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Found: Aboriginal Hearth

In the north-west corner of the Randwick Campus Redevelopment site, an Aboriginal hearth has been uncovered during test excavations conducted by the project's Aboriginal Archaeology team.

Encircling the hearth stones are a series of small and thin dark red pebbles, roughly circular in shape and located around the hearth at a slightly lower level. These are considered to have been carried onto the site by the Aboriginal occupants in the past. Although some may have been used for ochre body painting or rock art stencilling, their function is largely unknown.

"The archaeological team expect this find will contribute to a number of outstanding questions about the environment and Aboriginal archaeology of the Botany sand dunes on which the construction site is situated upon. The team is hopeful the stones can assist with dating the age of the Aboriginal occupation of this part of dune", said Mary Dallas, Principle Heritage Consultant, Mary Dallas Consulting Archaeologists.

In consultation from the La Perouse Local Aboriginal Land Council and the Office of Environment and Heritage, the artefacts have been successfully removed and will be securely stored on site until a permanent home can be found. Analysis and documentation of all finds will be carried out with a focus on handling the artefacts ethically to ensure the integrity of the find.



Prototype room Feedback

During February and March 2019, clinical teams from the specialty areas that will relocate to the new Acute Services Building have use to the prototype rooms to trial a range of patient care scenarios that routinely occur within their inpatient areas.

These scenarios provide an opportunity for teams to start thinking about how they will adapt to working in the new facilities.

Over the past four months, more than 650 individual items of user feedback have been submitted to the Project team. Key feedback raised include:

- Configuration, height and placement of medical gases panels relative to the patient bed
- Proximity of the curtains to equipment that is being used around the patient beds
- Provision of clinical storage at the patient bed head, e.g. for emergency packs
- Height and placement of call bells and light switches
- Selection and installation of bathroom fittings and the height at which hand rails, shower hoses and toilet roll holders are affixed
- The configuration of the staff observation bay
- The need for designated rooms to accommodate high acuity patients or those at a high risk of fall



All feedback provided by users has been documented and fed back to the Operational Change Management Executive Committee (CME), which is chaired by the Prince of Wales Hospital General Manager and includes representatives from the Project team and Hospital Executive.

The role of the CME over the coming months will be to consider opportunities for improvements, recommendations or requests for changes based on issues raised by clinical users. Depending on the outcome of reviews, user recommendations may be supported, rejected or referred back to the clinical teams for further information, user input or testing.

As a result of the feedback received to date, the CME has already approved some preliminary modifications to the prototype room and staff bay to simulate an option for a four bed falls room for high acuity patients. The room will be re-opened for further testing during May so that users can see how a four bed room design functions.

The new hospital will provide a range of innovations and improvements that greatly benefit patients, carers and staff. Testing the prototype room is a critical step in ensuring that the new facilities are functional and support patient-centred care.

Consumers and Community Information Communication and Technology workshop

This month the Project team facilitated a Consumer and Community Information Communication and Technology (ICT) workshop to discuss how ICT could be used in the Acute Services Building. Consumers brainstormed how current and new technology can improve the patient, carer and visitor experience before, during and after a hospital visit.

“The opportunity for consumers to work closely with those designing the information management processes of modern and innovative medical services gives consumers confidence that patients and the community will remain the prime objective of clever technological developments, both in treatment and in service.” said workshop participant Robert Wilson, Chair, Consumers and Community Advisory Committee.



“Our hospital consumers have great ideas on how ICT can be used to improve communication, relay information and streamline processes! They are by far our greatest asset.”

Deb Verran, Consumers and Community Advisory Committee Deputy Chair

The project team are working hard to ensure technology increases clinical quality, patient safety, broadens patient choice, and is reliable and user friendly once the new hospital is commissioned in 2022.

The many ideas shared at the workshop will inform ICT planning for the Randwick Campus Redevelopment.

Activity on site: Piling

A piling mat will be established on the construction site during April to prepare for the commencement of piling in May. A piling mat is a large compacted platform that creates a sound base for piling rigs to work on. Piling mats are made from compacted soil, geofabric material and crushed sandstone.

A roller will be used to compact and stabilise the piling mat and may generate vibration. Vibration levels are monitored using specialised monitors located in structures adjacent to the construction site.

Piling creates retention support for bulk excavation work. Piles are constructed by drilling into the ground and filling the hole

with steel and concrete. A bored piling method will be used on the construction site. This type of piling generates less noise and vibration than other types of piling.

Two piling rigs will be used on site with tall vertical shafts that extend approximately 7 meters into the air.

All piling activity will be undertaken inside the site boundary between 7:00am and 6:00pm. This work is expected to generate noise and vibration. The project team will notify local residence and services who will be affected.

Bored piling activity will take approximately two months to complete, weather permitting.



MEET THE TEAM:

Kate Stewart, Clinical Change and Commissioning Co-ordinator

Give a quick run-down of your role in the Randwick Campus Redevelopment Team:

My role is to work alongside clinical teams in preparing the way in which they will work within the new Acute Services Building in 2022. It is a great opportunity for us to review the current ways of working, and think big about new ways of working in the future, possibly incorporating new technology and progressive models of care. It will be an exciting couple of years ahead and I'm looking forward to meeting new people and building our new hospital.

What is the best part about working on the redevelopment?

It's a dynamic environment, so many people with many different professional backgrounds. It's a very busy office, a hive of activity, never dull. First impressions are often lasting,

and so far I'm under the impression that there is a lot of work to be done and there are a lot of motivated people around to do it!

What's happening when you're not at work?

I love live music and ocean swimming - if I haven't had a fix of either one I tend to feel a bit out of whack! I have two courageous young daughters, they keep me busy partaking in life's adventures!

