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PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

# DELORAINE DISTRICT HOSPITAL REDEVELOPMENT

*Brought up by Mr Best and Ordered by the House of Assembly to be printed.*

## MEMBERS OF THE COMMITTEE

| LEGISLATIVE COUNCIL | HOUSE OF ASSEMBLY |
|---|---|
| Mr *Harriss* (Chair) | Mr *Best* |
| Mr *Hall* | Ms *Hay* |
| | Mrs *Napier* |

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the Public Works Committee Act 1914 on the:

## DELORAINE DISTRICT HOSPITAL REDEVELOPMENT

## INTRODUCTION

This proposal for work was presented by the Community Population and Rural Health Division of the Department of Health and Human Services (DHHS) on behalf of Aged Rural and Community Health Services. It sought the approval of the Committee for the redevelopment of the Deloraine District Hospital.

Throughout Australia and Tasmania significant changes are occurring which are particularly affecting the priorities for rural health and community services. Changes need to be made to ensure that services meet current needs and respond to a changing environment.

In 1999 the Australian Health Ministers commended and endorsed 'Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians'. The purpose of this Framework is to provide direction for Commonwealth, State and Territory Governments in developing strategies and allocating resources to improve the health and well being of people in rural, regional and remote Australia. The Framework also provides guidance for communities and organisations for action to improve the health and well being of people living in rural, regional and remote areas.

The development of an integrated facility at Deloraine is totally consistent with the achievement of the goals of the Healthy Horizons Framework, particularly Goal 4: *Develop flexible and coordinated services.*

This major project will see the redevelopment of the existing Deloraine District Hospital to enable the provision of comprehensive, accessible and integrated services to individuals and communities within the catchment area.

The Deloraine Hospital and Community Health Centre provides services to an area of some 3,821 square kilometres. The total population of the Meander Valley is 17,300 with the major population centres being Prospect Vale, Deloraine and Westbury. Smaller centres include, but are not limited to, Hadspen, Hagley, Carrick, Bracknell, Elizabeth Town, and Meander (extending to Great Lake) and Mole Creek extending to Kimberley, Many smaller towns exist in the Meander Valley and are too numerous to mention in this submission.

## BACKGROUND

### The Development of Services

The Deloraine Community Care Centre Committee was established in April 1997 following a public meeting to ascertain interest in the establishment of a multi purpose health care centre on the site of the existing hospital.

The Committee's mission is to develop the Deloraine Hospital site for community and health services by consolidating existing services and creating an accessible environment for new services.

Members of the Committee come from diverse backgrounds including representatives from local government, community groups, service providers and interested community members. The Committee strongly supports community consultation and involvement in determining local health service needs.

The Committee utilised local government grant funds to engage a research officer who conducted community consultations to determine support for the collocation of existing and new services on the site of the Deloraine Hospital.

The Committee successfully obtained HACC capital and recurrent funding in 1998 to establish a Day Centre on the existing site, which was subsequently supplemented by community donations and additional State funding.

Prior to the construction of the new day centre an overall plan for a redevelopment of the inpatient facility and construction of a community health centre was prepared to ensure that the day centre development would be consistent with any future upgrading of the site. The planning work was submitted for consideration as part of the 1999/2000 Capital Investment Program and an allocation of $2.45m was granted in early 2001.

The proposed redevelopment of the Deloraine Hospital is an excellent example of the community, local council and Department of Health and Human Services working collaboratively to develop appropriate services and facilities for the Meander Valley .

### The Existing Facility

The Deloraine District Hospital was designed and constructed in the early 1960's as a new District Hospital facility and remains largely unaltered since its original construction.

The building is constructed on a reinforced concrete floor slab with timber-framed external and internal walls. External cladding is weatherboard with the roof consisting of galvanised steel decking over a timber framed structure. A number of the original timber framed windows and doors have been replaced with more modern anodised aluminium types.

The arrangement and form of the spaces and the provision of the services within are unsuited to the service needs and the functions they now contain. In particular, the accident and emergency treatment room is poorly located, restrictive in size and functionality and presents a significant occupational health and safety risk.

The facility does not comply with current BCA requirements and is sub-optimal from a number of perspective's including; layout, functionality and client and staff amenity. The structure and walls would require major work to alter and the remaining value of the fabric is unlikely to be of sufficient benefit to consider incorporation into the redevelopment. Fire detection and suppression systems were upgraded in 1999. The remaining services, electrical, hydraulic, communications, nurse call and heating, are generally in the 60's and 70's style and have reached the end of their economic working life.

In 2000 the former site nurse's home was redeveloped to accommodate The Meander Valley Centre for Health and Wellbeing.

The Deloraine site is currently developed with road works and car parking for visitors, staff and servicing. Access to the site and circulation are problematic. A key aspect of the redevelopment will be improvements to these areas and the addition of a readily identifiable street address and improved public access.

**Current Services**

*Hospital services include:*
Acute inpatient care, general medical services, nursing care, palliative care, outpatient assessment/treatment and referral. The hospital supports a local extended midwifery service. Physiotherapy is provided one day per week (down from 3 days per week). The hospital also provides over 5000 'meals on wheels' per year. Community services managed and delivered from the hospital include community nursing, home help, community based personal care and a day centre service providing respite for frail aged and disabled individuals and their carers.

*Other services provided from the site include:*
School dental services, social work (visiting), Aged Care Assessment Team visits as requested.

**Aged, rural and community health services**

Aged, Rural and Community Health is responsible for coordinating the provision of aged care, rural and community health services in Tasmania. These services are generally delivered from district hospitals, multi purpose services, multi purpose centres and community health centres. There is a statewide management structure with services provided through five districts in the south, north and north-west.

## Community participation

The Healthy Horizons Framework endorses the establishment of community partnerships to enable local communities to determine an appropriate mix of services based on identified needs, local priorities and appropriate service models.

As mentioned in the Background the Deloraine Community Care Centre Committee (DCCCC) has been instrumental in initiating needs assessments and driving the redevelopment of the existing facility.

It is highly likely that the DCCCC will continue to play an active role in assisting the Department to determine service models and service mix in the future.

# PROJECT GOVERNANCE

## Capital Redevelopment Steering Committee & Project Team

The Department of Health and Human Services has established a Steering Committee to oversee the project for:

- Health Planning
- Building Brief
- Scope/time/quality
- Cost discussions.

A Deloraine Capital Re-development Project Team was established in August 2001 to progress the development of the new facility. The Project Team comprises key representatives from the Department's Finance and Facilities Branch and the Community Population and Rural Health Division.

The project team manages client and user interface and a client design review committee dealing with the briefing and design reviews during the project.

# VALUE MANAGEMENT AND CONSULTATION

An intensive community consultation program has ensured that the local community understands the scope of the project and has an opportunity for input into the decision making. The consultants and project committee spent a day with the various users and the community groups. The feed-back from this session was positive and assisted in ensuring that the facilities as planned were meeting the specific needs of this rural community.

The Project Steering Committee facilitated a Value Management Study. Representatives of the Department's project team, service providers, facility users and the community attended this study. The study rigorously tested the proposal tabled.

Participants tested for adequacy in planning; design and budget; and maximised value by improving the relationship between various services and related functions.

During this forum key stakeholders identified and analysed risks associated with reducing the service profile and/or changing the physical scope of the proposed building without impacting on the main objectives of the project.

Recommendations were made regarding priorities and areas where reductions in cost could be made without adversely affecting the outcome, services required or functionality.

The Value Management Study confirmed that the design, with minor amendments, will meet community and service delivery requirements and that with careful management, the budget is sufficient to deliver the project as briefed

## DESIGN RESPONSE

### Design Considerations

### Community

An important consideration when designing the new facility was community consultation. The community was consulted to enable it to "take ownership" of the Project. The final product will reflect what the community requires and expects.

### Existing site restrictions

An introductory site visit highlighted the need for a rethinking of the existing access points. The existing buildings have been excavated into the site to create:

- Area 1 – the new day centre
- Area 2 – existing inpatient care and community health facility.

The day centre has limited parking and access is difficult from the existing inpatient care and community health building as well as the street. The existing inpatient care and community health area has a number of car spaces in close proximity to the front entry door, however pedestrian access is difficult due to the steep access road.

A detailed analysis of the site has resulted in reconfiguring the access points to split the major traffic into three distinct areas.

- Patient and visitor access
- Community Centre access
- Service deliveries.

It is imperative that the users of the facility will be able to easily recognise the entry points and be able to manoeuvre their way around the site easily. It is also important that areas requiring discreet entries achieve their objectives in

relation to privacy and access. Buildings should be linked to enable staff and patients to interact as they carry out their daily routines.

**Existing Buildings**

The existing community centre will be retained. The remainder of the buildings on the site will be demolished. They do not comply with the standards and access requirements of a modern health facility and to upgrade the facility to meet these requirements would not be cost effective or provide good value for money.

**Approach**

The buildings should be: -

- Flexible
- Adaptable
- Easily maintained
- Functional
- "Homely" in appearance
- Create a community atmosphere
- Enable community ownership.

**Aesthetics**

The aesthetics should be sympathetic to the rural atmosphere of Deloraine to create a "village type" feel to the new development. It is important that the buildings retain a small-scale non-institutionalised feel whilst at the same time maintaining their function. The building should be linked to enable internal access to all parts of the facility.

**Function**

As well as looking good and creating the right atmosphere the buildings must be functional. The following items have been integrated into the design: -

- Acoustics
- Life cycle costings – maintenance
- Building management systems
- Occupational Health and Safety Standards
- Disabled Codes
- Security
- Sustainability

**Concept**

This facility will provide an opportunity to make a valuable contribution to the health and community services and spirit of the community.

The new facility will consolidate and enhance the existing services on site. It is important that all of the services provided on site are accessible and linked. This will enable better site security and enable the facility to be run more efficiently. The new facility will be attractive to potential service providers.

The new facility has been designed to maximise the sunlight penetration into each ward enhancing the environment and quality of accommodation for the patients and their visitors. The building has a spine with the bedrooms on the northern side. This enables each ward to have access to sunlight during the day as well as access to a view over the township and distant mountains. The southern side of the spine will accommodate all of the services that are required of a modern facility. These are areas that do not require views or sun but require close proximity to the wards.

Another feature of the design is the discrete separation of the day facilities from the wards. These facilities such as dental, child health, physiotherapy etc. require separation but are also required to be in close proximity to the staff areas and services that are shared.

The facility has areas that have been designed as service zones that can be isolated or shutdown if the need arises. The ability to be able to isolate these areas when they are not required or in use will give substantial savings in running costs and long term maintenance.

After hours access and security is also an important consideration for the community. The meeting room, child health and the public toilets have all been located with this in mind.

The need for long term flexibility of the spaces has also been considered and this will be achieved by rationalising the structure to enable easy future modification. The services are also easily accessible directly above corridors.

## Construction

The new facility will be constructed using traditional brick veneer construction. This has been selected to reflect the traditional building brick type currently found within the district, and to minimise long term maintenance costs. Internal walls will be either plasterboard or cement sheet for wet areas with timber stud framing and insulation to ensure compliance with the required acoustic ratings. Waiting areas will have suitably different materials to subtly define these within the corridors. The roof is a traditional pitched roof using roofing trusses and colour bond custom orb roof sheeting. All trusses will span between external walls, eliminating the need for any load bearing walls. All materials have been selected to minimise the long-term life cycle costings associated with the facility.

## Services

Fire Detection and Protection Services.

- Fire panel interfaced to paging units will indicate which wing has an activated detector.
- Manual call points to AS1670.1 to all areas.
- No sprinkler installed.

Nurse Call Services

- New nurse call system throughout the building.

Security Services

- Reed switches to be fitted on all external doors including bedroom sliding doors.
- External doors monitored for opening by nurse call with programmable monitoring periods.
- Re-use existing security cameras and connect to new switcher and VCR for recording in Nurse Station. Cameras to cover Ambulance Bay and entry.

Paging System Services

- Alpha-numeric hand held paging units to allow display of all nurse call functions and text.

Telephone Services

- Replace existing telephone systems with new PABX system.
- Outlet for public telephone where required.

Data/Telephone Services

- Telephone outlet wired to each bedroom – Category 5E. Not part of PABX system.
- TV outlet wired off central antenna system to each bedroom, living rooms, reception, etc.
- Telehealth to meeting room, A & E and Treatment room.

Mechanical Services

- General laundry exhaust and fluing for dryer.
- Cool room for kitchen.
- Kitchen exhaust hood for cooking area/dishwashing plus make-up air.
- General exhaust systems in each ensuite.
- Air conditioning system for A & E, treatment room and kitchen.
- Reticulated medical oxygen and air system including central supply, control equipment and wall outlets to AS2896 – 1991 to all patient bed areas.

Heating

- Ensuites: Tastic type ceiling heater with timer to activate.
- Bedrooms: Ceiling Mounted Radiant Heater (CMRH) with thermostat control.
- Offices/Meeting Rooms: CMRH with thermostat/time clock control.

Cooling

- To be achieved by use of natural ventilation (each room has an opening window).
- Ceiling sweep fans in Laundry and Kitchen.

Lighting

- Generally fluorescent.
- Low voltage downlights in ensuites over mirrors and dimmable over bed and chair locations. Two way switched from door and adjacent bed.
- Main light in ensuites controlled by motion detector with fans.
- Night light (wall mounted) in bedrooms.

New Facilities

Included in the project are the following new facilities:-

- Accident & Emergency
- W/C Shower
- Bath
- Treatment
- G.P Consult 1
- G.P Consult 2
- Waiting 1
- Community Health
- Community Health Office
- Meeting Room
- Community Health Store
- Central Services
- Kitchen, Stores, Deliveries, Cleaning, Change & Office
- Nurse Station
- Stores
- Ducts 1 & 2
- Cleaners
- Family & Child Health
- Child Health Waiting Room
- Child Health Office
- Baby Change & W/C Access
- Breastfeeding
- Administration
- Manager
- Reception
- Administration Office
- Medical Records
- Allied Health
- X-Ray Consult
- Physio
- Dental Surgery 1
- Sterilising
- Dental Surgery 2
- Reception
- Waiting Room 2
- Waiting Room 3
- Waiting Room 4
- In-Patient Care

- Double Bedrooms
- Single Bedrooms
- Clean & Dirty Linen. Medical Store
- Ensuite
- Lounges & Dining
- Ancillary Services
- Debrief Room
- Staff Room
- Female/Male Staff Toilets/ Medical Stores
- Pan Room
- Drug Store
- Resident Laundry
- Female/male Public Toilet

## PROJECT BUDGET

The approved funding for the redevelopment is $2,450,000.

The cost of the redevelopment is currently:

| | |
|---|---|
| Construction costs based on a $m^2$ rate (1527 square metres @ $1186 p.s.m.) | $1,811,650 |
| 5% contingency | $ 95,350 |
| Total Construction | $1,907,000 |
| Site works | $ 246,410 |
| 5% Contingency | $ 12,590 |
| Total Site works | $ 259,000 |
| Professional Fees | $ 160,000 |
| Art in Public Building | $ 40,000 |
| Current Costs | $2,366,000 |
| Other items to be accounted for in within the project budget | |
| Equipment | $ 100,000 |
| Post Occupancy Contingency | $ 25,000 |
| Landscaping | $ 20,000 |
| Other fees and approvals | $ 10,000 |
| Total | $ 155,000 |
| Project Total | $2,521,000 |

The current costs per $m^2$ are high which is considered cautious at this stage. As the project is advanced a more detailed costing will be available. A reduction of $50.00 per $m^2$ will give a cost saving of $80,000, which will enable the project to be delivered within budget. This is considered achievable.

## EVIDENCE

The Committee commenced its inquiry on Wednesday, 9 October 2002. The submission of the Department of Health and Human Services was received

and taken into evidence. The following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Pip Leedham, Deputy Director, Primary Health, Community Population & Rural Health Division (CP&RH)
- Rod Meldrum, District Manager North, Aged Rural and Community Health (CP&RH)
- Lester Jones, Site/Nurse Manager, Deloraine District Hospital
- Scott Curran, Principal Project Architect, ARTAS
- Peter Alexander, Manager Corporate Assets, Corporate Services Division
- Bill Cochrane, Senior Project Manager Capital Works, Corporate Services Division

***The need for the redevelopment***

Ms Leedham outlined to the Committee the need for the development:-

> *I think one of the delights of this project is the extensive community involvement that exists in it and it is not just the department recognising that the building is past its use-by date. It is the community recognising the value of health and community services and wanting to create a precinct that links it with education and ambulance services.*
>
> *In Deloraine there has been no purpose-built community health area within the hospital and a whole lot of the other community health services are actually located all round the town, in particular family child health services. We have a range of visiting services, in particular, the psychiatrist and the social worker.*
>
> *For some of these services that are provided, they are particularly sensitive and people would like to maintain their dignity and privacy. That is not possible in the current configuration.*
>
> *(*There are*) inadequate waiting areas … there is obviously limited off-site parking. It is particularly difficult for the frail aged to try to access their relatives or even access the services - and congestion can occur, particularly when we only have one entrance to the facility.*
>
> *It is the shared access that is probably the biggest concern of all. That is the ambulance access, that is the general access for patients, the general access for clients getting into the facility, for visiting services. … that (entrance) is used for the mortuary attendants to remove a dead body. It is not the nicest and in a small community, where people know one another, it adds to the stress and trauma of those events.*

*Poor patient amenities … in particular the treatment room is not conducive to occupational health and safety standards. You can only cope with one trauma victim at a time and there is no other place to appropriately maintain other trauma victims. It is also that huge lack of privacy, having a treatment room right in the middle of the facility. Trauma arrives at all times of the day and night and it can be particularly disturbing to other patients in the hospital.*

*Cramped kitchen facilities - the inadequate kitchen facilities make it really difficult to meet food safe standards. It is a busy kitchen, it provides meals on wheels, over 5 000 meals per annum. It is also now providing meals for the day centre as well as for the patients who are in the hospital. … when the building was originally built the kitchen was an afterthought. It would have been built as a kitchen just for 20 patients in the hospital, assuming that it had full occupancy. There would not have been any foresight 40 years ago of the growth of this site and the range of services that would be provided from it and obviously the benefit of expanding the range of meals that are provided.*

*The other huge problem is limited storage. That is just one aspect of the storage. Because a lot of the in-patients of the hospital are people awaiting placement or it is being used as a step-down from the LGH, there is a significant need for mobility aids - wheelchairs, frames - and there is nowhere to store those.*

*There are ongoing maintenance issues which again impact significantly on infection control. There are leaking windows and ceilings, particularly in the sunroom area in the northern part of the building as it is exposed to westerly weather. The frames leak and so there are all sorts of problems in keeping that room warm in the winter, let alone keeping it cool in the summer. The lifting tiles, make infection control difficult.*

***Existing services provision***

Ms Leedham outlined the services currently provided by the Deloraine Hospital:

*… at the moment what is provided from the facility is 20 in-patient beds. Patients are admitted to those beds by the local GPs and at the moment there are five GPs who have visiting rights to the facility. This facility plays a significant role in transfer from the LGH. It is half an hour from Launceston, it is 20 beds, and so it provides a beneficial step-down role. There are really good protocols that exist between the LGH staff and the Deloraine staff so that the patients who are transferred are patients that this facility can cope with. At the moment, you can imagine this facility could not cope with clients with wandering dementia.*

*This facility plays a valuable role in providing accommodation for long-stay patients awaiting placement in nursing homes and we all know the dilemmas we have at the moment with the significant waiting times for nursing homes. It actually plays a valuable role in the broad health system so it is not just a facility for this community, it is a facility for the broader health system in the northern region.*

*The other centres that are provided on the site is the day centre, which is conducted in this building; there are a range of community care services - nursing, personal care and home care; oral health services; children's dental services are provided from the existing building and physiotherapy visits one day a week. It should be a visit three days a week but we have staff shortages in the recruitment of physiotherapists and consequently the service has had to be reduced to match the ability to provide the service. The day centre works two days a week and it provides services for approximately 22 clients at the moment. The other benefit of this building is that it is a meeting room for the community, so it serves a dual purpose.*

***Design response***

Mr Curran outlined to the Committee the design response to the project brief:

*One of our first considerations in the design of this building was to look at the community that we were designing the building for. … We have had a fairly exhaustive consultative process with the local community to ensure that everything we were giving and everything we were proposing was what they wanted.*

*One of our prime objectives was to make the buildings accessible to people. There was also a strict requirement on us now to meet the disabilities code; that is also an important consideration in the siting of the buildings and gaining access to them.*

*As part of that access we determined, as we went through the site, that to enable us to keep this community health building and to build a new hospital we would need to split the two functions and to have separate access to the two functions. What we are proposing to do is to develop a car park on the lawn … so cars can enter directly off Landsdowne Place - We are going to develop this car park so that the elderly have direct access into the community health centre, either through this door or the main entry door on the other side.*

*With the access for the community health centre, they also require access down into the hospital. … What we are proposing is that we redevelop a new path, which is down the side of where we walked previously.*

*The other important factor when you arrive at a hospital is that you can easily identify the entrance, and that was also another important consideration when we were considering access. We are proposing to form a new access off East Barrack Street, down in the bottom corner of the site - excavate a large section of the site out between East Barrack Street and the existing roadway.*

*The other consideration we had as part of our design response was to look at the existing buildings to determine whether or not we could use the buildings. One of the most important things in developing a new hospital or a new building of any sort now is to maintain maximum flexibility of that building so that any future needs that may arise out of that building are able to be catered for. A major restriction of the building type that we have at the moment is a lot of load-bearing internal walls, which make it very difficult for us to increase the size of wards. We need to take out walls, install lintels, prop, brace, do all sorts of things, which becomes very costly and expensive.*

*The external fabric of the building is weatherboard, with timber windows. We would need to replace those to try to minimise the long-term maintenance of the building. After considering all those things, it does not become economically viable to try to refurbish a building of this era and of this type. So the decision was then made to demolish the existing buildings and to start with a clean palette.*

*… One of our prime design considerations was that everybody, every room, every patient in the hospital had an opportunity to access sun so that in winter, when we have those cold mornings but we have sun, they were able to open their curtains and allow direct sunlight into their room - to be able to sit and enjoy the sunshine.*

*The other crucial thing for us as well was to try to separate out the services ... so that they did not cross over one another and try to alleviate some of the congestion that is currently occurring in the main entry. What we have done is to separate out the ambulance function, which is at the front directly off Landsdowne Place - to utilise this driveway we have at the moment, the ambulance would come down the driveway, turn into here and then reverse back into the ambulance bay that is between the hospital and the community health centre. Also in this area we have located the kitchen, primarily because of the functions and the servicing that are associated with it, to enable food deliveries to go to that area, to enable deliveries of detergents and disinfectants and all those other things that arrive, to allow pick-up for Meals on Wheels. We have allocated a space over here so all those functions can occur and not block the entrance to the ambulance bay.*

*We have also separated out the accident and emergency entry, which is over on this side with the ambulance bay, so that cardiac arrest, cuts from a drunken person late in the night, are all separated out from the very public face that we have on the entry here. The main entry is off East Barrack Street, provided with new car parking. There is a drop-off point in this area here - and that is basically where visitors would arrive, it is where you would come for day treatment, to see the dentist, to see the physio, to see the local GP.*

*Also when we were looking at the design, an important thing for us was the aesthetic of the building. What we wanted to do was to create a homely environment for these people who live in a rural environment. We did not want to create a modern building with lots of glass and steel that they weren't accustomed to. We looked around the local surrounds and what we would like to do is to use some of the existing elements - the gables, the pediments, the shapes of the roofs, the building materials - and incorporate them into this building so that we have a building that truly belongs in the middle of Deloraine, that patients can associate with. Our aim is to make the rooms, even though they are hospital rooms, as functional and as homely as we can possibly make them so that the community can take ownership and these people can really feel that they have a place to go to.*

*We are using brick veneer construction, metal roofing, aluminium-frame windows to try to cut down the maintenance on the building so there is very little ongoing maintenance that needs to be done on the exterior.*

*The interior of the building is all non-load-bearing construction so that in the future, if the needs change throughout the hospital, there is an opportunity to demolish walls and to move walls so that larger wards or larger areas can be created. We have also located the ensuites on the exterior of the building to enable the servicing of those ensuites to be a lot closer to the exterior of the building. We are looking at locating all our services down the corridor and then feeding off into all the rooms; that will also help to give us maximum flexibility. We are looking at having separate controls in each of the rooms as well. … each of the rooms will be individually heated by a ceiling heater. We are putting sliding glass doors into each of the wards to enable patients to physically walk out onto a veranda so they can sit outside. If they are not able to get out of bed, they are able to pull back the sliding glass door and experience the exterior.*

*It was mentioned that it is incredibly cold in winter and very hot in summer. We have created a large overhang on the face of the building to enable patients to sit out in the sun but also to enable*

*this hot westerly sun in the middle of summer not to shine directly into these rooms. Because of the low nature of the sun in winter the sun will come underneath the veranda and shine on the windows through the areas here.*

*Each of the ensuites complies with the disability code; they have all been designed for a wheelchair to be able to manoeuvre around within them. The doors to the wards are a door and a half to enable the beds to be moved in and out more easily. We have a combination of double and single wards. At the end of each of the buildings we have created a small lounge/dining area that will enable patients to sit with their relatives, have something to eat with them, and to maintain their lives as normally as you can when you are in a hospital environment.*

*Another feature of the design is that on the back of this spine, as we are calling it, which is the corridor, are put all the things that do not require any sunlight penetration - things like storerooms, servery room, the laundry, disabled toilets, dirty linen/clean linen - all those functions that do not require that they take up our valuable northern orientation with the sun.*

*Videoconferencing or telehealth is in the staff room and also in accident and emergency. The kitchen is in the bottom half of the site, which is close to all of the accessing.*

*In association with the hospital we have also designed the day facilities - dental, physio, GPs, X-ray consulting - all those functions that the public access externally on a day-to-day basis. We have also tried to separate those out slightly to enable the hospital to function as a hospital without the other facilities impinging on the way that the hospital runs.*

***New services***

The Committee questioned the witnesses as to what, if any, new services were to be provided at the facility. Mr Jones responded:

*We recently put a submission in to Home and Community Care and were successful in that. We sought expressions of interest for a podiatrist to provide a podiatry service on an ongoing basis and we are looking at them at the moment, so there will be podiatry services. Family and child health are looking at œ-locating into the facility. There are a number of other services that have expressed an interest in using the rooms - for instance, a rheumatologist who currently is using the physiotherapists room will have a clinic. There is potential for a dermatologist. There will be rooms for the aged-care assessment team to have an interview room to interview people who are looking at going into a nursing home. There will also be the general purpose consulting rooms,*

*services such as incontinence, wound-care services. There is also the John King Hearing Clinic currently here but the room they are using is not particularly suitable; they will be able to use those facilities. A range of others have indicated an expression of interest.*

***Redevelopment of the site***

The Committee questioned the witnesses as to the decision to redevelop the existing site as opposed to developing a new site. Ms Leedham responded:

*One of the things that led to all this was the establishment of the Deloraine Health and Community Care steering committee and also there was a needs analysis that was auspiced by the Meander Valley Council that looked at health needs for this particular area. One of the strong findings that came out of that was recognising that this was a prime site and wanting to see all the health services co-located on this site because it is adjacent to the schools and the ambulance service. It is also adjacent to Grenoch, which is the nursing, so it is like a precinct of related services. Hence, you have the community saying, 'This is the area that we want to use for the site' and the decision was made, 'Well, what do we do with the existing site?'.*

Mr Alexander added:

*… in a general sense, if we go to another site, apart from a general disruption to the community, because in a lot of ways they are used to this, there are site acquisitions costs and that can include a lot of service costs and things like that, plus you also end up with the problem of what to do with this site. Old hospitals have caused us a lot of problems in the past, not the least of which are on the north-west coast. You also have issues through the transition and, as you can see, this is staged so that we can continue to use it through that. My interest is from the facilities point of view.*

***Transition***

The Committee questioned the witnesses regarding the functionality of the hospital during the construction phase. Mr Alexander responded:

*The kitchen is being moved to an area adjacent to the reception area. There was a single room that we've turned into a kitchen and a nursery area that serviced that single room, so there will be a space there to regenerate the meals that will be transported out from the Launceston General Hospital for that six months that the kitchen isn't operational. School dental services will still continue to run from where they are; physiotherapy will still continue to provide services from where they are based. The second stage of the project, school dental services, will be moved into the dental*

*vans that they use in some places. They can provide services in there for six months whilst their surgeries are being built.*

Ms Leedham added:

*There has been a whole contingency management plan developed to cope with the different stages. Whilst the services will continue to be maintained, there is obviously going to be reduced bed capacity during that period.*

***Source of patients***

The Committee questioned the witnesses regarding the various sources of patients. Ms Leedham responded:

*If we are looking at admissions, there were 430 admissions for that financial year. Of those admissions, 312 were admitted by the local medical practice, 82 were transferred from other hospitals, 20 came in through the emergency area - there are six others - I do not know what is in that category - two from community care, two that have come from a law enforcement agency, remembering that this facility provides support to Ashley as well. There are a couple who have come from other hospitals - there are four there; there is one from a nursing home and one outpatient.*

*Of the separations that occurred, eight were nursing home type; eight were social, so they could be either respite or awaiting placement; two were non acute; one was in for geriatric evaluation and management; and four were palliative care clients.*

*One of the things that goes on, is that there is actually a protocol that exists between the rural hospitals in the north and the LGH around transfer of LGH patients to the country facilities. The big challenge in actually transferring those patients is having the capacity to manage them within the facility. … The other thing that occurs with transfers from the major hospitals is support by their carers or their significant others and so it is often difficult to transfer an older person who lives in an urban area to a rural area. They do not want to go because of the difficulty that is going to be encountered by their significant others in visiting them. To transfer someone against their wishes is going to compromise their long-term care.*

***Patient security***

The Committee questioned the witnesses regarding the provision of security services, particularly in respect to dementia patients. Mr Jones responded:

*A lot of the nurse call systems have the ability to detect when a person is wandering. If you look at the northern or middle suite directly behind the nurses station, it is in close proximity to where*

*nursing staff would be. You can set up a room or rooms so that a person can move around that room without setting off an alarm but once they step outside a given parameter, nurses are summoned to that area.*

***Project budget***

The Committee questioned the witnesses as to the apparent discrepancy between the budget total for the project in the Message from His Excellency the Governor-in-Council of $2,450,000, and the estimated budget contained in the submission, which totalled $2,521,000. Mr Curran responded that "We are on budget at $2.45 million".

## CONCLUSION AND RECOMMENDATION

The new facility will provide the opportunity to provide an integrated multi-purpose facility which will service the Meander Valley Community. The redevelopment will: provide for the collocation of patients and out-patient services; maximise community access by providing a single point of entry; and provide for current and future community needs.

The proposal will create a home-like environment for patients and visitors whilst allowing for the delivery of a full range of health services. The design allows for flexibility to accommodate any future needs that may arise as community needs change. The new facility will improve patient amenity and meet contemporary standards in the delivery of health and community services.

Accordingly, the Committee recommends the project, in accordance with the plans and specifications submitted, at an estimated total cost of $2,450,000.

**Parliament House**
**HOBART**
**29 October 2002**

**Hon. A. P. Harriss M.L.C.**
***Chair***