Project Goal - To secure funding for CHHHS to redevelop their mortuary & autopsy facilities.

Primary goals - Increase capacity, comply with current standards, address safety risks.

• Condition assessment

• HVAC system requirements

• Body holding; fridge and freezer short and long term

• Body reception; Hospital Funeral directors, Police and Ambulance

• Autopsy unit.

• Waiting / viewing accessible by the Family and Office area

How do we attain funding - By providing a compelling argument backed by measurable outcomes.

What is the argument - CHHHS’s mortuary and autopsy capabilities are significantly outdated and not able to meet the current capacity requirements let alone be able to cope in disaster management situations. This is further impacted by the health and safety risks posed by the non compliance to current guidelines and regulations as well as unreliable and degrading mechanical services. This impact is causing further issues to the processes undertaken in these areas resulting in an improper execution of tasks and infection control concerns.

What are the measurable outcomes -

* Current capacities versus minimum required
  + Capacity is skewed by external factors for police and forensic bodies
* Current capacities versus future requirements
  + Talk with Nathan Reed
* Current capacities versus disaster management requirements
  + Will be from chhhs
  + Accessibility from natural disasters - power etc
  + Serviced from other hospitals
* Current user flows versus required user flows
* Differences between current rooms and latest AUSHFG

What are the Key Performance Indicators (KPI’s) -

Increase Capacity

* What specific capacities need to be increased
* What are the capacity requirements and what are the capacity requirements for disaster management
* Highlight which areas need expansion to increase capacity and provide a metric showing the specific increases - IE areas, equipment etc
  + Holding capacity of bodies is the key requirement
  + Looking at more efficient racking system

Comply with current standards

* Assess the current areas and compare to current standards

Address safety risks

* Unreliable HVAC
* Mould
* Manual handling - elaborate
  + Ergonomics and manouverability of the heavy trolleys. Narrow corridors cant manouver properly.
  + Loading and unloading bodies
* Infection control issues - elaborate
  + Clean areas are ajoining dirty areas. Clean areas travel past dirty areas into clean areas.
* Patient viewing is not ideal with traveling through back corridors and no natural light.

What are the current process involved in the mortuary area:

* Coronial and Non-Coronial Deceased persons acceptance
* Identification
* Autopsy/post-mortem assessments
* Short and long term storage
* Family viewings
* Release of deceased patients to funeral homes

What level of facilities is CHHHS -

1. A level 1 facility is a mortuary without an autopsy unit. Examinations performed in this facility will be limited to external examination and/or other investigations such as post-mortem imaging and percutaneous needle sampling.

2. A level 2 facility is a mortuary with an autopsy suite without the infrastructure or personnel expertise to perform high risk or specialised autopsies. High risk autopsies are those known to or suspected to pose significant infectious, chemical, biological or radiation hazards;

3. A level 3 facility is an autopsy suite with the infrastructure and personnel expertise to perform high risk or specialised autopsies.

Bariatric needs - YES

Option 1- redevelop existing hospital areas:

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Option 2 - Pease St new build:

| **PROS** | **CONS** |
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| Ability for autopsies with possible hi-risk hazards to be serviced in appropriately designed facilities |  |
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Option 3 - Cairns North redevelopment:

| **PROS** | **CONS** |
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Option 3 Cairns North -

Option 4 - Cairns South new build - New facility is not viable and not convienient

Is it viable to refurb or is it even possible - No interuptions are allowed to core services of the morgue.

None of them are aware of any details of the project.

Keep users in the dark about the options of moving off site.

Must have BMS network for shneider network.

High level feasibility should be looked at first with all the options in regards to locality etc.

Prefernce to keep in hospital.

QLD pathology is taking up space on the site and want it back. Out bodies / john doe’s are taking up in body space in the morgue. The viewing area is not culturally sensitive. Not allowing enough space for viewers.

Lack of consistencies within services and equipment.

Lack of circulation spaces

Lack of descreat workflows

Ask Nathan for pathology requirements document

Need timeframe of how long this will take. If we were engaged to do the design what sort of timeframe it may take.

Send reference number from department of education to Jeremy & CC Deb.

Melisse Anderson - Owner reprisentitive

Nathan Reed - Key user