



**AUSTRALIAN MEDICAL ASSOCIATION**  
(SOUTH AUSTRALIA) INC.

ABN 91 028 693 268

22 November 2021

Ms Wendy Rowell  
Director Engagement & Commissioning  
Director – Clinical & Operations Stream  
New Women's and Children's Hospital  
WCH Health Network  
72 King William Road  
North Adelaide 5006

E: [wendy.rowell@sa.gov.au](mailto:wendy.rowell@sa.gov.au)

Dear Ms Rowell

**Re: Consultation on the proposed nWCH 'block and stack' design**

Thank you for the email of 17 November 2021, responding to the request for information about the proposed 'block and stack' model for the new Women's and Children's Hospital. On behalf of the AMA(SA) Council, I begin by expressing my disappointment that we were not proactively offered the information about the model and the opportunity to comment; that we have been given only three working days – within a public consultation period that began on 2 November 2021 – to consider the proposals and recommendations and provide informed comment. Our commitment to ongoing meetings and discussions about this project over many months demonstrates the importance of this project to AMA(SA); in this context, we would have expected earlier notification of this consultation process and period and an opportunity to have talked this through with WCH representatives.

As such, I precede our feedback with the proviso that we may have further comments about the 'block and stack' model and aspects of it at a later date.

**1. The 12-level 'block and stack' design**

AMA(SA) continues to question the suitability of a site that requires SA Health to build a 12-level structure for a hospital of the intended size and scale, and whether the vertical structure is the best choice for South Australia's current and future needs. We would welcome the opportunity to view evidence of the value of the vertical model within metropolitan areas where there is space for a bigger footprint if this would increase clinical efficiencies and improve clinical outcomes.

**2. Co-location of intensive care units**

As proposed in Scenario 2 in the online survey, we recommend that the NICU, PICU and high-dependency units be co-located, and the theatres together on the floor above, to provide more flexibility for situations that may require 'overflow' babies to be moved and appropriately monitored and to keep theatres together.

### **3. Medical imaging**

We understand that medical imaging may be located on the ground floor to minimise inconvenience for outpatients. However, medical imaging is also a critical part of care of very sick patients within the hospital. We ask for assurance that any decision to place the imaging unit at a considerable distance from sick patients is informed by the latest advice from medical imaging professionals indicating that the most up-to-date imaging equipment can and will be able to be moved to sick patients, rather than have them undergo discomfort and distress as they are moved to the ground floor.

We note that this is an example of how individual units, floors and levels within the 'block and stack' model must be supported by research in to the latest and expected innovations, and that architectural, engineering and technology elements such as lifts, stairwells and communication systems are designed and incorporated to ensure outcomes for patients and staff in the hospital are not compromised.

### **4. Emergency care and deliveries**

We note that the antenatal inpatient unit is on Level 9, while women's theatres are on Level 5 or 6, and question whether this is most suitable in emergency situations such as an antenatal patient having an antepartum haemorrhage and requiring immediate transfer to theatre.

Thank you again for the opportunity to provide this feedback, and we look forward to having more time to consult our members and other partners about the project and design phases in the near future. Should you have any questions about this feedback, please contact EA Mrs Claudia Baccanello at [president@amasa.org.au](mailto:president@amasa.org.au) or on 8361 0109.

Yours sincerely



**Dr Michelle Atchison**  
**President**