

## Building a Modern Health Facility for Tasmanians

### Welcome to the new RHH Redevelopment project!

The RHH Redevelopment is delivering a state-of-the-art health facility for generations of Tasmanians to come.

*RHH Redevelopment News* provides information and updates on the project.

You can also find information about the project by visiting the website:

[www.rhhredevelopment.tas.gov.au](http://www.rhhredevelopment.tas.gov.au)

Or email the project at:

[redemption.rhh@ths.tas.gov.au](mailto:redemption.rhh@ths.tas.gov.au)

### In this issue...

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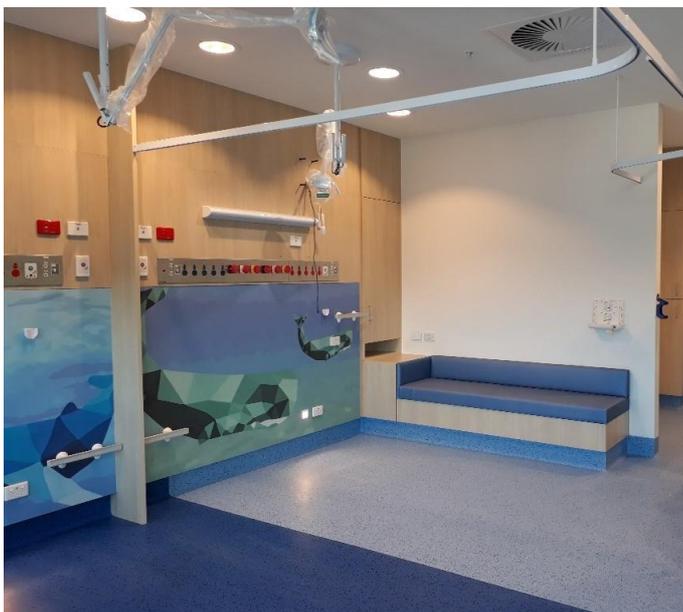
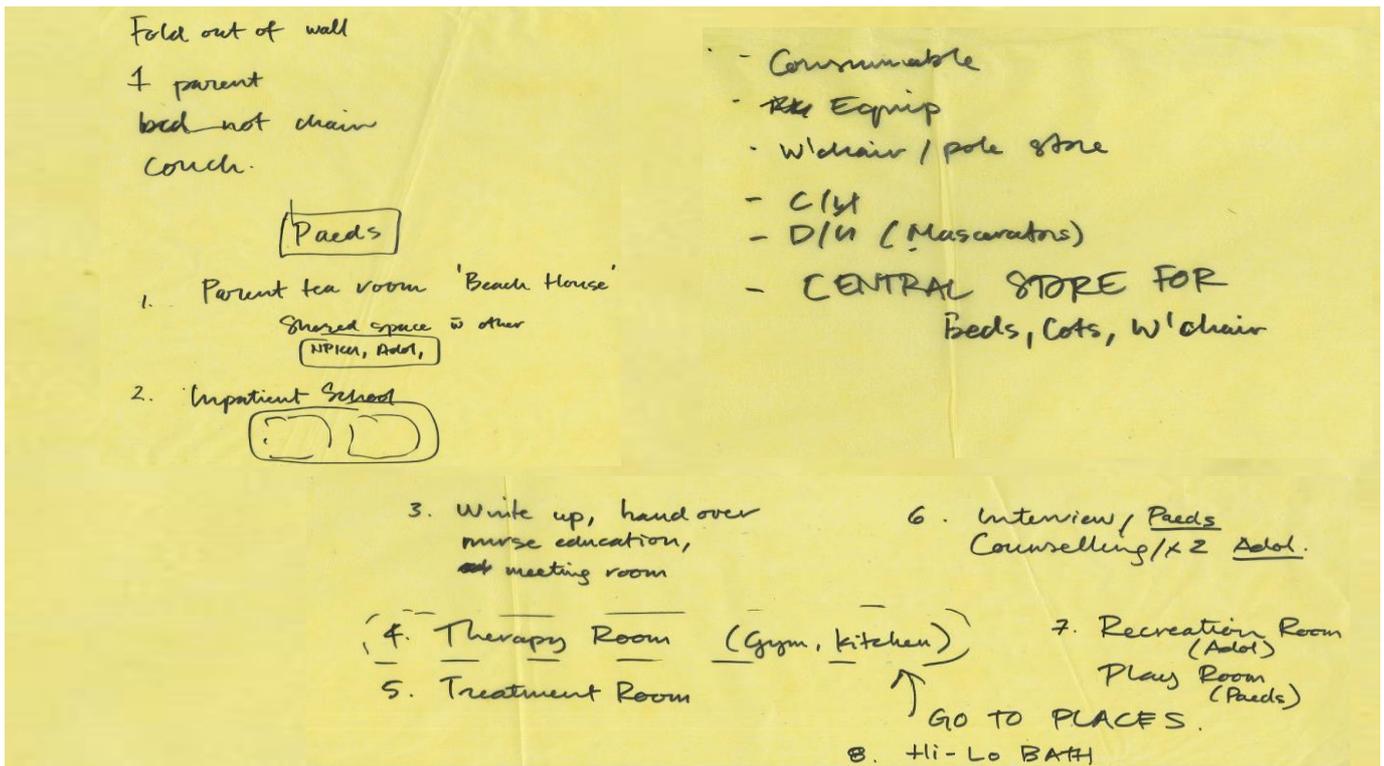
- [Grand Design by Staff](#) – see the original design ideas come to fruition.
- [Improving Patient Comfort and Flow](#) – new Transit Lounge promises improved access to care and discharge.
- [Fire Safety Ready](#) – four steps to fire safety and evacuation readiness in K-Block.
- [Connecting K-Block to the RHH campus](#) – access corridors revealed.

# Grand Design by Staff

On 7 December 2011, RHH Redevelopment architects met with a paediatrics working group to start designing K-Block's children's and adolescents' units.

As K-Block nears completion, it's exciting to see the vision of staff at that workshop come to realisation in the K-Block design.

**Other than bed accommodation and services support, what other areas are required in Adolescents?**



Day bed in high dependency unit, K6E



Clean utility, K6E



Adolescents' treatment room, K6W



Staff base, K6E

**What are the best five words that will describe the look and feel of the Paediatric inpatient unit environment?**

Child friendly - @ child's level scalability  
 welcoming (place you're going to get better)  
 bright / heart / open  
 family friendly  
 calm / quiet



Adolescents' recreation area, K6W



Children's play area, K6E

- ✓ Inpatient school
- ✓ Write up areas and staff bases
- ✓ Fun, colourful design
- ✓ Treatment room with special high-low bath
- ✓ Therapy room
- ✓ More storage
- ✓ More family areas
- ✓ Dirty and clean utility rooms (C/U and D/U)
- ✓ Recreation/play rooms
- ✓ Day bed in patient rooms
- ✓ Staff tea rooms

# Improving Patient Comfort and Flow

Access to care and discharge will be smoother and more comfortable for patients with K-Block's new Transit Lounge.

The Transit Lounge will be an improvement on the traditional discharge lounge found in most hospitals around the country.

"Our transit lounge will not only accommodate patients that are going home.

"It will provide a service for patients transferring to other facilities and some patients that are being admitted to hospital too," Assistant Director of Nursing (ADON) Access and Flow, Lorraine Larcombe explained.

Lorraine said that some patients who have a booked admission need somewhere to wait while their bed becomes ready.

Other patients might attend an appointment at an outpatient clinic where their clinician decides they need to go to hospital and they have an unscheduled admission.

"Those patients will be more comfortable because they will be able to wait in the Transit Lounge rather than a clinic waiting area until their bed is available," she said.

The larger Transit Lounge will have capacity to reduce pressure on the Emergency Department (ED) by providing a safe clinical area for patients no longer in need of acute emergency services.

"There are a lot of patients in ED where it is clinically appropriate for them to wait in the Transit Lounge until their bed is ready on the ward.

"The Transit Lounge is a more comfortable area for them to wait and it helps clear ED a bit," Lorraine said.



And of course, the Transit Lounge will help make beds available sooner by providing a step-down clinical area for patients getting ready for discharge.

“Patients may be waiting on the ward because they have to have a final antibiotic dose, a dressing changed or they might be waiting on a prescription.

“We can do all those things in the Transit Lounge and free up a bed for someone else who needs it,” she said.

The Transit Lounge will double in capacity moving from eight recliner chairs currently to providing 12 recliner chairs, four beds, a consulting room and a treatment room.

“The new Transit Lounge in K-Block will be amazing!” Lorraine said.

“At the moment we can only take ambulant patients.

“We don’t have the capacity to take somebody who’s going to a nursing home and might be bedbound so they need to stay on the ward.

“Because we have beds in the K-Block Transit Lounge, we’ll be able to take these patients,” she said.

The Transit Lounge is staffed by registered and enrolled nurses, a non-emergency patient transport coordinator and a patient flow assistant who collects and drops off patients to and from the ward and Transit Lounge and helps pack up the patient’s belongings.

The Transit Lounge is part of the ground floor services that will be the first to open in K-Block.

Patients and visitors will be welcomed by Royal Hobart Hospital staff and volunteers at the new reception area.

The admissions, waiting area, cashier, lifts to inpatient wards and Transit Lounge, are all closely located near reception.

Lorraine Larcombe is the ADON Access and Flow at the Royal Hobart Hospital and will manage the new Integrated Operations Centre when K-Block opens.



*K-Block ground floor where the Transit Lounge is located.*

# Fire Safety Ready

Safe and efficient evacuation during a fire saves lives.

With preparations underway for the move into K-Block, emergency management processes for the new building are being designed and implemented.

Peter Rawlings has been leading the RHH safety and emergency team with Bronwyn Watson and Mark Grant who have been working on their fire safety plan for K-Block.

**Step 1** Check the build against the approved design

“One of our most important tasks is to verify what is indicated in drawings and plans has actually been put in place in K-Block,” Peter said.

“We have found the past four years working with the Redevelopment team has been a great opportunity to ensure that emergency management processes are in place from the planning phase until commissioning,” Bronwyn said.

“A lot of work was done in the planning phase on evacuation routes, firefighting infrastructure, fire and smoke monitoring, warden intercom phones and manual call point alarms,” Peter said.

“We are checking that all the infrastructure that supports building life support systems has been put in place where it was designed to be,” he said.



*RHH fire panels – when fire is detected, a signal is transmitted to the fire plane which activates the alarms in the affected area and directly notifies Tasmanian Fire Services.*



*Peter Rawlings outside the RHH Fire Control Room*

**Step 2** Ensure plans are user-friendly

“K-Block is well set out we need to make sure that people understand where they are positioned in the new building in relation to where the street is, so it gives them a bit more situational awareness,” Peter said.

Evacuation diagrams using floor plans, map out emergency exit routes from a building. They are displayed throughout the hospital.

Peter and the team are making sure the evacuation diagrams and other documentation are user-friendly.

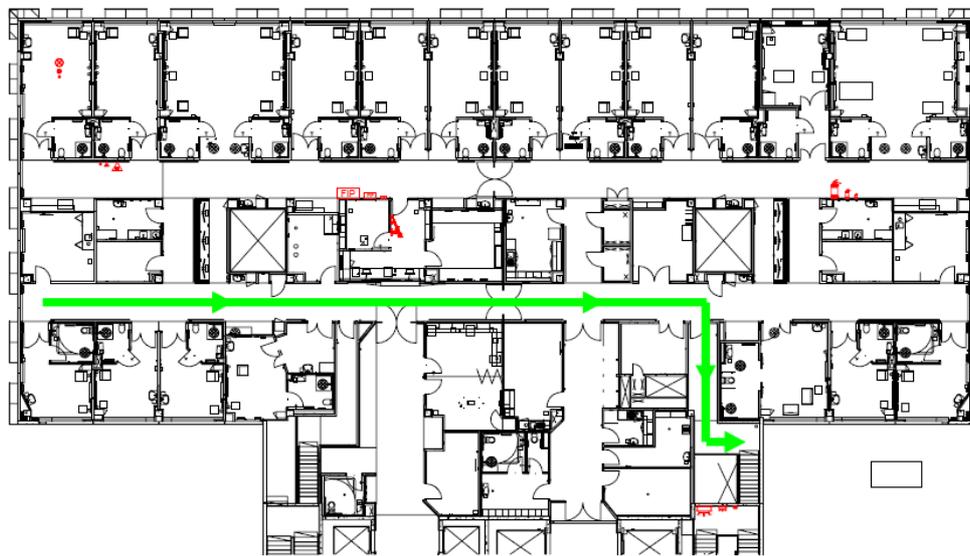
“If you say to people within a building to head north, people will say well where’s north?”

“We’ll say, for example, head towards the Campbell Street side,” Peter said.

“It’s easier for people to understand it.

“We’ve done a lot of work on updating the RHH emergency coordination manual with the goal of providing only the most relevant information to fire wardens,” he said.

“We will be finalising this manual once we have access to the building,” Peter said.



**Legend**

- EWIS light
- Exit sign
- Fire blanket
- Fire Indicator Panel
- Fire Hose Reel
- Fire Hydrant
- Fire extinguishers
  - dry chemical
  - carbon dioxide
  - foam
  - wet chemical
- Doors
  - fire
  - smoke
- Manual Call Point (Break glass alarm)
- Emergency door release
- Wardens phone

**Action**

- R**emove yourself and others from the immediate danger
- A**lert others by
  - Activating the nearest Manual Call Point (Red Break Glass Alarm)
  - Dial 222 and report Smoke/Flames, State building, location and your name
  - Inform your Warden
- C**onfine fire and smoke by closing doors and windows if safe to do so
- E**vacuate. Extinguish by operating portable fire fighting equipment if trained and appropriately safe to do so. The above functions may be carried out simultaneously

**Exit Path & Site Buildings**



**EVACUATION DIAGRAM**

Tasmanian Health Organisation - South  
 Royal Hobart Hospital  
 Building K  
 L10 (NORTH) - EVACUATION PLAN

**Assembly Point**  
 Argyle Street unless otherwise directed by Chief Warden

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An example of the evacuation diagrams that are currently under development for K-Block. These will be used during staff orientation to their wards.

**Step 3 Scenario testing**

“We’ve got to physically test our fire evacuation arrangements using volunteers in either an ambulant or non-ambulant condition,” Peter said.

“We plan to set up a ward and have an alarm activation so we can test our evacuation arrangements via both lifts and stairs to ensure we can evacuate people efficiently,” he said.

**Step 4 Orientation and training**

The evacuation strategy will be updated to include K-Block.

“The building is fabulous and we are very much looking forward to orientating staff into their new wards and departments,” Bronwyn said.

“We will be training all our people on the new fire evacuation arrangements. We want to ensure that people understand the new arrangements before they move,” Peter said.

“We will be orientating each area, department by department, so they know the arrangements for their area.

“We also want the department to know, we’re here to support them,” he said.

Peter has recently moved into a new role in the Tasmanian Health Service joining the emergency management team at the Launceston General Hospital.

Bronwyn Watson and Mark Grant from the emergency management team, continue to work on the operational commissioning requirements for K-Block.

While this is their normal business, there are a few speciality areas they are particularly looking forward to working on.

“The emergency management team are looking forward to the commissioning...areas including the helipad and the new hyperbaric medicine unit just to mention two,” Bronwyn said.

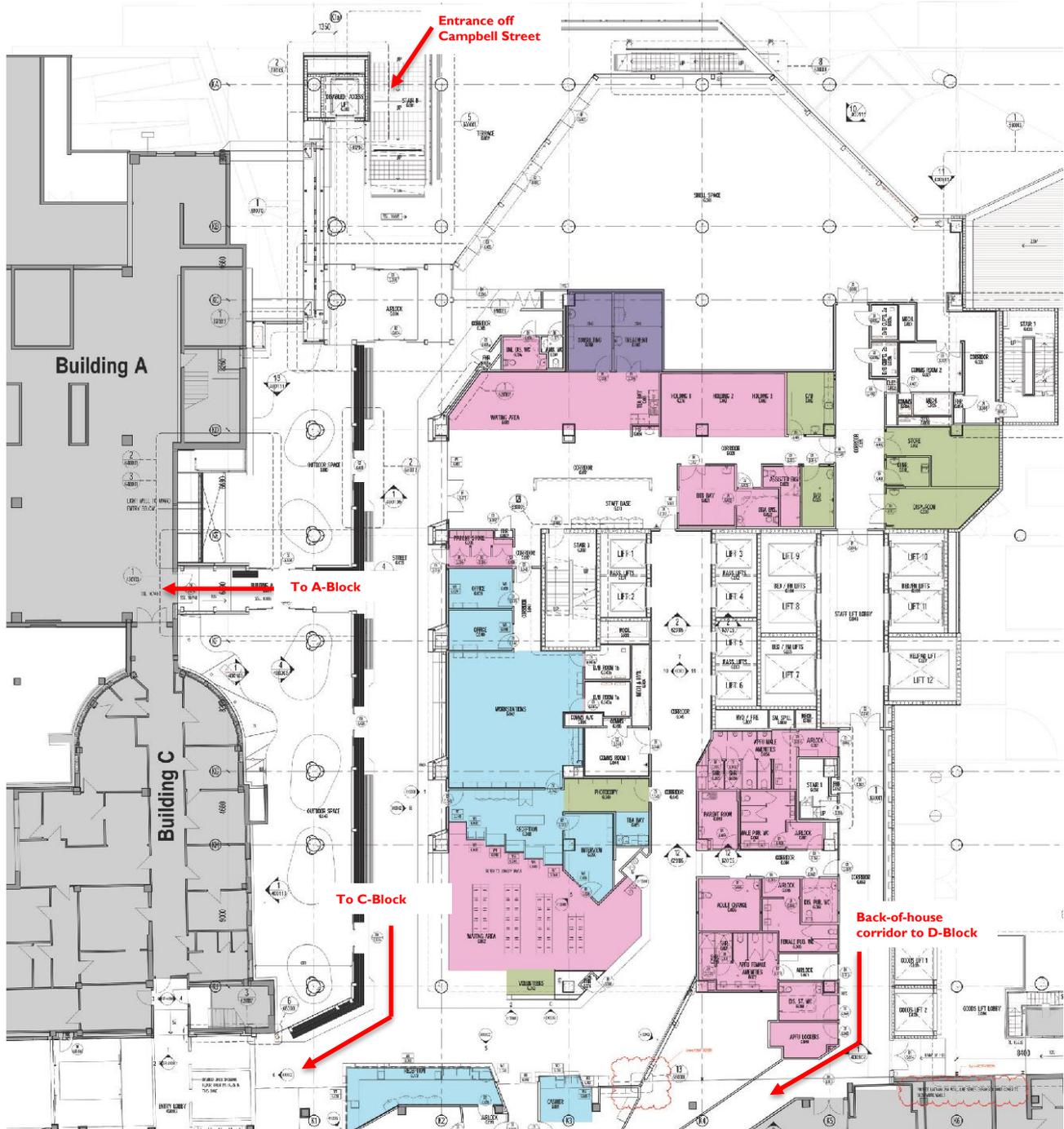
“It’s also been a privilege to play a small part in the upgrading of our hospital precinct for now and into the future,” she said.

Thanks to Peter for his involvement in operational commissioning to date and best wishes in his new role.

# Connecting K-Block to the RHH Campus

There are three ground floor corridors that connect K-Block to the current campus in A-, C- and D-Blocks.

There are also corridors that connect the current campus to K-Block on the lower ground floor (patient transport) and level 4 in the operating theatre precinct.



For more information on wayfinding and the links between K-Block and the current campus go to the project's website - [http://www.rhhdevelopment.tas.gov.au/project\\_information/fact\\_sheets/patient\\_services\\_in\\_k-block\\_1\\_faq](http://www.rhhdevelopment.tas.gov.au/project_information/fact_sheets/patient_services_in_k-block_1_faq)