

Bermuda's Acute Care Wing

King Edward VII Memorial Hospital

Opening 14 September 2014



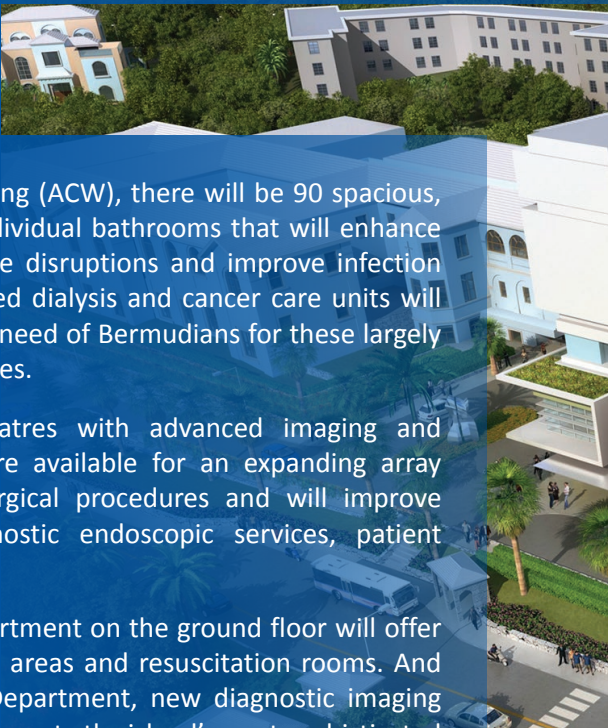
Over the weekend of 13-14 September 2014, services will be transferring to Bermuda's new Acute Care Wing at the King Edward VII Memorial Hospital. The building is truly modern in terms of construction, energy efficiency, equipment, patient amenities, nursing stations and functional clinical space design.

However, the community has an important role to play in using this wonderful new resource wisely, and understanding how it will be used as an integral part of hospital and community healthcare services.



Bermuda Hospitals Board

Bermuda's New Acute Care Wing:



In the new Acute Care Wing (ACW), there will be 90 spacious, single-bed rooms with individual bathrooms that will enhance patient privacy, limit noise disruptions and improve infection control practices. Expanded dialysis and cancer care units will help to meet the growing need of Bermudians for these largely outpatient specialty services.

Five new operating theatres with advanced imaging and monitoring capabilities are available for an expanding array of minimally invasive surgical procedures and will improve interventional and diagnostic endoscopic services, patient safety and satisfaction.

The new Emergency Department on the ground floor will offer enhanced privacy, waiting areas and resuscitation rooms. And next to the Emergency Department, new diagnostic imaging space will facilitate 24/7 access to the island's most sophisticated diagnostic equipment.

Connecting to the General Wing of KEMH

The existing KEMH facility will continue to house many healthcare services and will be referred to as the General Wing of KEMH. Services remaining in the General Wing include Lab (for blood and urine tests), outpatient physiotherapy, occupational therapy, speech pathology, mammography, wound care and hyperbaric services.

The current Intensive Care Unit (ICU) will remain in the General Wing and will be linked by a direct path to the operating theatres of the new ACW to assure rapid and safe transport for the most critically ill patients. Maternity and pediatric services will also remain in the General Wing. However, two new operating rooms are near completion in the Maternity Ward in case of urgent caesarean sections. In such cases it will be safer to conduct surgery in the Maternity Ward than to transport expectant mothers to operating rooms in the ACW.

What can you expect?



How the new ACW will be used

This is all good news for Bermuda! However, it is very important for the community to understand how the new ACW fits into the overall health services continuum of Bermuda Hospitals Board (BHB) and Bermuda's healthcare system.

About 100 patients will remain in the General Wing and the Continuing Care Unit (CCU) after the opening of the new ACW. This includes inpatients on Gordon Ward, who are no longer acutely sick but cannot be discharged due to medical or safety reasons, as well CCU residents. The new ACW was sized and will be staffed for 90 inpatient beds. Those beds will only be available for patients who require the full intensity and complexity of services associated with an acute hospitalization. Once the acute phase of hospitalization has ended, and guided by appropriate best practice for safe clinical care, patients will be discharged independently to: home; home with additional services arranged; lower intensity rehabilitation or convalescence services; or skilled nursing or residential care services.

Bermuda's New Acute Care Wing:



The new ACW is a marvellous addition to the healthcare resources available in Bermuda. To realise the true value of this very significant investment, this resource must be used appropriately.

Bermuda's healthcare costs are no longer sustainable. With per capita health costs of \$10,562 (2012), Bermuda's healthcare system is one of the most expensive in the world. Unfortunately, despite the high cost, Bermuda's public health statistics indicate that we have high rates of chronic illnesses that lead to serious and life-threatening complications. This is not good value for money. To help develop an island-wide understanding of the opportunities and challenges ahead, please consider the following recommendations.

Maximising the value

Stay only as long as needed

Hospital stays must remain as brief as appropriate for the clinical situation being addressed. Prolonged hospitalizations are not in the best interest of patients. Patients often become 'de-conditioned' from prolonged bed rest, depressed, and profoundly sleep deprived from medication side-effects, frequent interruptions and unfamiliar surroundings. Nutrition suffers from unfamiliar foods, restricted diets and loss of appetite. The longer patients stay in hospital, the greater their risk of acquiring infections, skin breakdown or suffering falls, despite precautions taken to avoid all three. Multiple observational studies and personal accounts confirm that patients fare better convalescing at home whenever possible.

Proper use of Bermuda's new facility will require a change in both practice and attitudes. Families will no longer be able to leave patients in the hospital simply because it may be inconvenient to take them home. Believe it or not, physicians, nurses and social workers hear this every day! Some families avoid accountability for their loved ones and assume or demand that BHB or someone else will take on that responsibility. This cannot continue. Physicians and other caregivers need to plan with patients and families for a likely discharge date beginning on the first day in hospital, or even prior to admission for some elective procedures.

BHB will strive to communicate options to patients and families and will work with Government on how best to fund and deliver more appropriate and lower-cost levels of service for those who will no longer benefit from hospitalization but may not otherwise be ready or able to return home.

Visit your GP when appropriate – not Emergency

Emergency room care should never be considered as a substitute for the more appropriate continuity of care provided by your personal physician in the community. The new Emergency Department (ED) has more floor space, but fewer treatment rooms than the existing department. This is the result of intentional design from five years ago – a time when planners believed that urgent care centres would be operational on both the east and west ends of Bermuda; that doctors' offices would offer extended hours for management of relatively minor acute illnesses as commonly seen in other jurisdictions; that nursing homes and rehabilitation facilities would be more available; and that an 'unplanned admission unit' would be situated in the new ACW so that patients admitted to hospital would leave the emergency room as soon as that decision was made.

As none of these assumptions have come to pass, the new ED will need to become much more efficient at moving patients through. Community physicians will be encouraged to offer extended office hours. Hospitalists and surgeons will be working even more closely with the emergency physicians to move admitted patients as quickly and safely as possible. And BHB will continue to work with the Ministry of Health, Environment and Seniors to expand post-acute-care options for Bermuda's elderly and infirm.

If the services are in Bermuda – don't go overseas

Due primarily to size and location, BHB will never be able to offer all the healthcare services that may be needed by Bermudians and visitors. Approximately \$96 million is spent annually on healthcare services provided abroad. Some of this expense is absolutely necessary and appropriate. However, some of it is unnecessary, in that it pays for services already available here in Bermuda or duplicate services that have already been provided and paid for in Bermuda, such as certain diagnostic imaging and laboratory studies. Overseas expenses also pay for ongoing care and follow-up visits that could quite appropriately be managed in Bermuda through improved communications from referral sites and enhanced use of telemedicine.

Each individual has an obligation to spend healthcare dollars wisely. People must question if a proposed trip abroad is necessary, or if a test or procedure is truly required, especially if it is duplicative.

Be responsible for your health

Finally, a word about prevention. Some hospital stays are, obviously, unavoidable. Any one of us might be involved in a serious accident, or suffer an acute, life-threatening issue such as stroke, heart attack, severe infection or abdominal emergency. This is why Bermuda is fortunate to have the new ACW.

Too often, however, hospitalization might have been prevented. Prevention runs the gamut from better lifelong personal accountability with respect to proper nutrition and exercise; safe choices while operating vehicles on the roads; compliant management of chronic diseases under the direction of your personal physicians; and advanced planning with respect to end-of-life care, which can avoid hardship and contentious family debates about what is appropriate, based on your wishes should the time come when you are unable to make your own decisions.

Working together for the good of healthcare in Bermuda

Bermuda is indeed fortunate to have such a modern and efficient new ACW. The project was only possible through the hard work of many people at BHB and in Government, as well as the foresight and generous financial contributions from individuals and corporations both here and abroad. The entire community must now work together to ensure this new resource, along with all of Bermuda's other healthcare resources, is used wisely.



**The Emergency Department
will open in the new
Acute Care Wing at 12:01am,
in the very early morning of
Sunday 14 September 2014.**

Locations

Acute Care Wing

Ground Floor: Emergency, X-ray, MRI, CT Scan, Ultrasound, HAB Gift Shop, ATMs, Outpatient Pharmacy (to open later this year)

First Floor: Oncology, Dialysis

Second Floor: Day Surgery reception and wait areas, operating rooms

Third Floor: Inpatient acute care wards with patient garden

Fourth and Fifth Floors: Inpatient acute care wards

General Wing

Ground Floor: Mammography, Wound Care & Hyperbaric Services, Outpatient Physiotherapy, Nuclear Medicine, Pink Café

First Floor: Maternity, Lab, Blood Donor Centre, Day Hospital, Lymphedema Clinic, Occupational Therapy, Speech Pathology, KEMH Cafeteria

Second Floor: Gosling Ward (children), Intensive Care Unit, Sterile Processing

Third Floor: Gordon Ward

Fifth Floor: Administration offices, Quality & Risk Department



Bermuda Hospitals Board

TO: THE OCCUPIER
O.H.M.S.