

**Joan Kirner Women's and Children's
Inpatient Clinical Move Plan
Wednesday 15th May 2019**

VERSION 3.0 - FINAL

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Move Summary

The Joan Kirner Women's and Children's (JKWC) inpatient clinical move will take place on Wednesday 15th May 2019. Patients from six existing Sunshine Hospital (SH) inpatient wards will relocate to the JKWC on this day, with a maximum of 125 patients (plus any women scheduled for induction of labour (IOL), any women in the Pregnancy Care Centre (PCC) waiting room, and up to 59 babies accompanying their mothers) anticipated to be relocated as outlined in Table 1.

SH Ward (From)	JKWC Ward (To)	Max. Patients to Relocate
Children's Ward (L2)	Children's Ward (L6)	20
Special Care Nursery (L1)	Newborn Services (L5)	24
Pregnancy Care Centre (L2)	Maternity Assessment Centre (L3)	9 (+ scheduled IOLs & wait room)
Birthing (L1)	Birthing (L3)	12
Ward 1B (L1)	Women's Ward 7 (L7)	28 (+ 28 babies)
Ward 2C (L2)	Women's Ward 8 (L8)	31 (+ 31 babies)
TOTAL		125 (+ 59 babies, scheduled IOLs & PCC wait room)

Table 1: Summary of inpatient relocations on clinical move day

1. Travel Pathway

The travel pathway for transporting inpatients from SH to the JKWC will utilise one of two dedicated transit routes, depending on the location of the ward on the SH site:

- **Level One:** All SH wards located on Level One will transit to the JKWC across Level One, through Ward 1B and across the JKWC Level One Linkway
- **Level Two:** All SH wards located on Level Two will transit to the JKWC across Level Two, through the Children's Ward and across the JKWC Level Two Linkway

Once in the JKWC, patients will be transferred to their new ward via either the JKWC front of house (FOH) or back of house (BOH) lifts. The three FOH will be dedicated for use by the inpatient clinical move teams on move day and will be used for all wheelchair and cot transfers. Two of the three BOH lifts (lifts 28 and 29) will be available for use by the removalists on move day, while one lift (lift 30) will be dedicated for use by the inpatient clinical move teams for patients being transferred in beds.

There will be a nominated lift controller, Kerrie Aldridge, stationed at Lift 30 in the back of house lift lobby on Level 3 and contactable via phone (0468 525 850), who will support timely lift override and access to the move day clinical emergency lift (lift 30) in case of clinical emergency (for example urgent transfer of women from Birthing to Theatre for an emergency caesarean section or management of a post-partum haemorrhage) during the inpatient move period. Following completion of the inpatient move, lift 28 will return to its designated function as the clinical emergency lift.

When a back of house lift is required for planned transfer of patients from the JKWC operating theatres to an inpatient ward, Greg Wilkinson from The Removalist Company should be contacted on 0407 711 115. Greg will ensure either Lift 28 or 29 is released by the removal team and available for use for the patient transfer.

Full details of the travel pathway and lift usage for each ward can be found in the individual ward *Clinical Move Plan on a Page*.

2. Clinical Move Teams and Move Convoys

Each ward has a dedicated supernumerary clinical move team, in addition to the clinical care team, who will facilitate the transfer of inpatients from SH to JKWC. The clinical move team may comprise registered nurses, registered midwives, patient services assistants (PSAs), and medical staff.

Inpatients will be transferred by the clinical move team in small convoys, with each convoy supported by a nominated convoy guide (6 x supernumerary staff members) who will walk at the front of the convoy to provide direction and ensure the travel pathway is clear.

It is expected that a small number of patients may need to be transferred individually, pending clinical assessment and requirements on the day of the move.

Full details of the clinical move teams and move principles, including convoy numbers and mode of transport, for each ward can be found in the individual ward *Clinical Move Plan on a Page*.

Each ward at both SH and JKWC will be supported by a Checkpoint Monitor (12 x supernumerary staff members) who will be stationed at the main egress/entry point of the ward. The role of these Checkpoint Monitors will be to:

1. Collect one move card per patient as the patient leaves the SH ward or enters the JKWC ward (each patient to be allocated two move cards prior to commencement of the move with bradma, SH ward/bed number and JKWC ward/bed number) and hand these cards to the ward clerk to facilitate iPM tracking
2. Check each patient off the ward transfer list as they leave the SH ward or enter the JKWC ward to facilitate tracking of move against schedule
3. Send a *WhatsApp* message to the SH and JKWC site move coordinators to confirm each move convoy has left the SH ward or arrived in the JKWC ward

3. Move Timeline

A high level timeline for the inpatient move is provided in Figure 1, with the inpatient move expected to be completed by 1400. This timeline provides a conservative estimate of the timeframe taken to relocate each inpatient ward, and it is anticipated that some wards may finish their move ahead of these timelines. Conversely, the Birthing ward relocation may extend beyond these timelines pending individual assessment and progress of labour for each woman on the move day.

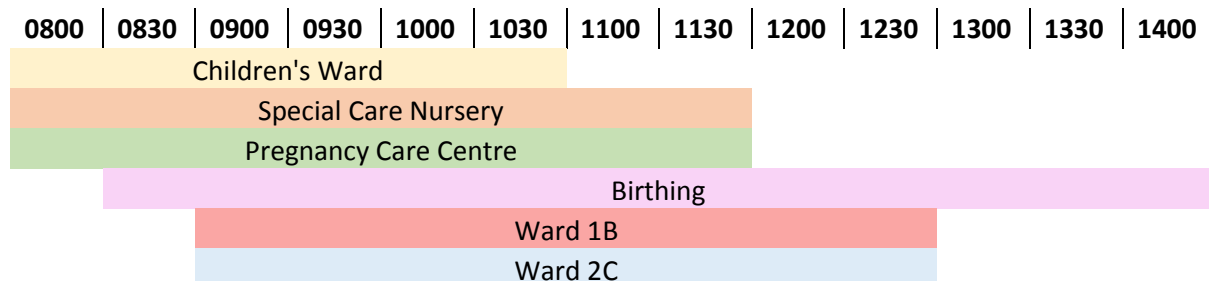


Figure 1: High level inpatient move timeline

Details of patient numbers for transfer and expected move timelines will be provided by each ward, using the daily iPM patient list, to the command centre at 0700 on the move day.

Full details of the move timeline for each ward can be found in the individual ward *Clinical Move Plan on a Page*.

4. Mode of transport and relocation of new beds/cots

Individual patient assessment to confirm mode of transport to the JKWC will be determined by the treating clinical team as per the individual ward *Clinical Move Plan on a Page*. It is anticipated that the majority of inpatient adults and children will be transferred via wheelchair, however some patients will require transfer on a bed or cot. Newborns will be transferred in incubators or open perspex cots in accordance with clinical requirements.

Where a patient is being transferred via bed, cot or open perspex cot, attempt will be made to transfer them in their new bed/cot to minimise need for multiple equipment transfers on move day.

The day prior to the clinical move, ward teams will collect any new beds/cots required for move day transfers and will transition the patient onto the new equipment so they can be transferred to the JKWC on their new bed/cot on move day. Any old beds will be taken to the existing bed store in the SH basement and any cots in good condition will be taken to the JKWC basement bed store. Any cots for disposal will be labelled and stored in the existing ward ready for decommissioning post-move. 10 birthing beds from birthing and 2 beds from PCC will be relocated to Joan Kirner in the interim until the shipment containing the birthing beds arrive. The movement of these beds will be coordinated on the morning of the move, pending the activity/usage on birthing/PCC.

5. Additional Volunteer Roles

A total of 30 x volunteer roles have been established to support clinical move day. These roles include *Lift and Traffic Support* roles, which will man linkway door connections and facilitate lift traffic flow and access, and *JKWC Ward Support* roles, which will support patient and family orientation to their new JKWC wards.

6. Non-Clinical Support Roles

Additional Ward Clerks have been rostered on move day to ensure ward clerk support to both SH and JKWC wards throughout the move period. Ward Clerks will assist with patient tracking through iPM.

Additional Patient Services Assistants (PSAs) have been rostered on move day to support both the clinical move teams and the inpatient ward requirements across both SH and JKWC.

7. ICT Support

All inpatient wards in the JKWC will have new hardware, therefore it is highly recommend that staff test this hardware before the clinical move occurs. The only hardware which will be relocated from SH to the JKWC are the workstations on wheels (WOWs) and some down time viewer (DTV) printers.

ICT staff will be onsite to ensure relocated WOWs are connected to the printers and re-labelled, and that the relocated DTV printers are plugged into the DTVs.

The following ICT support will be available to support the transition to the JKWC:

- IT support will be available onsite for 24 hours for the move week commencing on Wednesday 15th May
- Two Digital Technology Services (DTS) staff members available on each JKWC ward on inpatient move day
- For support outside of the Service Desk operating hours (0700 – 2200), a mobile phone number will be provided to JKWC staff to contact the DTS staff onsite

8. EMR Support

JKWC locations in the EMR and all EMR devices should be tested before the clinical move occurs. This includes devices such as specimen label, wristband printers, down time viewers (DTV) and printers.

EMR staff will be onsite over the move period to support clinical staff connect to the EMR, locate patient information and utilise full functionality.

The following EMR support will be available to support the transition to the JKWC:

- EMR application manager and project officer will be available onsite for the move week commencing on Wednesday 15th May
- One EMR staff member available on each JKWC ward on inpatient move day
- The EMR operations team will be working with EMR staff onsite from 4 West to ensure the transition is running smoothly
- EMR key leads will be located within the Command Centre on move day

9. Resuscitation Equipment

Patient safety is paramount on clinical move day and beyond and temporary arrangements have been made to ensure sufficient adult, paediatric and neonatal resuscitation trolleys will be available to support each ward at both SH and JKWC until the new JKWC resuscitation trolleys arrive onsite. In addition to fully stocked resuscitation trolleys, each JKWC ward will have a defibrillator device in place prior to clinical move day.

Two resuscitation equipment stations will be set up along the travel route on Level One with essential first response equipment to support both neonatal and adult requirements for the Special Care Nursery and Birthing transfers. These resuscitation stations will be located in the SH Ward 1B Patient Lounge and in the JKWC Women's Clinic B Procedure Room as shown in Figures 2 and 3.

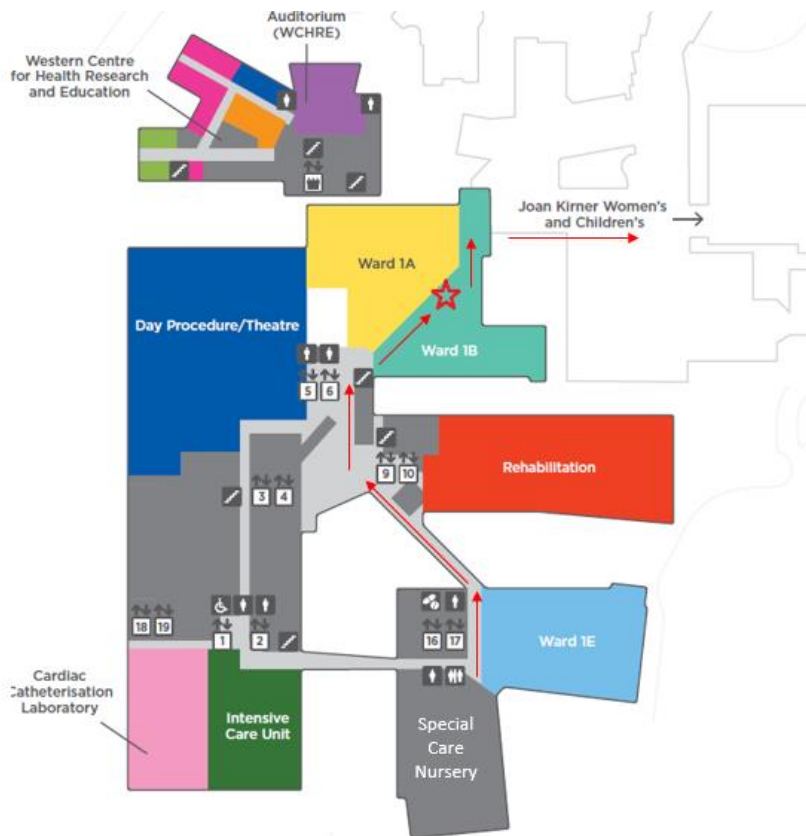


Figure 2: Resus equipment station location SH Ward 1B Patient Lounge

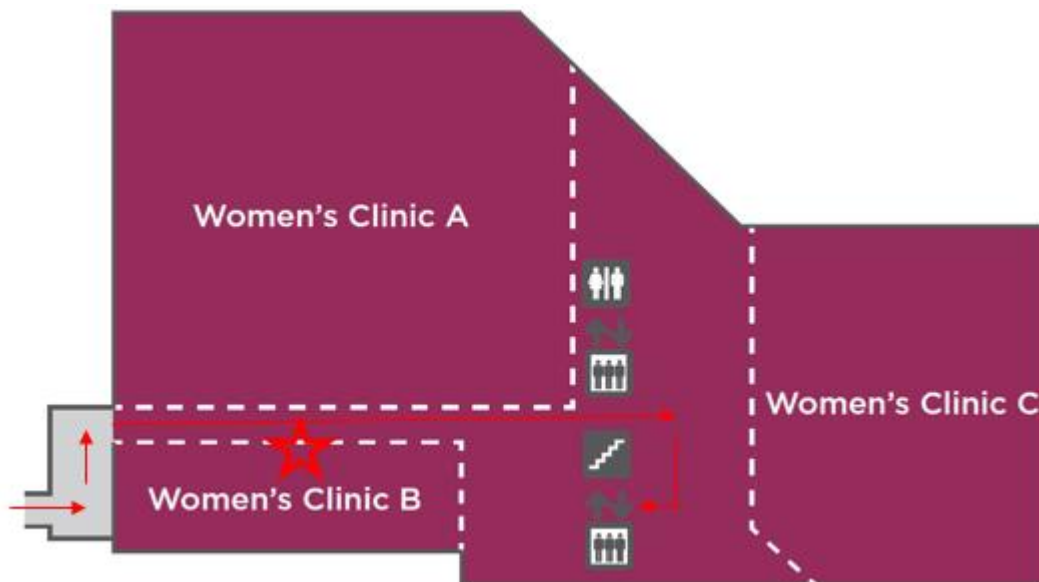


Figure 3: Resus equipment station location JKWC Women's Clinic B Procedure Room

A birthing bundle, including cord clamp and scissors, and post-partum haemorrhage (PPH) drugs will be available along the travel route on Level Two for transfers from the Pregnancy Care Centre. The birthing bundle will be located in the SH Children's Ward Treatment Room and the PPH drugs will be located in the SH Children's Ward Medication Room as shown in Figure 4.

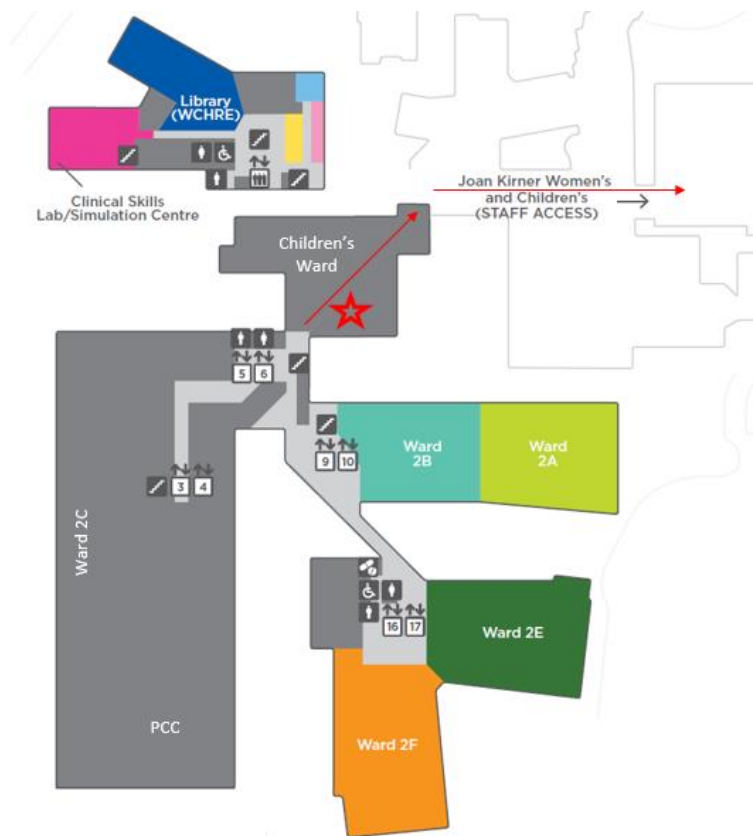
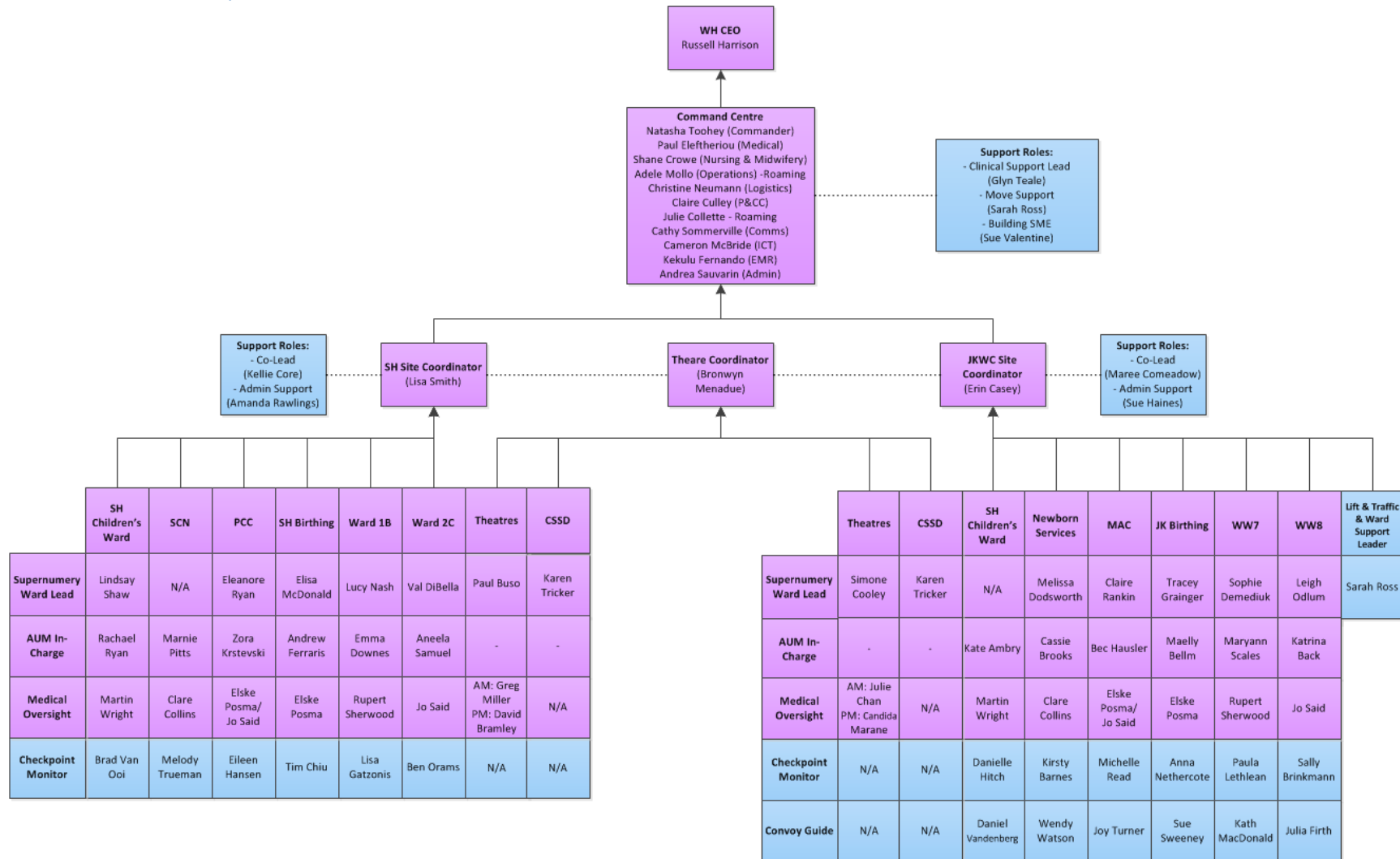


Figure 4: Birthing bundle and PPH drugs location SH Children's Ward Treatment Room and Medication Room

If an adult, paediatric or neonatal code blue is called along the travel route on either Level One or Level Two, the code response team will bring additional resuscitation equipment as per current practice.

10. Clinical Move Day Governance



11. Clinical Move Day Communication

Move day communication will include a number of methods, with clearly defined communication pathways and methods between members of the command structure.

The *Slack* application will be used only for move day updates to all staff by the clinical commander and command centre. *Slack* will be used for scheduled communication.

There will be one *WhatsApp* group, with the Site Move Coordinators and Checkpoint Monitors as members, which will be used to communicate and track the move convoy activity for each ward. *WhatsApp* will be used for scheduled communication.

The JKWC Site Coordinator will provide regular (hourly) updates to the operational leads within the command centre on the progress of the move, including total number of patients transitioned to the JKWC, any delay or early finish to the move, and any issues impacting on the move. These updates will be provided via text message or phone call.

All unscheduled communication, including communication of any issues or delays to the move, will occur via phone call.

Each ward will manage their own internal communication on move day, including handover meetings and move briefings.

Table 2 details the communication pathways and methods for the move day. A list of key contacts for move day, including roles and phone numbers, is included in Appendix 1.

Communication From		Communication To	Communication Method
Clinical Commander/ Command Centre	→	All staff	<i>Slack</i>
Command Centre	↔	Command Centre Support Roles	Phone Call/Text
Command Centre Operations & Logistics	↔	Site Move Coordinators	Phone Call/Text
Site Move Coordinators	↔	Unit Managers/Ward In-Charge	Phone Call/Text
Site Move Coordinators	↔	Medical Leads	Phone Call/Text
Site Move Coordinator Team	↔	Site Move Coordinator Team	Phone Call/Text
Site Move Coordinators	↔	Checkpoint Monitors	<i>WhatsApp</i>
Site Move Coordinators	↔	Convoy Guides	Phone Call/Text
Checkpoint Monitors	↔	Unit Managers/Ward In-Charge	Face to face
Convoy Guides	↔	Unit Managers/Ward In-Charge	Face to face
Unit Managers/Ward In-Charge	↔	Clinical Move Team	Face to face
Unit Managers/Ward In-Charge	↔	Ward Staff	Face to face

Table 2: Move day communication pathways and methods

In addition to the communication pathways and methods listed in Table 2, communication on move day will feature a number of move briefings, including pre- and post-move briefings led by the Clinical Commander. Table 3 lists the timeline for key briefings on move day.

Time	Briefing	Attendees	Lead	Location
0645	Clinical Pre-Move	Clinical Commander, Command Centre Operations (W&C Divisional Director), W&C CSD, Julie Collette, P&CC Divisional Director, Command Centre, Logistics Health Support, Services Divisional, Director, Site Move Coordinator Team Unit Mangers, Ward Supernumerary Leads, Ward Medical Leads, Ward Clerk Clerical Coordinator, Check Point Monitors, Convoy Guides	Tash Toohey & Adele Mollo	JK Main Foyer
0700	Command Centre	Command Centre Site Move Coordinators	Tash Toohey	JK Room 4.19
0745	Operations Readiness Go/No Go	Command Centre Operations, Site Move Coordinators	Adele Mollo	<i>WhatsApp</i> message
0800	Confirm & Communicate Move Start	Command Centre	Tash Toohey	JK Room 4.19 & <i>WhatsApp</i> message
0850	Move Status Update	Command Centre Operations, Site Move Coordinators	Adele Mollo	Phone call
0900	Move Status Update to Command Centre & Command Centre Meeting	Command Centre	Tash Toohey	JK Room 4.19
0950	Move Status Update	Command Centre Operations, Site Move Coordinators	Adele Mollo	Phone call
1000	Move Status Update to Command Centre	Command Centre	Tash Toohey	JK Room 4.19
1050	Move Status Update	Command Centre Operations, Site Move Coordinators	Adele Mollo	Phone call
1100	Move Status Update to Command Centre & Command Centre Meeting	Command Centre	Tash Toohey	JK Room 4.19
1150	Status Update	Command Centre Operations, Site Move Coordinators	Adele Mollo	Phone call
1200	Clinical Move Status Update to Command Centre	Command Centre	Tash Toohey	JK Room 4.19
1250	Clinical Move Status Update	Command Centre Operations, Site Move Coordinators	Adele Mollo	Phone call
1300	Move Status Update to Command Centre & Command Centre Meeting	Command Centre	Tash Toohey	JK Room 4.19
1350	Move Status Update	Command Centre Operations Site Move Coordinators	Adele Mollo	Phone call
1400*	Move Status Update to Command Centre	Command Centre	Tash Toohey	JK Room 4.19
1500*	Post-Move Debrief	All staff and volunteers involved in the move	Tash Toohey	JK Main Foyer

Table 3: Timeline for Command Centre briefings on move day

* Times may vary on move day pending completion of clinical move

12. Post-Move Supernumerary Support

Welcome Home Leaders have been rostered 24 hours per day to provide supernumerary post-move support over the ten days following the inpatient move day. Welcome Home Leaders are familiar with models of care, workflows and the physical environment of the JKWC, and will provide a key point of contact and support for frontline teams as they adjust to their new working environment.

In addition to the Welcome Home Leaders, the Quality, Safety and Patient Experience Team will provide an additional presence in clinical areas and will support staff in logging issues and RiskMan reports in the early post-move period.

The centralised issue management process that has been in place pre-move will continue to be throughout the move and post-move period. Regular huddles and daily review and escalation of risks and issues raised will further support staff and provide timely issue resolution following the move.

Clinical Move Plan on a Page

1. Children's Ward

Current Location SH	Level Two, Building C		
New Location JKWC	Level Six		
Max. patients to move	20		
Patient and Family Communication			
<ul style="list-style-type: none"> Move day information sheet provided to all parents/families in the two days prior to the move NIC round Move Day -1 explaining visiting policy for move day and what to expect on move day 			
Move Documentation			
<ul style="list-style-type: none"> iPM patient list with move sequence/timing provided to command centre at 0700 on move day Patient move checklist completed for all patients (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> 1 x parent/family member offered to travel with patient. Nil visitors 0700 – 1400 on move day Minimum 1 x nurse escort required for all patient move convoys. Children in wheelchairs, beds or cots will require 1 x escort (RN or PSA) for transfer. Additional medical escort required for any child on high flow oxygen Dedicated <i>SH Transport Team</i> to ensure patients ready for transfer, and to complete the transfer Dedicated <i>JKWC Retrieval Team</i> to receive patients and retrieve patients from ED for admission JKWC bed number to be identified and allocated prior to move Move 4 x children per convoy, move minimum 2 x convoys per hour (max. 6 x convoys in total). Each convoy to have a mix of low and high acuity, with infectious patients to move last 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> No elective paediatric surgery on move day 			
Pre-Move			
<i>Move Day -1:</i>			
<ul style="list-style-type: none"> Full PM handover and full medical review of all patients PM 			
<i>Move Day:</i>			
<ul style="list-style-type: none"> Registrar ward round 0500 – identify/action early discharges, and review allocated patients in ED Additional medical review to assess readiness for transfer only if MET or Code Blue called overnight Separate Medical and Nursing handovers at 0700 – attendance by both SH and JKWC teams Nursing assessment, including observations and <i>Patient Move Checklist</i>, prior to transfer of patient 			
Move Start Time			
<ul style="list-style-type: none"> 0800 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> Across Level Two JKWC Linkway → Up JKWC Front or Back of House Lift Lobby to Level Six 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Linkway to Lift 7 			
Move Workforce Requirements			
Additional Supernumerary			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH</i>	<i>ND 15th May – JKWC</i>
Business as usual	<i>SH Transport Team:</i> 1 x Paed Educator, 1 x CNS, 4 x PSA <i>JKWC Retrieval Team:</i> 1x Development Lead, 1 x CPIS, 1 x CNS, 2 x PSA <i>SH:</i> 1 x Unit Manager <i>JKWC:</i> 2 x volunteers CW	1 x WH Leader	1 x WH Leader
Clerical			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	<i>SH:</i> 1 x Ward Clerk <i>JKWC:</i> 1 x Ward Clerk	Business as usual	Business as usual

Nursing – Clinical Care			
<i>PM 14th May - SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual AM and PM. Additional 1 x RN ND	SH: 6 x RN (incl. CSRN), 1 x ANUM JKWC: 2 x RN, 1 x ANUM	6 x RN, 2 x ANUM, 1 x CNS	Business as usual
Medical			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC/ED</i>	<i>PM 15th May – JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	SH: 1 x SMS (Brendan), 1 x Registrar, 1x SMS (Sarah) in ED JKWC: 1 x SMS (Martin), 1 x Registrar	2 x SMS, 2 x Registrar	Business as usual
Move Equipment Requirements			
<ul style="list-style-type: none"> 6 x wheelchairs required to support the clinical move (x 3 additional to hire) 1 x high flow battery pack if any children on high flow oxygen (Lindsay to source loan from ED) 			
ICT Requirements			
<ul style="list-style-type: none"> 7 x WOWs to be setup ready in JKWC prior to move (8 x existing to be relocated on move day) 3 x wristband printers and 2 x specimen printers to be setup ready in JKWC prior to move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in Children’s Ward) 2nd run: 0700 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: PM 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> All nurse led discharges by 0700. All other planned discharges to be completed by 1030 Any discharges not completed by 1030 will be transferred to the JKWC 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> All overnight ED admissions to be admitted to SH by 0730. No admissions received between 0730 and completion of the move. On move completion, all ED admissions will be admitted to JKWC 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Resus trolleys in both SH and JKWC wards on move day. Defibrillator in JKWC Code and MET response teams business as usual on move day ED Paediatric code blue response bag with drugs stationed Level 2 – collected by code response RN 			
Operating Theatres			
<ul style="list-style-type: none"> No elective paediatric surgery on move day. Emergency cases undertaken in SH prior to 1800 and either SH or JKWC after 1800 (theatre location to be assessed on a case by case basis) Transfers to the ward from SH Theatres (PACU) post-emergency surgery to go to SH ward prior to 0800 on move day. Any children for ward transfer post 0800 to go directly to JKWC ward 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-impres medications Ward Pharmacist to be onsite from 0815 (business as usual) on move day to support discharges (scripts to be done by 1500 day prior where possible) Additional pharmacy support on SH site to support timely discharges and decommissioning 			
Medical Imaging			
<ul style="list-style-type: none"> X-ray to be available in SH all day and in JKWC from 0800 on move day All other medical imaging modalities to be provided in SH 			
Pathology			
<ul style="list-style-type: none"> Ward rounds to be completed pre-move at SH and post-move at JKWC, as required 			
Food Services			
<ul style="list-style-type: none"> Breakfast provided from 0700 in SH. JKWC pantry stocked and staffed to provide back-up service Lunch service provided in JKWC (cold lunch pack). Full JKWC meal service available from dinner 			
Decommissioning Plan			

- 2 x supernumerary RNs rostered AM shift 16/05/19 and 17/05/19 to complete decommissioning

2. Special Care Nursery → Newborn Services

New Location JKWC	Level Five		
Max. patients to move	24		
Patient and Family Communication			
<ul style="list-style-type: none"> • Move day information sheet provided to all parents/families in the week prior to the move • Bedside nurse to call parent/guardian upon arrival in JKWC room to confirm move completed 			
Move Documentation			
<ul style="list-style-type: none"> • iPM patient list with move sequence/timing provided to command centre at 0700 on move day • Patient move checklist completed for all patients (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> • Nurse escort for all patients, nil PSAs required for patient transfers, • Nil parents/family to travel with patient • Nil visitors 0700 – 1400 on move day • Newborns in incubators will require two clinical escorts for transfer • Newborns in open perspex cots will require one clinical escort for transfer • Newborns on non-invasive ventilation will require additional medical escort • JKWC bed number to be identified and allocated prior to move • Dedicated <i>Clinical Move Team</i> to lead patient transfers, in addition to clinical care team • Move six newborns (one pod) per convoy • Move one convoy per hour (four convoys in total) • Most unwell newborns to move in convoy three (pod one) • Communication on move day will be as per the command centre structure 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> • Nil external admissions/transfers in on move day • Reduced external admissions/transfers (where possible) on 13/05/2019 and 14/05/2019 			
Pre-Move (Move Day -1)			
<ul style="list-style-type: none"> • Full PM handover (as per usual AM handover – attendance by both SH and JKWC nursing teams) • Medical review of all patients and discharge of babies to the post-natal wards by 2000 			
Move Start Time			
<ul style="list-style-type: none"> • 0800 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> • Out SCN Main Entry doors → Across Level One, through service corridor on Ward 1B → Across Level One JKWC Linkway → Up JKWC Front or Back of House Lift Lobby to Level Five 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> • Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Linkway → Across Ground Floor to ASB Lifts/Stairs 			
Move Workforce Requirements			
Additional Supernumerary			
14th May – SH	AM 15th May – SH/JKWC	PM 15th May – JKWC	ND 15th May – JKWC
Business as usual	SH: 1 x CPIS, 1 x Educator Clinical Move Team: 2 x RN, 1 x SMS JKWC: 1 x Unit Manager, 1 x Development Lead, 2 x Volunteers NBS	1 x WH Leader	1 x WH Leader
Clerical			
14th May – SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
Business as usual	SH: 1 x Ward Clerk JKWC: 1 x Ward Clerk	Business as usual	Business as usual
Nursing			
14th May – SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
Business as usual	SH: 8 x RN, 1 x ANUM, 1 x Resus RN	SH: 8 x RN, 1 x In-Charge, 1 x Resus RN	Business as usual

	JKWC: 6 x RN, 1 x ANUM, 1 x Resus RN	JKWC: 6 x RN, 1 x ANUM, 1 x Resus RN	
Medical			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	SH: 1 x Consultant, 3 x Registrar, 1 x HMO JKWC: 1 x SMS, 3 x Registrar, 1 x HMO	SH: 3 x Registrar JKWC: 3 x Registrar	Business as usual (Newborn Services HOU to remain onsite if any outliers remain in SH)
Move Equipment Requirements			
<ul style="list-style-type: none"> Each convoy to travel with Neopuff and basic resus equipment Standalone Neopuff on a roll stand to travel with each convoy (use existing equipment) 			
ICT Requirements			
<ul style="list-style-type: none"> 13 x WOWs to be setup ready in JKWC prior to move (10 x existing to be relocated on move day) 2 x label printers and 2 x specimen printers to be setup ready in JKWC prior to move Blood gas machine to be setup ready in JKWC prior to commencing clinical move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in SCN) 2nd run: 0830 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: 1230 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> All discharges to post-natal wards to be completed by 2000 on 14/05/2019 All other planned discharges/transfers from to be completed by 1030 on move day. Discharges not completed by 1030 will be transferred to JKWC and discharged after completion of the move 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> External: nil external admissions/transfers in on move day Internal: admission location (SH or JKWC) pending birthing location (SH or JKWC) 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Resus trolleys in both SH and JKWC wards on move day. Defibrillator in JKWC Neonatal resus trolley/resuscitaires in both SH and JKWC theatres on move day 2 x neonatal code response teams on move day 0700 – 2130 (one at SH, one at JKWC) 2 x resus equipment stations en route (SH Ward 1B Patient Lounge/JKWC Clinic B Procedure Room) 			
Operating Theatres			
<ul style="list-style-type: none"> Newborn medical support for operating theatres at both SH and JKWC 0700 – 2130 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-impres medications Ward Pharmacist to be onsite from 0815 (business as usual) on move day to support discharges (scripts to be done by 1500 day prior where possible) Additional pharmacy support on SH site to support timely discharges and decommissioning 			
Medical Imaging			
<ul style="list-style-type: none"> Roving Medical Imaging team at both SH and JKWC on move day 			
Pathology			
<ul style="list-style-type: none"> Nil pathology round in SCN/NBS, collection completed by ward nurses as per business as usual 			
Allied Health			
<ul style="list-style-type: none"> Allied Health inpatient services available at both SH and JKWC between 0800 – 1630 on move day 			
Food Services			
<ul style="list-style-type: none"> Not applicable for this ward 			
Decommissioning Plan			
<ul style="list-style-type: none"> 2 x supernumerary RNs rostered AM shift 16/05/19 and 17/05/19 to complete decommissioning 4 x PSA rostered AM shift move day to support both sites (2 x at SH, 2 x at JKWC) 			

3. Pregnancy Care Centre → Maternity Assessment Centre

Current Location SH	Level Two Building A		
New Location JKWC	Level Three		
Max. patients to move	9 (+ scheduled IOLs and women in waiting room)		
Patient and Family Communication			
<ul style="list-style-type: none"> Move day information sheet provided to all women/families the day of the move. Communication to women booked for planned induction at the time of booking by IOL Liaison Midwife Communication to include no visitors 07:00 – 14:00 on move day and 1 x support person per family 			
Move Documentation			
<ul style="list-style-type: none"> iPM patient list with move sequence/timing provided to command centre at 0700 on move day Patient move checklist completed for all women (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> All IOLs scheduled for admission at 1000 present to PCC and escorted by RM to MAC for admission. 3 cervidil inductions will be scheduled for admission at 1000. 1 cooks catheter induction will be scheduled, for admission at 1400 to PCC and escorted to MAC. All IOLs post-ripening on 14/05/2019 require Bishops score prior to transfer to determine location for transfer. IOL's requiring further ripening to be transferred to MAC All IOLs requiring ARM/synt as inpatients in PCC to be transferred directly to JKWC Birthing prior to ARM/synt (pending bed availability – if no bed, transfer to MAC) All unplanned presentations before 1000 admitted to SH PCC and transferred to JKWC MAC following initial triage assessment. All presentations after 1000 midwife escort directly to MAC Women requiring continuous CTG monitoring to be transferred on a bed. All other women to be transferred via wheelchair 3 x convoys of three - four women, 2 x convoys per hour All IOLs as a convoy, 2 x per hour at 0800 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> 3 x cervidil (usually 4)/2 x ARM/1 x cook's 			
Activity Increase Post-Move (Move Day +1)			
<ul style="list-style-type: none"> 5 x cervidil/2 x ARM (+ 2 from previous day ripening)/2 x cook's 			
Pre-Move			
<i>Move Day -1:</i>			
<ul style="list-style-type: none"> Business as usual 			
<i>Move Day:</i>			
<ul style="list-style-type: none"> 0700 Midwifery handover – attendance by both SH and JKWC midwifery teams 0700 Consultant Ward Round to identify ok to go or follow up required (attach face 😊/☹️ to door) 0730 SH midwives commence discharges/ JKWC midwives to JKWC 0745 medical handover (PCC & Birthing) and inform decision- who to move/not to move 0800 commence convoy 1 – all IOL's not commenced 			
Move Start Time			
<ul style="list-style-type: none"> 0800 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> Out PCC Main Entry doors → Across Level Two, through existing Children's Ward → Across Level Two JKWC Linkway → Up JKWC Front or Back of House Lift Lobby to Level Three 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Linkway → Across Ground Floor to Lifts 3 and 4 			
Move Workforce Requirements			
Additional Supernumerary			
14th May – SH	AM 15th May – SH/JKWC	PM 15th May – SH	ND 15th May – JKWC
Business as usual	<i>Clinical Move Team:</i> 4 x PSA, 1x MW SH: 1 x Unit Manager JKWC: 1 x Development Lead, 1 x Volunteer	SH: 3 x RM decommission, 1 x WH Leader	1 x WH Leader

Medical			
<i>14th May – SH</i>		<i>AM, PM, ND 15th May – SH/JKWC</i>	
Business as usual		Refer to 'Maternity Medical Staffing for Clinical Move Day' document	
Midwifery			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
4:5:4 RM	SH: 1 x AMUM, 3 RM	SH: 1 x AMUM, 2 x RM	6 x MW's
	JKWC: 1 x AMUM, 4 x RM	JKWC: 1 x AMUM, 5 x RM	
Clerical			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	SH: 1 x Ward Clerk	Business as usual	Business as usual
	JKWC: 1 x Ward Clerk		
Move Equipment Requirements			
<ul style="list-style-type: none"> 4 x wheelchairs required to support the clinical move (x 4 to hire) Portable CTG 3 x portable CTG machines (x 3 to hire) Portable nitrous x 2 			
ICT Requirements			
<ul style="list-style-type: none"> 5 x WOWs to be setup ready in JKWC prior to move (5 x existing to be relocated on move day) 3 x wristband printers and 2 x specimen printers to be setup ready in JKWC prior to move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in ward) 2nd run: AM 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: PM 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> Any women in spontaneous labour who require care in Birthing to be transferred to SH Birthing prior to 1000 and JKWC Birthing after 1000 All other discharges and transfers out from SH PCC to be completed prior to 1200. Any discharges/transfers out not completed by 1200 will be transferred to the JKWC MAC 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> New admissions to SH PCC prior to 1000, and to JKWC MAC after 1000 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Adult and neonatal resus trolleys in both SH and JKWC wards on move day. Defibrillator in JKWC Birthing bundle and PPH drugs to be stationed en route (SH Children's Ward Treatment Room) 4 x CRSM (2 x at SH/ 2x at JKWC) to support clinical code response 			
Operating Theatres			
<ul style="list-style-type: none"> 3 x elective caesarean section on move day in JKWC on move day (present to 2C/1B (notified day before) and escorted by Midwife to JKWC DOSA) Emergency caesarean sections completed at the site where the woman is located (SH or JKWC) 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to clinical move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-impres medications 			
Medical Imaging			
<ul style="list-style-type: none"> X-ray to be available in SH all day and in JKWC from 0800 on move day If obstetric ultrasound is required in JKWC, MFM to be contacted to coordinate location of scan All other medical imaging modalities to be provided in SH 			
Food Services			
<ul style="list-style-type: none"> Breakfast business as usual provided in SH Lunch service provided in JKWC (cold lunch pack). Full JKWC meal service available from dinner 			
Decommissioning Plan			
<ul style="list-style-type: none"> 2 x supernumerary RMs rostered PM shift 15/05/19 and AM shift 16/05/19 to complete decommissioning 			



Western Health

4. Birthing

Current Location SH	Level One Building A
New Location JKWC	Level Three
Max. patients to move	12
Patient and Family Communication	
<ul style="list-style-type: none"> • Move day information sheet provided to all women/families the day of the move • Communication to include no visitors 07:00 – 14:00 on move day and 1 x support person per family 	
Move Documentation	
<ul style="list-style-type: none"> • iPM patient list with move sequence/timing provided to command centre at 07:00 on move day • Patient move checklist completed for all patients (commenced in SH, completed on arrival in JKWC) 	
Move Principles	
<ul style="list-style-type: none"> • 1 x support person offered to travel with the woman • Nil visitors 0700 – 1400 on move day • All postnatal women who have birthed will be moved first with their babies • Women in active labour reviewed at 0700 and a decision made to move or hold for 1200 review – to be discussed at 0745 handover • Women in active labour, with an epidural, may be moved on a bed with an RM, PSA and Registrar escort, pending parity, rate of progress current dilatation. Anaesthetic Registrar review prior to and post transfer for these women • Women with syntocinon infusion, consideration of dose prior to transfer • Women in active labour without an epidural require review/medical clearance to move pre-birth • Women requiring continuous intrapartum CTG monitoring must continue monitoring during transfer. Women with CTG abnormalities will not be transferred unless approved by HoU obstetrics • Women in HCU will be reviewed in the AM to determine if transfer to JKWC HCU or Women's Ward. Women moving to JKWC HCU will be moved solo with 1 x RM and 1 x PSA • Postnatal women and their babies may be moved in a convoy of four with at least 2 x RM accompanying the convoy 	
Activity Reduction to Support the Move	
<ul style="list-style-type: none"> • Refer to IOL plan – no IOL ARM/oxytocin to commence in SH Birthing after 0200 on 15/05/2019 • All IOLs with ARM/oxytocin scheduled on 15/05/2019 to be commenced at JKWC Birthing 	
Pre-Move	
<p><i>Move Day -1:</i></p> <ul style="list-style-type: none"> • 1500 clinical move planning meeting led by Unit Manager • 4 x cervical ripening for 14/05/2019 • 2 x ARMs/oxytocin for 15/05/2019 (to be admitted after 1000) <p><i>Move Day:</i></p> <ul style="list-style-type: none"> • 0700 Midwifery handover– attendance by both SH and JKWC midwifery teams • 0730 commence observations and checklists for all postnatal women– attach status face ☺/☹ • Head of Unit AND Ops Manager (EP, LS, JS) huddle prior to 0745 handover to confirm movement • 0745 medical handover (PCC & Birthing) and inform decision of intrapartum women - who to move/not to move • 0830 commence convoy 1 of any postnatal women and their babies • 0900 commence convoy 2 HCU women or second convoy of postnatal women and their babies • 0930 commence solo transfer of intrapartum women 	
Move Start Time	
<ul style="list-style-type: none"> • 0830 	
Travel Pathway – to JKWC	
<ul style="list-style-type: none"> • Out Birthing doors near Room One → Across Level One, through service corridor on Ward 1B → Across Level One JKWC Linkway → Up JKWC Front or Back of House Lift Lobby to Level 3, 7 or 8 	
Return Pathway – from JKWC	
<ul style="list-style-type: none"> • Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Link way → Across Ground Floor to Lifts 3 and 4 	
Move Workforce Requirements	
Additional Supernumerary	

14 th May – SH	AM 15 th May – SH/JKWC	PM 15 th May – SH/JKWC	ND 15 th May – JKWC
Business as usual	<i>Clinical Move Team:</i> 2 x RM 4 x PSA SH: 1 x PNL Coordinator JKWC: 1 x Unit Manager, 1 x CMC, 1 x Development Lead, 1 x Volunteer	2 x RM decommission, 1 x WH Leader	1 x WH Leader
Medical			
14 th May – SH	AM, PM, ND 15 th May – SH/JKWC		
1 x additional HMO 1200 - 2200	Refer to 'Maternity Medical Staffing for Clinical Move Day' document		
Midwifery			
PM 14 th May - SH	AM 15 th May – SH/JKWC	PM 15 th May – SH/JKWC	ND 15 th May – JKWC
9:9:8 RM	SH: 1 x AMUM, 6 x RM JKWC: 1 x AMUM, 3 x RM	SH: 1 x AMUM JKWC: 1 AMUM, 8 x RM	10 x RM
Clerical			
15 th May – SH	AM 15 th May – SH/JKWC	PM 15 th May – SH/JKWC	ND 15 th May – JKWC
Business as usual	SH: 1 x Ward Clerk JKWC: 1 x Ward Clerk	Business as usual	Business as usual
Move Equipment Requirements			
<ul style="list-style-type: none"> 4 x wheelchairs required to support the clinical move (x 4 to hire) 3 x portable CTG machines (x 3 to hire) Portable nitrous x 1 			
ICT Requirements			
<ul style="list-style-type: none"> 12 x WOWs to be setup ready in JKWC prior to move (10 x existing to be relocated on move day) 5 x wristband printers and 2 x specimen printers to be setup ready in JKWC prior to move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in ward) 2nd run: AM 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: PM 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> Postnatal women ready for ward transfer prior to 0800 to be transferred to SH Maternity Ward. Postnatal women ready for ward transfer after 0800 to be transferred to JKWC Women's Ward 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> Any women in spontaneous labour who require care in Birthing to be admitted to SH Birthing prior to 1000 and JKWC Birthing after 1000 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Adult and neonatal resus trolleys in both SH and JKWC wards on move day. Defibrillator in JKWC 2 x resus equipment stations en route (SH Ward 1B Patient Lounge/JKWC Clinic B Procedure Room) 4 x CRSM and additional medical staffing (2 x at SH/ 2x at JKWC) to support clinical code response 			
Operating Theatres			
<ul style="list-style-type: none"> 3 x elective caesarean sections on move day in JKWC on move day (present to 2C/1B (notified day before) and escorted by Midwife to JKWC DOSA) Emergency caesarean section to be completed at site where the woman is located (SH or JKWC) 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to clinical move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-imprest medications 			
Medical Imaging			
<ul style="list-style-type: none"> X-ray to be available in SH all day and in JKWC from 0800 on move day If obstetric ultrasound is required in JKWC, MFM to be contacted to coordinate location of scan All other medical imaging modalities to be provided in SH 			
Food Services			
<ul style="list-style-type: none"> Breakfast provided from 0700 in SH. JKWC pantry stocked and staffed to provide back-up service Lunch service provided in JKWC (cold lunch pack). Full JKWC meal service available from dinner 			
Decommissioning Plan			

- 3 x supernumerary RMs rostered PM shift 15/05/19 and AM shift 16/05/19 to complete decommissioning

5. Ward 1B → Women's Ward 7

Current Location SH	Level One Building D		
New Location JKWC	Level Seven		
Max. patients to move	28 mothers and their babies (up to 56 in total)		
Patient and Family Communication			
<ul style="list-style-type: none"> • Move day information sheet provided to all women/families the day prior to the move • Communication to include no visitors 07:00 – 14:00 on move day and 1 x support person per family 			
Move Documentation			
<ul style="list-style-type: none"> • iPM patient list with move sequence/timing provided to command centre at 0700 on move day • Patient move checklist completed by the midwife allocated to that woman for all women and well newborns (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> • 1 x support person offered to travel with the woman. Nil visitors 0700 – 1400 on move day • All women in ED to be reviewed for admission or discharge decision prior to 0745 by on-call team. No ED admissions to ward between 0800 and completion of move • Minimum 1 x RM escort required for all move convoys • Women who have undergone surgery within the last 12 hours or are on bed rest to be transferred on beds. All other women to be transferred via wheelchair (no women walking) • Women in wheelchairs or beds will require 1 x escort (RM or PSA) for transfer • Newborns in incubators will require 2 x escorts (RM and PSA) and will always be transferred at the same time as the mother, following ID check. Newborns in open perspex cots will require 1 x escort (RM, PSA or support person) and will always be transferred at the same time as their mother • Move min. 2 x convoys per hour (max. 8 x convoys in total). Each convoy 4 x postnatal women +/- babies; 3 x postnatal women +/- babies & 1 x antenatal woman; or 4 x gynaecology women 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> • Nil activity reduction Maternity Services • No elective gynaecology surgery 15/05/2019 			
Pre-Move			
<i>Move Day -1:</i>			
<ul style="list-style-type: none"> • PM shift – additional 2 x midwives rostered to allocate JKWC/SH midwives and convoys and detail timing, and to bring over cots/beds from JKWC • 1500 meeting led by Unit Manager to determine discharges and expedite discharge reviews 			
<i>Move Day:</i>			
<ul style="list-style-type: none"> • 0700 Midwifery handover – attendance by both SH and JKWC midwifery teams • 0700 Consultant Ward Round to identify ok to go or follow up required (attach face ☺/☹ to door) • 0730 SH midwives commence discharges/JKWC midwives to JKWC • 0730 – 0900 SH midwives commence observations and checklists for all women +/- babies 			
Move Start Time			
<ul style="list-style-type: none"> • 0900 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> • Out Ward 1B Main Entry doors → Across Level One JKWC Linkway at rear of Wards 1A/1B → Up JKWC Front or Back of House Lift Lobby to Level Seven 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> • Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Linkway → Across Ground Floor to Lifts 5 and 6 			
Move Workforce Requirements			
Additional Supernumerary			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH</i>	<i>ND 15th May – JKWC</i>
Business as usual	Clinical Move Team: 2 x RM 6 x PSA SH: 1 x Unit Manager JKWC: 2 x Volunteers WW7	5 x RM decommission, 1 x WH Leader	1 x WH Leader

Medical			
<i>14th May – SH</i>		<i>AM, PM, ND 15th May – SH/JKWC</i>	
1 x additional HMO 1200 - 2200		Refer to 'Maternity Medical Staffing for Clinical Move Day' document	
Midwifery			
<i>PM 14th May - SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
2 x additional RM AM, 1 x additional RM PM and ND	SH: 1 x AMUM, 7 x RM	SH: 1 x AMUM, 2 x RM	7 x RM (including 1 x AMUM)
	JKWC: 1 x AMUM, 2 x RM	JKWC: 1 x AMUM, 8 x RM	
Clerical			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	SH: 1 x Ward Clerk	Business as usual	Business as usual
	JKWC: 1 x Ward Clerk		
Move Equipment Requirements			
<ul style="list-style-type: none"> 8 x wheelchairs required to support the clinical move (x 8 to hire) 			
ICT Requirements			
<ul style="list-style-type: none"> 6 x WOWs to be setup ready in JKWC prior to move (6 x existing to be relocated on move day) 3 x wristband printers and 2 x specimen printers to be setup ready in JKWC prior to move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in ward) 2nd run: AM 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: PM 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> All potential discharges reviewed move day -1 to confirm, with incentives provided for discharge All planned discharges from 2C in SH to be completed by 1000 on move day. Any discharges not completed by 1000 will be transferred to the JKWC 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> Postnatal women (caesarean & birthing) for ward transfer to go SH prior to 0800/JKWC after 0800 All overnight ED admissions to be admitted to SH by 0830. No admissions received between 0830 and completion of the move. On move completion, all ED admissions will be admitted to JKWC 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Adult and neonatal resus trolleys in both SH and JKWC wards on move day. Adult trolley in SH to be shared with Ward 1A. Defibrillator in JKWC 4 x CRSM (2 x at SH/ 2x at JKWC) to support clinical code response 			
Operating Theatres			
<ul style="list-style-type: none"> 3 x elective caesarean section on move day in JKWC on move day (present to 2C/1B (notified day before) and escorted by RM to JKWC DOSA) 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to clinical move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-impresst medications Ward Pharmacist to be onsite from 0815 (business as usual) on move day to support discharges (scripts to be done by 1500 day prior where possible) Additional pharmacy support on SH site to support timely discharges and decommissioning 			
Medical Imaging			
<ul style="list-style-type: none"> X-ray to be available in SH all day and in JKWC from 0800 on move day If obstetric ultrasound is required in JKWC, MFM to be contacted to coordinate location of scan All other medical imaging modalities to be provided in SH 			
Pathology			
<ul style="list-style-type: none"> Ward rounds to be completed pre-move at SH and post-move at JKWC, as required 			
Allied Health			
Allied Health inpatient services available at both SH and JKWC 0800 – 1630 on move day			
Food Services			
<ul style="list-style-type: none"> Breakfast business as usual provided in SH Lunch service provided in JKWC (cold lunch pack). Full JKWC meal service available from dinner 			
Decommissioning Plan			

- 2 x supernumerary RMs rostered PM shift 15/05/19 and AM shift 16/05/19 to complete decommissioning

6. Ward 2C → Women's Ward 8

Current Location SH	Level One Building A/B		
New Location JKWC	Level Eight		
Max. patients to move	31 mothers and their babies (up to 62 in total)		
Patient and Family Communication			
<ul style="list-style-type: none"> • Move day information sheet provided to all women/families the day prior to the move • Communication to include no visitors 07:00 – 14:00 on move day and 1 x support person per family 			
Move Documentation			
<ul style="list-style-type: none"> • iPM patient list with move sequence/timing provided to command centre at 0700 on move day • Patient move checklist completed by the midwife allocated to that woman for all women and well newborns (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> • 1 x support person offered to travel with the woman. Nil visitors 0700 – 1400 on move day • All women in ED to be reviewed for admission or discharge decision prior to 0745. No ED admissions to ward between 0800 and completion of move • Minimum 1 x RM escort required for all move convoys • Women who have undergone surgery within the last 12 hours or are on bed rest to be transferred on beds. All other women to be transferred via wheelchair (no women walking) • Women in wheelchairs or beds will require 1 x escort (RM or PSA) for transfer • Newborns in incubators will require 2 x escorts (RM and PSA) and will always be transferred at the same time as the mother, following ID check. Newborns in open perspex cots will require 1 x escort (RM, PSA or support person) and will always be transferred at the same time as their mother • Move minimum 2 x convoys per hour (max. 8 x convoys in total). Each convoy 4 x postnatal women +/- babies; or 3 x postnatal women +/- babies & 1 x antenatal woman 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> • Nil 			
Pre-Move			
<i>Move Day -1:</i>			
<ul style="list-style-type: none"> • PM shift – additional 2 x RM rostered to allocate JKWC/SH RMs and convoys and detail timing, and to bring over cots/beds from JKWC • 1500 meeting led by Unit Manager to determine discharges and expedite discharge reviews 			
<i>Move Day:</i>			
<ul style="list-style-type: none"> • 0700 Midwifery handover – attendance by both SH and JKWC midwifery teams • 0700 Consultant Ward Round to identify ok to go or follow up required (attach face ☺/☹ to door) • 0730 SH RMs commence discharges/ JKWC RMs to JKWC • 0730 – 0900 SH RMs commence observations and checklists for all women +/- babies 			
Move Start Time			
<ul style="list-style-type: none"> • 0900 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> • Out Ward 2C Main Entry doors → Across Level Two, through existing Children's Ward → Across Level Two JKWC Linkway → Up JKWC Front or Back of House Lift Lobby to Level Eight 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> • Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Linkway → Across Ground Floor to Lifts 5 and 6 			
Move Workforce Requirements			
Additional Supernumerary			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH</i>	<i>ND 15th May – JKWC</i>
Business as usual	Clinical Move Team: 2 x RM, 6 x PSA JKWC: 1 Unit Manager, 2 x Volunteers WW8	5 x RM decommission, 1 x WH Leader	1 x WH Leader
Medical			

14th May – SH		AM, PM, ND 15th May – SH/JKWC	
1 x additional HMO 1200 - 2200		Refer to 'Maternity Medical Staffing for Clinical Move Day' document	
Midwifery			
PM 14th May - SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
1 x additional RM AM, PM and ND, 1 x additional RM DOM AM (x 7 total)	SH: 1 x AMUM, 7 x RM, 7 x DOM	SH: 1 x AMUM, 4 x RM	6 x RM (including 1 x AMUM)
	JKWC: 1 x AMUM, 2 x RM	JKWC: 1 x AMUM, 8 x RM	
Clerical			
14th May – SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
Business as usual	SH: 1 x Ward Clerk	Business as usual	Business as usual
	JKWC: 1 x Ward Clerk		
Move Equipment Requirements			
<ul style="list-style-type: none"> 8 x wheelchairs required to support the clinical move (x 8 to hire) 			
ICT Requirements			
<ul style="list-style-type: none"> 6 x WOWs to be setup ready in JKWC prior to move (6 x existing to be relocated on move day) 3 x wristband printers and 2 x specimen printers to be setup ready in JKWC prior to move 			
Removalist Requirements			
<ul style="list-style-type: none"> 1st run: PM 14/05/2019 – majority of consumables (leave 24-hour supply in ward) 2nd run: AM 15/05/2019 – clinical equipment stored in equipment room not required at SH 3rd run: PM 15/05/2019 – final consumables/equipment 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> All potential discharges reviewed move day -1 to confirm, with incentives provided for discharge All planned discharges to be completed by 1000. Discharges after 1000 will be transferred to JKWC 			
New Admissions/Transfers In			
<ul style="list-style-type: none"> Postnatal women (caesarean & birthing) for ward transfer to go SH prior to 0800/JKWC after 0800 All overnight ED admissions to be admitted to SH by 0830. No admissions received between 0830 and completion of the move. On move completion, all ED admissions will be admitted to JKWC All babies in SCN ready for discharge to maternity ward to be completed by 0800 on 15/05/2019 (discharges to ward after 0800 to wait until after completion of the move) 			
Clinical Deterioration/Code Response			
<ul style="list-style-type: none"> Adult and neonatal resus trolleys in both SH and JKWC wards on move day. Defibrillator in JKWC 4 x CRSM (2 x at SH/ 2x at JKWC) to support clinical code response 			
Operating Theatres			
<ul style="list-style-type: none"> 3 x elective caesarean section on move day in JKWC on move day (present to 2C/1B (notified day before) and escorted by RM to JKWC DOSA) 			
Pharmacy			
<ul style="list-style-type: none"> JKWC ward pharmacy to be fully stocked prior to clinical move day. Nil relocation of SH stock Ward Pharmacist to be contacted to coordinate any non-impresst medications Ward Pharmacist to be onsite from 0815 (business as usual) on move day to support discharges (scripts to be done by 1500 day prior where possible) Additional pharmacy support on SH site to support timely discharges and decommissioning 			
Medical Imaging			
<ul style="list-style-type: none"> X-ray to be available in SH all day and in JKWC from 0800 on move day If obstetric ultrasound is required in JKWC, MFM to be contacted to coordinate location of scan All other medical imaging modalities to be provided in SH 			
Pathology			
<ul style="list-style-type: none"> Ward rounds to be completed pre-move at SH and post-move at JKWC, as required 			
Allied Health			
<ul style="list-style-type: none"> Allied Health inpatient services available at both SH and JKWC 0800 – 1630 on move day 			
Food Services			
<ul style="list-style-type: none"> Breakfast business as usual provided in SH Lunch service provided in JKWC (cold lunch pack). Full JKWC meal service available from dinner 			
Decommissioning Plan			



Western Health

- 2 x supernumerary RMs rostered PM shift 15/05/19 and AM shift 16/05/19 to complete decommissioning

7. Operating Suite, DOSA and CSSD

Current Location SH	Level One, Building Q
New Location JKWC	Level Two
Move Documentation	
<ul style="list-style-type: none"> • ScanCare – Instruments • Operating Suite inventory for transfer of identified equipment 	
Move Principles	
<ul style="list-style-type: none"> • Dedicated <i>Equipment Move Team</i> (appointed relocation company with support from Theatre Technicians/CSSD/Nursing staff) • Surgical Instruments to be tracked via ScanCare (i.e. from SH to JKWC) • JK CSSD will be operational from 0800 on Wednesday 15th May • PACU transfers to wards on move day: <ul style="list-style-type: none"> ○ Paediatric to SH Children’s Ward prior to 0730, or to JKWC Children’s Ward after 0800 ○ Maternity & Gynaecology to SH Wards 1B/2C prior to 0800, or to JKWC WW7/WW8 after 0800 	
Activity Reduction to Support the Move	
ACTIVITY	
Wednesday 15th May	
<ul style="list-style-type: none"> • Nil elective gynaecology or paediatric surgery • Paediatric emergency – in SH main theatres until 1800. After 1800 will be undertaken in JKWC 	
Elective LUSCS :	
<ul style="list-style-type: none"> • Nil in Sunshine main theatres • x 2 AM & x 1 PM in JKWC 	
Emergency LUSCS:	
<ul style="list-style-type: none"> • To continue in SH main theatres for Wednesday 15th May & ceasing at 0800 on Thursday 16th May • JKWC Theatre - commencing at 0800 on 15th May – ongoing 	
Pre-Move (Monday 13th May)	
<ul style="list-style-type: none"> • NOTE - Business as usual Sunshine theatres – therefore specific pieces of equipment are required to be transferred at pre-determined times. (0900 – 1300) • Surgical Instruments - gynaecology, paediatric general, paediatric orthopaedics • ROTEM 	
Pre-Move (Tuesday 14th May)	
<ul style="list-style-type: none"> • NOTE - Business as usual SH theatres – therefore specific pieces of equipment are required to be transferred at pre-determined times • Resus Cot – transfer x 1 cot from Sunshine to Joan Kirner – 1400 onwards • Bonney’s table x 1 – 1700hrs • Surgical Instruments for plastics – 1400 onwards • Surgical Instruments – obstetrics – x 5 LUSCS trays - 1400 onwards • Surgical Instruments – gynaecology – 1400 onwards 	
Move (Wednesday 15th May)	
<ul style="list-style-type: none"> • Start 0800 • Surgical Instruments - paediatric ENT – from 1700 • Surgical Instruments – obstetrics – x 2 LUSCS trays - > 0830 • Non-sterile surgical equipment - from 0900 • Surgical instruments (remaining gynaecology) – 1400 onwards 	
Move (Thursday 16th May)	
<ul style="list-style-type: none"> • Start 0800 • Surgical Instruments - paediatric ENT – from 1700 • Surgical Instruments – obstetrics – x 2 LUSCS trays • 2nd Resus cot, Neonatal resus trolley, infant warmer, and PPH trolley (scrub/scout) – 0830 	
Workforce requirements	
<ul style="list-style-type: none"> • Operating Theatre – Nursing & theatre technician – attended to • CSSD – Technicians – attended to 	

8. Allied Health

Move Principles			
<ul style="list-style-type: none"> • Non-essential office material, resources and equipment to move in the period prior to move day • Core resources and toy kits to move on clinical move day • Inpatient staff to work across JKWC and SH during the move period 			
Activity Reduction to Support the Move			
<ul style="list-style-type: none"> • Reduction of outpatient activity on 16th/17th/20th May. Outpatient clinics not running on 15th May • No changes to inpatient activity 			
Pre Move (Inpatient Move Day -1)			
<ul style="list-style-type: none"> • Staffing business as usual. Inpatient list review and flag patients for discharge prior to 10:30am 			
Move Day (Inpatients)			
<ul style="list-style-type: none"> • Prioritise inpatient activity to ensure discharge prior to 10:30am, including redeployment of outpatient staff to support inpatients where appropriate • Staff to support the whole move where practical including wayfinding, communication and setup 			
Move Workforce Requirements			
Managers			
14 th May – SH	15 th May – SH/JKWC	17 th May – SH/JKWC	20 th May – JKWC
<ul style="list-style-type: none"> • 1x Manager on call escalation/support (Merridy Moore) 	<ul style="list-style-type: none"> • 1x Manager on call escalation/support (Sally Brinkman) 	<ul style="list-style-type: none"> • 1x Manager on call escalation/support (Anna Nethercote) 	<ul style="list-style-type: none"> • 1x Manager on call escalation/support (Benjamin Orams)
Clinical Staff			
14 th May – SH	15 th May – SH/JKWC	17 th May – SH/JKWC	20 th May – JKWC
<ul style="list-style-type: none"> • Business as usual • Prioritise inpatients in PM 	<ul style="list-style-type: none"> • No outpatient activity unless urgent • Increased inpatient clinical activity in AM • Work across SH/JKWC 	<ul style="list-style-type: none"> • No outpatient activity PM • Work across SH/JKWC 	<ul style="list-style-type: none"> • No outpatient activity AM • JKWC activity only
Additional Supernumerary			
14 th May – SH	15 th May – SH/JKWC	17 th May – SH/JKWC	20 th May – JKWC
<ul style="list-style-type: none"> • Project Officer • Allied Health Assistant 	<ul style="list-style-type: none"> • Project Officer • Allied Health Assistant 	<ul style="list-style-type: none"> • Project Officer x 2 • Allied Health Assistant 	<ul style="list-style-type: none"> • Project Officer • Allied Health Assistant
ICT Requirements			
<ul style="list-style-type: none"> • 6 x new LOWs setup in JKWC prior to commencing move. 4 x existing to be relocated move day • Label printer x 1 to be setup ready in JKWC prior to commencing move, x1 relocated during move • New printers x 2 to be setup prior to move • Audiology equipment to be calibrated post-move. To commence clinical operations on 21st May 			
Removalist Requirements			
<ul style="list-style-type: none"> • 1st run: 8th 9th May – Large portion of portable equipment/toys, office materials, consumables • 2nd run: 10th May – Hand Therapy, Audiology, SW, Women’s Physio – office materials, resources • 3rd run: 16th, 17th May –final equipment/toys/resources from all Allied Health locations 			
Removal locations			
<ul style="list-style-type: none"> • Portables 1 and 2 (Offices & Clinical rooms) • Acute Allied Health Office 1 (Social Work Offices) • Women’s Physiotherapy CBR (Offices & Clinical Rooms - consumables) • Hand Therapy POD 4 (consumables/equipment) 			
Patient and Family Communication			
<ul style="list-style-type: none"> • Public Affairs material pre move including signage, posters • Updated iPM letters sent and fliers for appointments beyond 17th May • Clinical staff to call patients in week of 20th May • Wayfinding signage and plan for areas external to JKWC to redirect to JKWC 			
Decommissioning Plan			
<ul style="list-style-type: none"> • Project officer to review vacated areas and complete vacating checklist 			

9. Medical Imaging

Current Location SH	Level ground		
New Location JKWC	Level ground (X-ray) & Level one (Ultrasound Department)		
Move Principles			
<ul style="list-style-type: none"> • Mobile II and Mobile Mini C-arm • Mobile X-ray unit to be moved to SCN • Patients requiring MI (US or X-ray) to be seen in SH MI department until move completed. Patients who require other imaging modalities will continue to be seen in SH MI department 			
Pre-Move (Move Day -1)			
<ul style="list-style-type: none"> • Ensure MI staff aware of move plan • Staffing business as usual 			
Move Approach			
<ul style="list-style-type: none"> • Staff to commence work at normal rostered time as usual in SH MI department. • Staff to be rostered for JKWC from 15/5/2019 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> • From SH MI department ground floor → Down JKWC Front of House Lift Lobby to Ground Floor → Across JKWC Ground Floor Linkway → Arrive JKWC Medical Imaging 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> • JKWC Medical Imaging Ground Floor → Across JKWC Ground Floor Linkway → Across Ground Floor to SH MI department ground floor 			
Move Workforce Requirements			
Sonographers – JKWC Collection Centre (NB. IUS not commencing until 17 May go live)			
14th May – SH	AM 15th May – JKWC	PM 15th May – JKWC	ND 15th May – JKWC
SH – 6 x sono JK – 1 x sono	SH - 6 x sonographers JKWC - Chief Sono Support from 1 x sono	SH - 6 x sonographers JKWC- chief sono Support from 1 x sono	1 x sonographer on call for SH
	AM 16th May-JKWC	PM 16th May – JKWC	ND 16th May -JKWC
	SH – 6 x Sono JKWC – 2 x sono	SH – 6 x sono JK – 2 x sono	1 x sonographer on call for SH
Radiographers			
14th May - SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
SH- 6x Radiographers JKWC - 1x Radiographer with support from SH MI if required	SH- 6x Radiographers JKWC - 1x Radiographer with support from SH MI if required	SH- 3x Radiographer with On-call Support if required JKWC - Coverage from SH MI as required	SH- 1x Radiographer with On-call Support if required JKWC - Coverage from SH MI as required
Ultrasound Assistant			
14th May – SH/JKWC	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC

1 x Ultrasound Assistant (UA)	SH 1 x UA • JKWC 1 x UA	SH 1x UA • JKWC 1 x UA	N/A
X-Ray Assistant			
14 th May – SH/JKWC	AM 15 th May – SH/JKWC	PM 15 th May – SH/JKWC	ND 15 th May – JKWC
N/A	N/A	N/A	N/A
Move Equipment Requirements			
<ul style="list-style-type: none"> • Ultrasound machines (new) to be setup ready in JKWC prior to commencing clinical move • 1 x Ultrasound machine to be moved from current SH MI department on am 16th May 			
ICT Requirements			
<ul style="list-style-type: none"> • 1 x laptop on trolley for ward round to be setup ready in JKWC prior to commencing clinical move • Label printers and specimen printers to be setup ready in JKWC prior to commencing clinical move • PC and printers to be set up ready in JKWC prior to commencing clinical move • Radiologist workstations to be set up ready in JKWC prior to commencing clinical move 			

10. Pathology

Current Location SH	Level 2		
New Location JKWC	Level ground		
Move Documentation			
<ul style="list-style-type: none"> iPM patient list with move sequence/timing provided to command centre at 07:00 on move day Patient move checklist completed for all patients (commenced in SH, completed on arrival in JKWC) 			
Move Principles			
<ul style="list-style-type: none"> Staff to commence work at 630am in central pathology as usual To follow Dorevitch provided timing schedule for ward rounds Nil pathology round in SCN/NBS, collection completed by ward nurses as per business as usual Ward rounds to be completed as per Dorevitch provided schedule pre and post move on relevant wards at both SH and JKWC if required JKWC central pathology to be staffed from 8am Nil external admissions/transfers in from 13/05/19 – 16/05/19 – confirmed with PIPER 			
Pre-Move (Move Day -1)			
<ul style="list-style-type: none"> Ensure Phlebotomist staff aware of move plan Staffing business as usual 			
Travel Pathway – to JKWC			
<ul style="list-style-type: none"> From central Pathology ground floor SH Down JKWC Front of House Lift Lobby to Ground Floor Across JKWC Ground Floor Linkway Arrive JKWC Pathology 			
Return Pathway – from JKWC			
<ul style="list-style-type: none"> JKWC Pathology Ground Floor Across JKWC Ground Floor Linkway Across Ground Floor to central Pathology 			
Move Workforce Requirements			
Phlebotomist – JKWC Collection Centre			
<i>14th May – SH</i>	<i>AM 15th May – JKWC</i>	<i>PM 15th May – JKWC</i>	<i>ND 15th May – JKWC</i>
N/A	<i>SH - central collection centre</i>	<i>SH - central collection centre</i>	N/A
	<i>JKWC x 1</i>	<i>JKWC x1</i>	
Phlebotomist – Ward Round			
<i>14th May - SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
	<i>SH: X 1</i>	<i>SH: X 1</i>	N/A
	<i>JKWC: X 1</i>	<i>JKWC: X 1</i>	
Phlebotomist Supernumerary			
<i>14th May – SH/JKWC</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
N/A	<i>SH: N/A</i>	<i>SH: N/A</i>	N/A
	<i>JKWC: X 1</i>	<i>JKWC: X 1</i>	
ICT Requirements			
<ul style="list-style-type: none"> 1 x laptop on trolley for ward round to be setup ready in JKWC prior to commencing clinical move Label printers and specimen printers to be setup ready in JKWC prior to commencing clinical move 10 x existing WOWs to be relocated on clinical move day Blood gas machine – Dual in place for SCN (in each ward on move day) Blood Gas machine - Theatre (new) to be setup ready in JKWC prior to commencing clinical move Blood Gas machine – Birthing (new) to be setup ready in JKWC prior to commencing clinical move Dorevitch supplying own PC's and printers for ground floor collection centre to be setup ready in JKWC prior to commencing clinical move 			
Operating Theatres			
<ul style="list-style-type: none"> Blood Gas Machine 			

11. Pharmacy

Current Location SH	Sunshine Pharmacy		
Location JKWC	JKWCH Satellite pharmacy		
Move Principles			
<ul style="list-style-type: none"> • New dispensary based Pharmacy FTE on duty in JKWC Pharmacy Satellite from 0815 on move day • Existing clinical pharmacy staff will provide services in the respective SH wards until the last of the ward's patients are moved to JKWC, upon which the staff member will • Floater Pharmacists in JKWC wards to verify arrival of patient specific, non-impres medication 			
Pre-Move (Move Day -1)			
<ul style="list-style-type: none"> • Pharmacist to attend PM handover (as per usual AM handover) 			
Move Workforce Requirements			
Pharmacy Dispensary			
AM 15th May – SH/JKWC		PM 15th May – SH/JKWC	
JKWC: <ul style="list-style-type: none"> • 1 dispensing pharmacist • 1 dispensing technician • 1 impres technician can also be utilised as courier to assist with delivery of medication 		JKWC: <ul style="list-style-type: none"> • 1 dispensing pharmacist • 1 dispensing technician • 1 impres technician can also be utilised as courier to assist with delivery of medication 	
SCN Ward Pharmacist			
14th May - SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
Business as usual	SH: <ul style="list-style-type: none"> • 1 clinical Pharmacist • Facilitates supply of discharge medication, including counselling • Non urgent impres supply • To verify all required non impres medication packed and accompanies patient to JKWC JKWC: <ul style="list-style-type: none"> • 1 floater pharmacist: <ul style="list-style-type: none"> • To verify all required non-impres medication is received, stored and available for each patient upon arrival • Supply new/missing non impres medication request • Ensure that patient is accessible on EMR 	SH: <ul style="list-style-type: none"> • When the last patient vacates the wards- the SCN ward pharmacist to move to JKWCH level 5 NBS ~ at 14:00 JKWC: <ul style="list-style-type: none"> • Floater pharmacist to hand over to the SCN pharmacist 	Pharmacy Oncall service
2C Maternity Ward Pharmacist			
14th May - SH	AM 15th May – SH/JKWC	PM 15th May – SH/JKWC	ND 15th May – JKWC
Business as usual	SH: <ul style="list-style-type: none"> • 1clinical Pharmacist on S2C • Facilitates supply of discharge medication, including counselling • Non urgent impres supply • To verify all required non-impres medication is packed and accompanies patient to JKWC 	SH: <ul style="list-style-type: none"> • When the last patient vacates the ward- the S2C clinical pharmacist to move to JKWCH level 8 Women's ward 8~ at 14:00 	Pharmacy Oncall service



	<p><i>JKWC:</i></p> <p>1 floater pharmacist:</p> <ul style="list-style-type: none"> To verify all required non-impresst medication is received, stored and available for each patient upon arrival Supply new/missing non impresst medication request Ensure that patient is accessible on EMR 	<p><i>JKWC:</i></p> <ul style="list-style-type: none"> Floater pharmacist to hand over to the S2C pharmacist 	
S1B Maternity Ward Pharmacist			
<i>14th May - SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	<p><i>SH:</i></p> <ul style="list-style-type: none"> 1 clinical Pharmacist on S1B Facilitates supply of discharge medication, including counselling Non urgent impresst supply To verify all required non-impresst medication is packed and accompanies patient to JKWC 	<p><i>SH:</i></p> <ul style="list-style-type: none"> When the last patient vacates the wards- the S1B ward pharmacist to move to JKWCH level 7 women’s Ward 7 ~ at 14:00 	<i>Pharmacy Oncall service</i>
	<p><i>JKWC:</i></p> <p>1 floater pharmacist:</p> <ul style="list-style-type: none"> To verify all required non-impresst medication is received, stored and available for each patient upon arrival Supply new/missing non impresst medication request Ensure that patient is accessible on EMR 	<p><i>JKWC:</i></p> <ul style="list-style-type: none"> Floater pharmacist to hand over to the S1B pharmacist 	
Children’s Ward Pharmacist			
<i>14th May - SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
Business as usual	<p><i>SH:</i></p> <ul style="list-style-type: none"> 1 clinical Pharmacist on Children’s Ward Facilitates supply of discharge medication, including counselling Non urgent impresst supply Verify all required non-impresst medication packed/ accompanies patient to JKWC 	<p><i>SH:</i></p> <ul style="list-style-type: none"> When the last patient vacates the wards- the CH ward pharmacist to move to JKWCH level 6 Children’s ward ~ at 14:00 	<i>Pharmacy Oncall service</i>
	<p><i>JKWC:</i></p> <p>1 floater pharmacist:</p> <ul style="list-style-type: none"> To verify all required non-impresst medication received, stored and available for each patient upon arrival Supply new/missing non impresst medication request 	<p><i>JKWC:</i></p> <ul style="list-style-type: none"> Floater pharmacist to hand over to the Children’s Ward pharmacist 	

	<ul style="list-style-type: none"> • Ensure patient accessible on EMR 		
Supernumerary			
<i>14th May – SH</i>	<i>AM 15th May – SH/JKWC</i>	<i>PM 15th May – SH/JKWC</i>	<i>ND 15th May – JKWC</i>
<ul style="list-style-type: none"> • 1 clinical pharmacist available to provide extra support to the dispensary to ensure discharges completed by 17:00 • 1 clinical pharmacist available to assist discharge profiling for the wards 	<p><i>SH:</i></p> <ul style="list-style-type: none"> • 1 pharmacist available for decommissioning tasks (including DD returns from ward) <p><i>JKWC:</i></p> <ul style="list-style-type: none"> • 1 Pharmacist assist with operational move including dispensary support 	<p><i>SH:</i></p> <ul style="list-style-type: none"> • 1 pharmacist to be available for decommissioning tasks(incl. DD returns) <p><i>JKWC:</i></p> <ul style="list-style-type: none"> • 1 Pharmacist assists with operational move including dispensary support 	<i>Pharmacy Oncall service</i>
ICT Requirements			
<ul style="list-style-type: none"> • 4 x WOWs to be setup ready in JKWC prior to commencing clinical move • All computers, printers and dispensing program will be confirmed as working prior to move day 			
Discharges/Transfers Out			
<ul style="list-style-type: none"> • All planned discharges to be completed by 10:30 on clinical move day 			
Decommissioning Plan			
<ul style="list-style-type: none"> • 2 x supernumerary pharmacist rostered on 15/05 and 1 pharmacist rostered on 16/05/19 and 17/05/19 to complete decommissioning 			