

Insights from finalising hospital designs during a health service merger and pandemic

Nicole Lancer

Project Director – Ballarat Base Hospital Redevelopment

Acknowledgement of Country

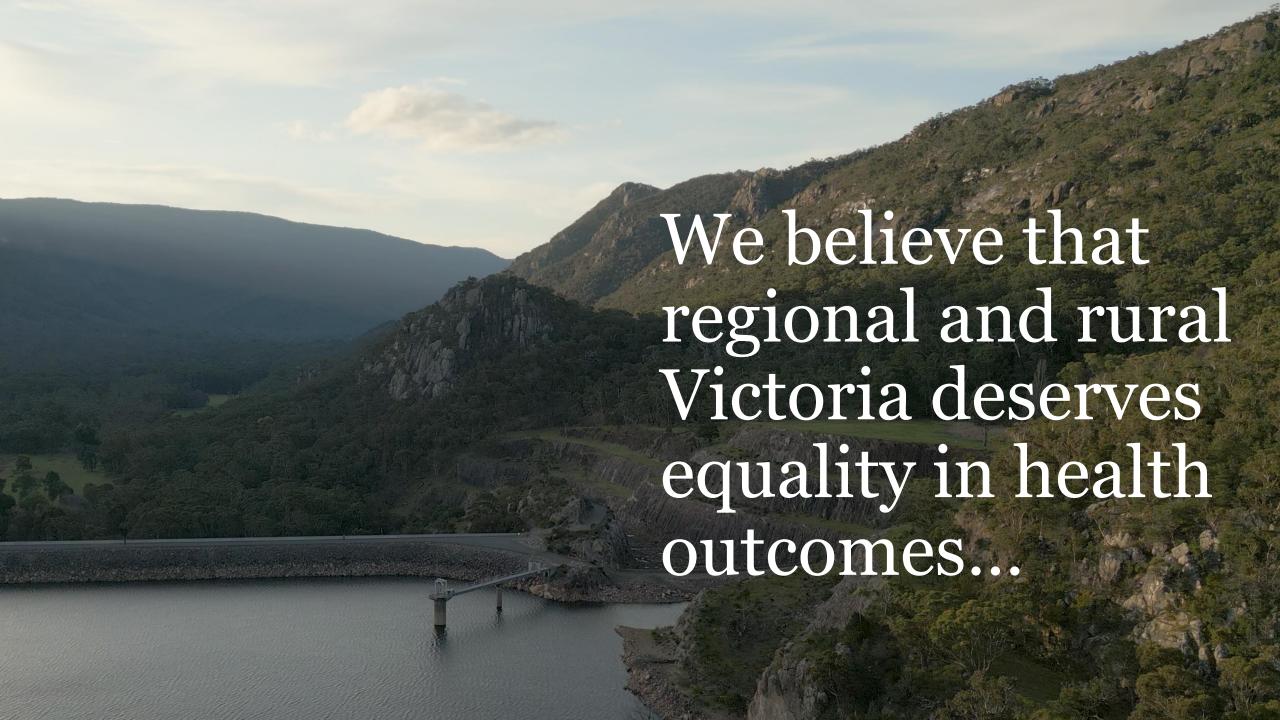
Grampians Health acknowledges the Traditional Custodians of the lands on which we operate, the Wadawurrung, Djab wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples, and their connections to land, waterways and community. We pay our respects to their Elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples today.

Grampians Health recognises and values the contributions that Aboriginal and Torres Strait Islander peoples make in our society. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.



Who we are









Employees over 6,800



Doctors Nursesover over600 3,000



Volunteers over 350

About us











About us



Emergency Department

51,264 16,846

Ballarat Horsham

Presentations as at 30 June 2023

Urgent Care

520 5,587

Edenhope Stawell

2,589



Admissions to hospital

46,004 9,286 15 89

Ballarat Horsham Dimboola Edenhope Stawell

Admissions as at 30 June 2023



Surgeries

12,138 2,604 1,840

Ballarat Horsham Stawell

Surgeries as at 30 June 2023

The project



Ballarat Base Hospital

Project scope

The Victorian Government is investing **\$595 million** to expand the Ballarat Base Hospital.

The redevelopment will deliver:

- a new central energy plant
- new pharmacy and pathology facilities
- a new Education and Learning Centre
- a multilevel hospital tower
- a new emergency department
- a new women and children's hub
- a state-of-the-art theatre suite
- an extra 100 inpatient and short stay beds
- a new and expanded critical care floor.



Ballarat Base Hospital

Project benefits

The Ballarat Base Hospital redevelopment aims to achieve the following benefits:

More patients treated

The redevelopment will provide additional capacity to treat at least 18,000 more emergency patients and an extra 14,500 inpatients each year.

More surgeries

A new and expanded critical care floor will deliver capacity for an additional 4,000 surgeries each year.

A boost in local jobs

Once fully operational, up to 1,000 extra positions will be created at the hospital.



Ballarat Base Hospital

Project status

Stage 1 | Package 1 Decanting

✓ Complete

Stage 1A | Package 2 Decanting

- ✓ Final phase underway
- ✓ Completion in late 2024

Stage 2 | Central Energy Plant

- ✓ Superstructure complete, façade commencing
- ✓ Completion in late 2024

Multideck Carpark

- ✓ Superstructure underway
- ✓ Completion in mid 2024

Stage 3 | Main Works Tower

- ✓ Enabling works underway
- ✓ Completion in late 2027

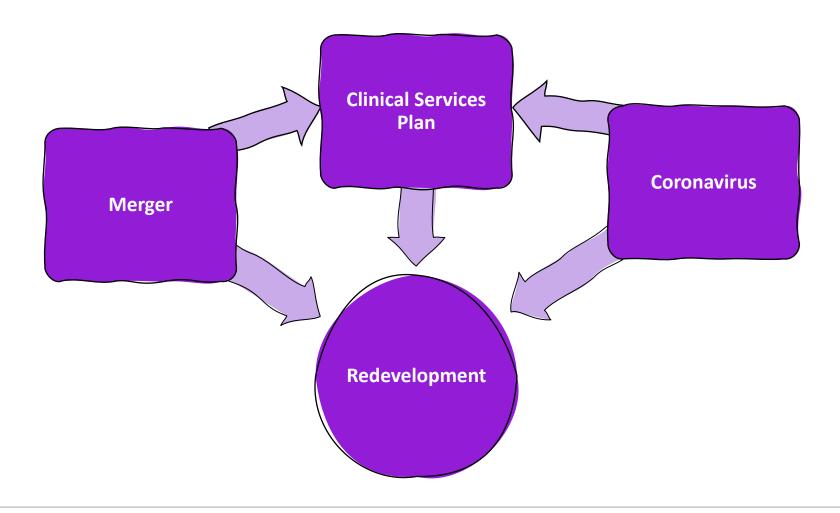




Setting the scene



A changing landscape



Coronavirus and its impact to the region

Ballarat's first case occurred in March 2020.

At its peak **two thirds** of Ballarat Base Hospital bed stock was occupied with COVID-19.

GH Ballarat provided a community vaccination hub. At capacity it delivered **1300** vaccinations per day.

Many periods of increased COVID-19 demand have been experienced across Grampians Health since the pandemic commenced.

Hospitals have provided treatment and care throughout the pandemic, and just as importantly leadership and guidance to communities regarding strategies to minimise infection.



The health services merger

In November 2021 Edenhope and District Memorial Hospital, Stawell Regional Health, Wimmera Health Care Group, and Ballarat Health Services came together to form Grampians Health.

Ballarat Health Services

- Employed 4,700 people
- Looked after a region of 200,000 people
- Managed 40,000 patients

Grampians Health

- Employs 7,000 people
- Looks after a region of 250,000 people
- Manages 60,000 patients



Clinical services planning

A key goal agreed between the Department of Health and the former Health Service Boards was the development of a Grampians Health CSP.

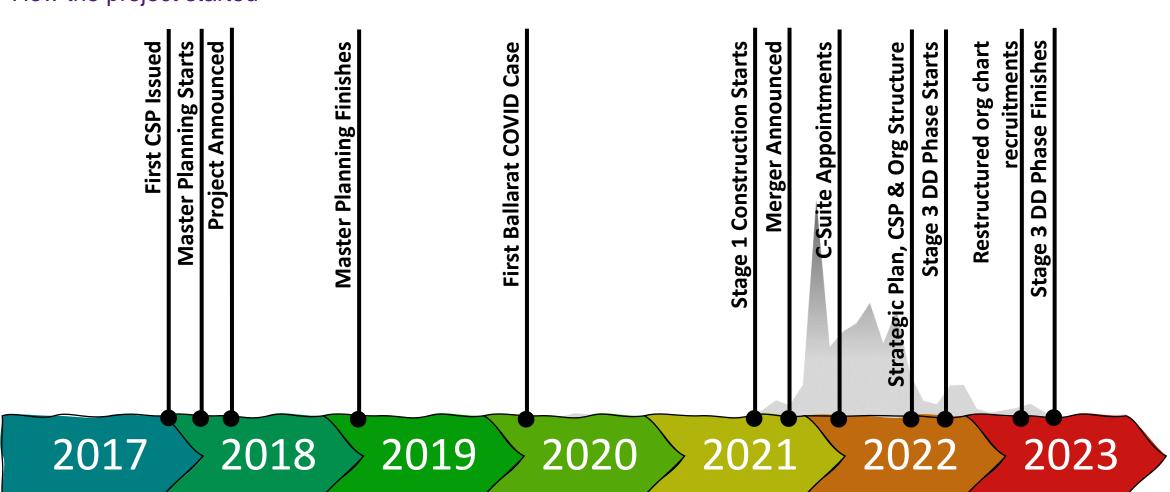
Key themes of the GH CSP 2022 included:

- Improving access providing services closer to home and addressing amalgamation commitments
- Enhancing service integration partnerships and alignment of GH services
- Clinical capability Enhancement of clinical capability across the catchment area
- Leadership maximizing opportunities for networking, collaboration and developing Grampians-wide services.



Ballarat Base Hospital Redevelopment

How the project started





Coronavirus and the design process

Covid impact

Workload

Uncertainty

Stress

Anxiety

Depression

Burnout

Absenteeism

Design impact

Preparation

Attendance

Diversity

Engagement

Decisions

Accessibility



The merger and the design process

Merger impact

Leadership uncertainty

New org structure

Ongoing recruitment

New business models

Change exhaustion

Confusion

Frustration

Design impact

Ownership

Decisions

Uncertainty

Scope adjustments

Confusion



The new clinical services plan

CSP impact

Strategic priorities changed

Catchment changed from Ballarat to region

Services integration across the region

Patient cohort and demographics shifted

Design impact

Points of care

Master planning

Business models

Regional support



Financial importance of timely decisions

Net construction cost	\$ 3	50,000,000.00					
Escalation %		4%	Factor	Escalation	during design		
Year 1 Design	\$	14,000,000	1.00	\$	14,000,000		
Year 2 Design	\$	14,560,000	1.00	\$	14,560,000		Total
Year 3 Design	\$	15,142,400	1.00	\$	15,142,400	\$	43,702,400
Year 4 Construction	\$	15,748,096	0.60	\$	9,448,857	Escalation	n per month
Year 5 Construction	\$	16,378,019	0.60	\$	9,826,811		/ 36 months
Total	\$	75,828,515		\$	62,978,069	\$	1,213,955

Financial importance of timely decisions **during covid**

Net construction cost	\$ 3	350,000,000.00					
Escalation %		8%	Factor (Escalation	during design		
Year 1 Design	\$	28,000,000	1.00	\$	28,000,000		
Year 2 Design	\$	30,240,000	1.00	\$	30,240,000		Total
Year 3 Design	\$	32,659,200	1.00	\$	32,659,200	\$	90,899,200
Year 4 Construction	\$	35,271,936	0.60	\$	21,163,161	Escalation	per month
Year 5 Construction	\$	38,093,690	0.60	\$	22,856,214		/ 36 months
Total	\$	164,264,826		\$	134,918,576	\$	2,524,977

Our response



How we responded

Elevating engagement



Strengthening executive support

- Executive speaker at design kick off
- Executive sponsor assigned to each user group and workshop attendee
- Reminded stakeholders of the project and organisational strategy
- Uplifting exec communications
- 'Focus on our future' message
- Importance of dedicating the time



Reinvigorating workshops

- Adjusted user group attendees
- Introduce champions and 2IC roles
- Defined responsibilities, expectations
- · Detailed design phase kick off
- Reverted to face-to-face meetings
- Created an enjoyable meeting space with food and inspirational imagery



Creating good vibes

- Any excuse to celebrate
- Frequent staff acknowledgement
- Coronavirus compliant events
- Hand-made treat deliveries
- Monthly all staff project updates including Q&A opportunities
- Multi-tiered comms strategy

How we responded

Supporting decisions



Back to basics

- Analysis of the new points of care
- Review of the existing master plan
- Reanalysis of the relevance of the key principles of the master plan
- Adjustment of the master plan to capture the demands of the new CSP
- Consideration of adjustments required in the Redevelopment



Business model decisions

- Involved executive in discussions regarding changing business needs and potential future business models
- Agreed key principles to enable design to progress with confidence
- Designed spaces to enable growth and adjustment without increasing footprint or currently funded scope



Maximising flexibility in design

- Avoiding bespoke solutions
- Design spaces to be interchangeable, both for clinical and non-clinical
- Strategies to allow growth without building shell spaces or adding scope
 - Future expansion zones
 - Relocation of units

Lessons learned



Lessons learned

Reflection

What went well

- User engagement increased
- Preparation prior to workshops increased
- Design completed on time in an expedited program
- Few outstanding design issues

What could have been improved

- Full attendance at user group meetings
- Better junior workforce involvement
- Intra-departmental communication
- Site visits to other facilities
- Earlier innovation



Lessons learned

Summary

Accept: Change will be continuous

Budget: Delay is costly

Decisions: Project vision and key principles

Sponsorship: Leverage your executive team

Positivity:

Strategic and proactive comms

Engagement:

Time, passion and diversity

Program: Arm with information and prepare ahead

Change: See through the noise



Questions?





Thank you

