

Communications Review

into power outage at the
Royal Adelaide Hospital on
7 February 2018

March 2018
Commissioned by SA Health



Government
of South Australia

SA Health

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Executive summary

On 7 February 2018, at approximately 10.52am, power was disrupted in E Block at the Royal Adelaide Hospital (RAH). The disruption occurred while a generator was being tested under full load conditions. The State had not been made aware that the testing of this nature was to occur on this date, despite the requirement for Project Co to provide monthly planned maintenance schedules and to identify any activities that may disrupt hospital functions .

Shortly after the power went out, the RAH's Emergency Response Team (ERT) was alerted and investigated the incident. However a formal activation of the Major Incident Notification List did not occur due to confusion over the exact requirements for the list's activation.

Despite this, the overall commander of the site ('Commander'), in this case Central Adelaide Local Health Network's Chief Operating Officer, instructed senior staff listed on the Major Incident Notification List to gather in the Emergency Control Centre.

Senior staff in the Technical Suites area implemented their Business Continuity Plans (BCP), as per their standard process for a Code Yellow incident (in this case, power failure).

When the power was restored in E Block, some Technical Suite staff were provided with advice from Spotless staff confirming that the power was back on, and therefore understood that duties could be resumed. The Technical Suites staff shared this information over the PA system, however had to rescind it shortly after when advised that the Commander had not given a directive that it was safe to resume activity.

When the Commander provided the all clear shortly thereafter, it was communicated through the Emergency Control Centre to relevant areas of the business, as per normal protocol.

There are a number of learnings to take from this experience. It is clear that some staff were not aware who had the authority to provide the 'all clear' in such a circumstance. Given this, a comprehensive education plan needs to be delivered to staff to ensure they clearly understand the process and protocols for major incident communications. It is equally as important that Spotless staff are clear on the extent of their authority to provide directives during a major incident.

Importantly, communications procedures also need to be enacted to ensure that regular generator testing is communicated to the State in advance of it occurring. Likewise, the State needs to develop a process for notifying clinical staff in critical areas of such maintenance testing, including duration of the activity.

Advance notice of testing – communication protocols

Under the RAH Project Agreement, Project Co is required to submit their planned maintenance program 12 months in advance. This program includes maintenance testing. Project Co's most recent plan was submitted in June 2017, at Commercial Acceptance.

In addition, Project Co need to provide an updated monthly planned maintenance schedule and to identify any activities that may disrupt hospital functions, as part of a monthly performance report.

It appears Project Co did not specifically identify the 7 February 2018 full load generator testing in the monthly schedule as an activity that could disrupt hospital functions, as no reference to this has been located, despite being sought for the purpose of this review.

Paper trails show that the February monthly schedule was submitted by Project Co on 14 February 2018. Hence, even if it did reference the 7 February 2018 testing it would have been received a week after the testing occurred.

A reference to generator testing can be found in the monthly schedule with a planned start date of 19 February 2018. It is understood there is a monthly meeting with representatives from the State and Celsus, where date changes for maintenance works are discussed and agreed. A meeting was held on 1 February 2018, however the minutes do not reference any discussion regarding generator testing date changes.

Project Co are also required to notify the State of any unplanned events or interruptions which occur during maintenance which may disrupt hospital functions, endanger the health and safety of people or breach the law.

Clearly, the RAH generators are critical infrastructure with a high risk of service interruption in the event of a failure. Therefore it is vital that this type of testing is the subject of notification to the State in the future.

As the 7 February 2018 testing had not been specifically identified in the updated monthly planned maintenance schedule, there was no opportunity to notify clinical staff of the planned testing. In the future, it is imperative plans for such tests are communicated with relevant staff in advance.

Recommendations:

- > Revise the processes pertaining to maintenance notification, ensuring:
 - > Project Co provide the maintenance schedule four weeks prior to the month commencing
 - > any testing relating to power supply is communicated by Project Co to the State a minimum of 10 working days in advance of the testing taking place.
- > Develop a process for issuing a hospital wide bulletin to notify staff when testing or maintenance that has the potential to disrupt power supply is occurring.

Issues notification

When power was disrupted in the E Block four calls were made to 33# to report a Code yellow incident. 33# is staffed by RAH switchboard staff.

As per protocol, the switchboard then alerted the Emergency Response Team (ERT) via pager. This team comprise Spotless staff, whose role it is to investigate such situations.

The ERT responded to the alert and activated their investigation process; this process confirmed that the power was out. Spotless have a record of an ERT member calling switchboard (33#) confirming that the power was out. A power outage is considered to be a Code Yellow incident.

At this stage, Spotless should have stated 'Activate MINL' (Major Incident Notification List). The MINL comprises key Executive (including the CALHN CEO and COO), senior clinical and corporate staff.

When a MINL is activated, everyone on the list receives a text message indicating a Code has been confirmed. The text should include the details of the Code such as the type of incident, its location, what action is being taken and any information for timing on the next update.

On this occasion the MINL was not activated as Spotless did not state 'Activate MINL' and provide the details required for the switchboard to notify CALHN staff.

Not activating the MINL meant the notification to key clinical leads was not carried out at this time and therefore local instructions for clinical areas were not clear. Standard process was not followed.

At this point, the Commander had sufficient leadership in the Emergency Control Centre to negate the MINL needing to be activated. All senior leads had been contacted and were called to the Emergency Control Centre.

Recommendations:

- > CALHN to provide Royal Adelaide Hospital staff with an education program regarding the process and procedures for all emergency codes. It should comprise refresher training for the items that formed part of site induction prior to the hospital move in 2017 and also supplementary information regarding incident management. It should include:
 - > incident notification
 - > emergency communication channels
 - > the emergency control centre function
 - > role of the 'commander of the site' during an incident
 - > who has responsibility for authorising staff to resume work
 - > the role of Spotless and Celsus staff in emergency processes
- > Spotless to develop an education plan for the Spotless Emergency Response Team regarding the process for activating Major Incident Notification List (Spotless have this action underway as at 15 February 2018).

Internal Communication

While the MINL was not activated, the Commander contacted many members of the MINL herself. Some were contacted via direct text message and some through word of mouth (several members were in a meeting together in the E block at the time of the outage). As a result, the majority of members of the MINL gathered together in the Emergency Control Centre (ECC). They were joined by Celsus' CEO and Operations Manager. It was in this forum that preliminary advice was provided about the cause of the incident.

As this group was gathering in the ECC on Level 3, the Tech Suites Leadership Team implemented their Business Continuity Plan (BCP) process and gathered at their leadership hub on Level 4. They made the decision to place all theatres without active surgery occurring on hold until the situation became clear.

This was communicated over the (Tech Suites) PA system by the Duty Anaesthetist. He chose this method to communicate as it was considered the most efficient method.

Upon receiving advice that the power was out in the E Block Tech Suites, Spotless deployed two support staff to the area. The role of these staff was to offer general support (such as getting supplies and assisting staff as required).

Around the time they reached the Tech Suites, the power came back on. A doctor in the Tech Suites area asked the Spotless support staff if it was safe to resume surgery. One of the Spotless support staff responded by asking them to hold off until power was confirmed as being back on. This Spotless support staff member then rang a colleague of theirs on Level 1 who confirmed the power was back on. The Spotless support staff member then told a group of senior Surgery staff that she believed it was 'acceptable to resume activity'. The Duty Anaesthetist communicated over the Tech Suites PA system that normal activities could resume.

Around the same time, the Manager of the Technical Suites rang the Co-Director, Surgical Services to confirm that surgery could resume (as per the process listed in their BCP for a Code Yellow incident). The Co-Director, Surgical Services, who was in the ECC by this time, advised that the directive to resume had not yet been made by the Commander*.

The Manager of the Technical Suites then relayed this direction to the Duty Anaesthetist who rescinded his earlier advice over the PA system.

The 'all clear' was provided approximately 10 minutes later by the Commander. Consistent with the BCP process, the Co-Director, Surgical Services, communicated this to the Manager of the Technical Suites. It is understood the PA system was used to communicate that the all clear had been provided.

**The decision not to resume had been made on the basis that there had been a 'flicker' after the power was restored, and the Commander was waiting for 10 minutes to ensure power supply stability.*

Recommendations :

- > CALHN to task each Directorate with educating their staff about the Business Continuity Plan processes that pertain to their area.
- > CALHN to train key senior (executive) staff in the use of the PA to provide incident notifications and updates where appropriate. This includes messages to be delivered throughout the entire facility as well as limited to certain parts of the building. (Actioned)
- > Spotless to provide their staff with guidelines regarding their role in emergency procedures, and how the Emergency Control Centre chain of command operates. This should also form part of the staff induction program.

Media approach

It is evident that information about the power outage reached the media very quickly. This resulted in media enquiries which were managed as they were received, and information being relayed which was later revealed to be incomplete.

Because of the rapid rate with which information reached the media, it was difficult to consider the merits of taking a proactive approach, therefore media responses were reactive.

Recommendations :

- > CALHN to consider as early as possible if a proactive media approach is appropriate. If so, take a front foot approach by addressing the media as soon as practicable after the issue is identified; acknowledge the issue and advise more information will be made available when verified information comes to hand.
- > CALHN to keep the media informed of progress on a regular basis and have key senior and technical staff available for interviews.

Summary of recommendations:

CALHN:

- > Revise the processes pertaining to maintenance notification, ensuring
 - > Project Co provide the maintenance schedule six weeks prior to the month commencing
 - > any testing relating to power supply is communicated by Project Co to the State a minimum of 10 working days in advance of the testing taking place
- > Develop a process for issuing a hospital wide bulletin to notify staff when testing or maintenance that has the potential to disrupt power supply is occurring.
- > CALHN to provide Royal Adelaide Hospital staff with an education program regarding the process and procedures for **all** emergency codes. It should comprise refresher training for the items that formed part of site induction prior to the hospital move in 2017 and also supplementary information regarding incident management. It should include:
 - > incident notification
 - > emergency communication channels
 - > the emergency control centre function
 - > role of the 'commander of the site' during an incident
 - > who has responsibility for authorising staff to resume work
 - > the role of Spotless and Celsus staff in emergency processes
- > CALHN to task each Directorate with educating their staff about the Business Continuity Plan processes that pertain to their area.
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- > CALHN to keep the media informed of progress on a regular basis and have key senior and technical staff available for interviews.

Project Co/Spotless

- > Develop an education plan for the Spotless Emergency Response Team regarding the process for activating Major Incident Notification List (Spotless have this action underway as at 15 February 2018).
- > Provide all Project Co (Celsus and Spotless) staff with guidelines regarding their role in emergency procedures, and how the Emergency Control Centre chain of command operates. This should also form part of the staff induction.

Appendix A:

Staff consulted :

- > **Jenny Richter**, Chief Executive Officer CALHN
- > **Helen Chalmers**, Chief Operating Officer CALHN
- > **Clare Feszczak**, Director Operational Services CALHN
- > **Su White**, CoDirector Surgical Services
- > **Allan Davies**, Nursing Director Technical Suite, RAH
- > **Michael Frajer**, Senior Contract Manager RAH Facility Operator
- > **Angelo Mignanelli**, Manager, Facility Services
- > **Di Mantell**, CEO Celsus
- > **Greg Wenham**, Operations Manager Celsus
- > **Roz Hanson**, Contract Manager spotless

Email correspondence with:

- > **Carolyn Wood** - Duty Anaesthetist, RAH
- > **Simon Macklin** - Duty Anaesthetist, RAH
- > **Karen Polley** – Manager, Contracts (RAH Services)

Project Co staff consulted:

- > **Di Mantell**, CEO Celsus
- > **Greg Wenham**, Operations Manager Celsus
- > **Roz Hanson**, Contract Manager spotless

For more information

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