mailed. The follow up phone call will check that the patient has received the letter notifying them of the date, time and location of their next appointment, and to provide guidance should the patient have any questions regarding their clinic's new location; and
3. SMS reminders will be sent in the week prior to the patient's appointment at the new location.

### **Aligned clinical service hubs**

- The outpatient clinic relocation has been designed as clinical hubs, where health professional staff with specialised skills in similar clinical areas provide their services from one site, making it easier for patients to attend multiple appointments.
- This supports improved quality and efficiency of care, as well as a more streamlined experience for patients.

## **GP engagement – General info for SA Health Internet / email / newsletters / presentation**

- For example: patients with diabetes are at higher risk of circulation problems in their feet. Our outpatient services at Marion GP Plus Health Care Centre will include our diabetes and podiatry clinics as well as our vascular clinics.

### **For more information**

- For GPs Internet portal [www.sahealth.sa.gov.au/ForGPs](http://www.sahealth.sa.gov.au/ForGPs)
- Contact 8275 1837 (Monday to Friday, 8:30am-4:30pm)
- Transforming Health website and [SALHN Outpatient portal](#) on the SA Health website for updates on the Outpatient Clinics moves and changes to relevant referral management guidelines

## Frequently Asked Questions

# Ramping down the Royal Adelaide Hospital

To get ready for the move we will be working to reduce the number of inpatients receiving care at the existing RAH from around 600 to about 300. This is called 'ramp down' and it will occur in the six weeks before we start moving patients to the new hospital. This strategy will help to reduce risk and ensure patient safety, which is our number one priority.

### **How will ramp down work?**

Ramp down will start first at the Royal Adelaide Hospital with the rescheduling of all non-urgent adult multi day elective surgery. Hospital staff will also work closely with patients, their families and community health care providers to facilitate early discharge where appropriate.

Seven to ten days prior to the patient move a 'See, Treat, Transfer' process will commence in the Royal Adelaide Hospital Emergency Department. This will involve the transfer of some patients to other metropolitan hospital sites once they have been seen and assessed at the Royal Adelaide Hospital.

To help create capacity for patients coming from the Royal Adelaide Hospital, long stay patients at Lyell McEwin Hospital, Flinders Medical Centre and The Queen Elizabeth Hospital at will also be assessed to see if they can be transferred to peri-urban hospitals such as Gawler, Mount Barker or Victor Harbor. This will occur in the week prior to the 'See, Treat, Transfer' process starting at the Royal Adelaide Hospital.

In the two weeks before the patient move these metropolitan hospitals will temporarily stop all adult non-urgent multi day elective surgery.

### **How will the 'See, Treat, Transfer' process work?**

Throughout the ramp down period, presenting to the Royal Adelaide Hospital Emergency Department will be seen and treated as normal.

However, in the seven to ten days prior to the patient move, if a patient needs to stay in hospital for a few days they may be transferred to another metropolitan hospital to continue their care or complete their recovery.

### **Why not just send patients directly to another hospital via ambulance? Why will they go through the Royal Adelaide Hospital Emergency Department first?**

By continuing to operate the Emergency Department at the old RAH, the impact on Emergency Departments at our other hospitals will be significantly reduced.

The 'See, Treat and Transfer' process will ensure patients can receive treatment as soon as possible, then be directly admitted to a ward at another hospital, without having to go through another Emergency Department.

### **Who will decide if a patient is transferred to another hospital?**

A Specialist and Emergency Department doctor will make this assessment in consultation with the patient. If a patient cannot be transferred elsewhere, then they will be admitted to the Royal Adelaide Hospital.





## **What hospital will patients be transferred to?**

When determining which hospital a patient will be transferred to, staff will take into account the patients' condition, available capacity at other hospitals and what they specialise in, and where the patient lives, before making a decision.

In the metropolitan area patients may be transferred to the Lyell McEwin Hospital, Flinders Medical Centre or The Queen Elizabeth Hospital. Long stay patients at other hospitals will be transferred to peri-urban hospitals at Gawler, Mount Barker, Victor Harbor, Angaston, Eudunda, Gumeracha, Kapunda, Mount Pleasant, Strathalbyn, Murray Bridge and Tanunda.

## **How will patients be transferred?**

Patients being transferred from the Royal Adelaide Hospital will be cared for in a transfer area located close to the Emergency Department, where nursing staff and treating doctors will continue to monitor and provide patient care before the transfer. A Transfer Coordination Team will work with SA Ambulance Service to book transfers by ambulance.

## **Will patients be charged for hospital transfers?**

No. Patients will not incur any costs if transferred to another hospital.

## **Will services still be available at the Royal Adelaide Hospital during ramp down?**

Services will operate as normal at the Royal Adelaide Hospital during ramp down, including day surgery, the Emergency Department, urgent surgery and other specialist services such as major burns, spinal, stroke, renal transplantation, cardiothoracic surgery and neurosurgery.

The only exceptions are non-urgent adult elective surgery and outpatient clinic appointments. If surgery or outpatient clinic appointments are rescheduled, patients will be notified by letter.

## **Will all services still be available at other hospital sites during ramp down?**

Yes, services will operate as usual at all other hospital sites with the exception of non-urgent elective multi day surgery which will temporarily stop at Lyell McEwin Hospital, Flinders Medical Centre and The Queen Elizabeth Hospital two weeks prior to the move. If you have surgery booked, it is likely to go ahead. If there is any need to reschedule due to the move we will notify you well in advance.

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## **For more information**

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## INFORMATION ABOUT THE MOVE TO THE NEW ROYAL ADELAIDE HOSPITAL

Dear Dr Nelson

In September, the Royal Adelaide Hospital will be moving to its new home on Port Road. The inpatient move will take place over three days, from Monday 4 September to Wednesday 6 September 2017, with Thursday 7 September as contingency. Outpatient clinics will cease services and move to the new hospital over the same three day period.

Some outpatient, radiation oncology and day surgery services will progressively start operating at the new Royal Adelaide Hospital prior to this, from 14 August 2017.

As you would appreciate, the transition to our new hospital will involve the careful management of services to ensure the safety of patients and staff at both sites.

We want to ensure that General Practitioners are informed about the move so you know what to expect when referring patients to the Royal Adelaide Hospital during this time.

To get ready for the move we will be implementing a 'ramp down' strategy for both outpatient and inpatient services. This important strategy will free up time for essential staff to be trained in the use of new equipment and processes. It will also minimise the number of outpatient appointments that will need to be rescheduled.

We are aiming to reduce the number of inpatients receiving care at the existing Royal Adelaide Hospital from around 600 to about 300. This will be a gradual process starting six weeks prior to the move. To achieve this, non-urgent multi day elective surgery will stop temporarily at some metropolitan sites and processes will be put in place for other hospitals in South Australia to accommodate additional patients.

The ramp down of outpatient services will involve a controlled decrease in activity in the week prior to outpatient services moving.

Activity reductions will involve prioritising clinically urgent appointments and deferring bookings of non-urgent patients until the end of October at which time activity should return to normal.

For further information please see enclosed Frequently Asked Questions documents about the move, inpatient and outpatient ramp down. Alternatively you can visit our website [newrah.sa.gov.au](http://newrah.sa.gov.au) or email [newrahfeedback@sa.gov.au](mailto:newrahfeedback@sa.gov.au).

Sincerely,

**Jenny Richter**  
Interim Chief Executive Officer  
Central Adelaide Local Health Network

# How to get involved



**[SouthAustralia@healthpathwayscommunity.org](mailto:SouthAustralia@healthpathwayscommunity.org)**

**Health website:**  
**[health.sa.gov.au](http://health.sa.gov.au)**

**PHN website:**  
**[elaidephn.com.au](http://elaidephn.com.au)**

**APHN website:**  
**[untrysaphn.com.au](http://untrysaphn.com.au)**

