2002 (No.)

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON
PUBLIC WORKS

CAMPBELL TOWN HOSPITAL REDEVELOPMENT

Presented to His Excellency the Governor pursuant to the provisions of the Public Works Committee Act 1914.

MEMBERS OF THE COMMITTEE

LEGISLATIVE COUNCIL	HOUSE OF ASSEMBLY
Mr *Wing* (Chairman)	Mr *Green*
Mr *Harriss*	Mr *Kons*
	Mrs *Napier*

INTRODUCTION

To His Excellency the Honourable Sir Guy Stephen Montague Green, Companion of the Order of Australia, Knight Commander of the Most Excellent Order of the British Empire, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal: -

Campbell Town Hospital Redevelopment

and now has the honour to present the Report to Your Excellency in accordance with the *Public Works Committee Act 1914*.

BACKGROUND

This proposal is for the development of a Multi Purpose Service (MPS) to be located at the site of the former Campbell Town District Hospital.

The Existing Facility

The building housing the Campbell Town Hospital was constructed in 1880 as a district school before being converted to the hospital. Additional buildings and extensions were added to the site from the 1950's to the most recent alterations in 1996.

The original 1880 building is constructed of sandstone and clay brick external walls with masonry internal walls, timber floors and an iron roof. The building is substantially in its original form although connected at the rear is a conglomerate of more recent constructions. The original sandstone building is listed on the Tasmanian Heritage Register.

In 1980 the 8 bed State funded, Webster Wing Nursing Home was constructed to meet the increasing demand for residential aged care. The Webster Building is a brick veneer structure and is in good condition. While the facility was considered to be adequate at the time, it would now fail to satisfy the most basic requirements of residential aged care.

The 'Nurses Home' is a weatherboard building on the south boundary of the site. It is currently used for administration, allied health and informal accommodation for nursing staff.

All buildings are considered to be inflexible and not easily adapted to the changes required by the functions the buildings now contain. The 1880 building is particularly rigid in its construction and form, and modification will be limited by the need to maintain the existing heritage values.

Current Services

Currently the services provided at the Campbell Town Health and Community Service include:

- Inpatient Services (4 beds);
- Residential Care Services (22 beds);
- Community and Allied Health Services including:
  - Community Nursing
  - Home Help
  - Social Work
  - Child Health
  - Community Transport
  - Rural Medical Practitioner Services
- Visiting Consultants including Physiotherapy, Drug and Alcohol, Optometry, Speech Therapy, Social Work and Podiatry
- Basic Radiography Services
- Dental services

Additional services likely to be provided under the MPS include:

- Social work which has already increased from one day per month to a full time position.
- Community services to support young, single mothers in particular. These services will be located on site and link with programs offered by the Department of Education.
- Mental Health services. There is a strong need for a locally based worker to address many of the identified needs, such as anxiety and depression.
- Additional Family and Child Health Services, Child Care Services and Parenting Sessions.
- Pre and Post Natal Education, Family Planning.
- Domestic Violence, Sexual Assault Services
- Health Promotion including Farm Injury Prevention, Women's Health, Men's Health
- Telehealth

AGED RURAL COMMUNITY AND 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.

A Community Services Group representing residents of the Campbell Town Health and Community Service catchment area was established in January 2001.

This group has been involved in every stage of the development of the Multi Purpose Service at Campbell Town.

VALUE MANAGEMENT AND CONSULTATION

An intensive community consultation program has ensured that the scope of the project is understood by the local community and they have the opportunity for input into the decision making surrounding the project.

The consultants and design review committee spent a day with the various users and the community groups. The feed-back from this was positive and assisted in ensuring that the facilities as planned were meeting the specific needs of this rural community.

The Project Steering Committee engaged a consultant to facilitate a Value Management Study. This study was attended by representatives of the Health Department's project team, facility users and the community. The study vigorously tested the proposal tabled.

Participants tested for adequacy in planning, design and budget and whether value can be enhanced by improving the relationship of functional requirements.

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 loosing the main objective of the project.

Recommendations were made regarding priorities and areas where reductions in cost could be made without affecting the outcome service required.

The Value Management Study identified the necessity of additional funds in order to realise the minimum requirements of the project scope.

The Project Steering Committee has considered the schematic design and noted that it exceeds the available project budget by $330,000.

The Steering Committee supports the design to the extent that it is now endeavouring to source additional funds, although the possibility of increasing

the budget by more than $250,000 is remote. The revised plan identified possible savings of $80,000 within the design and the upgraded budget constraint of $3,200,000 has now been achieved .

DESIGN RESPONSE

Concept

The concept for this facility is a multi discipline, multi function rural health facility that provides a home for 22 aged care residents and 4 sub acute patient beds along with allied health services, dentist, doctor, physio, social worker and community services. In addition, it provides meeting facilities for the local community. The residential area needs to be a home for its occupants and consequently privacy is paramount. To achieve this, each bedroom has an ensuite and the residential section is split into two wings with a 14 bed south wing and a 12-bed west wing. These wings end in 'home like' communal spaces with bedrooms and service facilities adjacent.

Point of arrival

The residential wings connect to a central entry lobby with dining and sitting spaces, staff facilities and discreet waiting areas for persons seeking health services. This creates an active point of arrival.

Emergency Medical

An emergency and treatment room with adjacent consulting rooms allows for GP services to be maintained at a high level in the new facility.

Recycling Existing Buildings

Two buildings are being incorporated into this development. The first is the 1880 heritage hospital building of masonry construction and iron roof which is listed on the Tasmanian Heritage Register. The other is the adjacent Webster Wing a brick veneer building currently providing aged care accommodation which was built in 1980. These two buildings share the same floor level. These existing buildings will be reused with minimal changes but with upgrading of services, light and power. Their rooms will be utilised for consulting and office type use where the existing rooms require minimal upgrade to achieve the proposed function.

The Heritage building will provide general consulting rooms and some specific allied health service rooms such as physiotherapy and dental service facilities.

The Webster wing will provide community services and 2 small meeting rooms with a new 100m^2 community multi purpose meeting room developed to the north of this building.

Part of a third building will be recycled. This building is the 'Nurses Home', a weatherboard T shaped building currently used for allied health and nurses overnight accommodation. This building will be reduced in size and will continue to provide overnight accommodation and some long term storage but will not form an integral part of the development because the floor height is considerably above the other two recycled buildings.

Lively Core

The concept allows for the various staff to meet and share case notes in the interest of better resolution of health needs. It also encourages the aged residents to mix with day centre clients and others using the multi-function facility. The central hub will become very busy on occasions and a complete contrast to the privacy of the individual bedrooms.

The main entry will be via 2 automatic doors through a wind lobby on the sheltered side of the building. The reception desk and administration staff are located at this entry point. A new 72m^2 kitchen can handle up to 80 meals a day including residents, Day Centre visitors and community meals.

Site Layout

The two existing buildings face High Street. The new facility grows out from this core by excavating the current car park to provide a new expanded, level facility with easy access, covered 'drop off' entry, close short term parking and more extensive long term parking, on the west boundary.

The vehicle access reuses the current exit road as a one-way arrival road. This then continues through to the rear lane connecting to Bridge Street. The oval entry road and rear parking are accessed off this one-way system.

The existing entry road off Church Street will become the new services and deliveries road. This will also allow people to be dropped off at the door to the new multi purpose meeting room adjacent to the Webster Wing.

Standards/Approvals/Acts

The facility will be designed to the BCA, taking into consideration:

- Commonwealth Aged Care Accreditation requirements
- Australian General Practice Accreditation requirements
- The Disability and Discrimination Act
- DHHS – Communication Cabling Standards (STF 1002-1)
- DHHS – Universal Access Generic Design Principles

Construction

The new facility will be a timber framed, light weight building on a concrete slab with Colorbond roof and aluminium windows. A mixed brick veneer Colorbond cladding will provide a residential feel but with scope for colour and variety of material. Acoustic insulation will maintain privacy to rooms. Interior lining will be plasterboard except in the main foyer where some alternate linings will balance the plainer plasterboard finish.

Construction Details

Structure

Floor	Reinforced concrete slab on grade
Wall	Plasterboard on stud with brick veneer/Colorbond cladding, acoustic insulation throughout
Glazing	Aluminium powder coat, awning sashes, tinted glass, possibly some double glazing
Ceiling	Plasterboard suspended ceiling
Roof	Gang nail trusses/post and beam with Colorbond cladding

Internal finishes

Floors	Wet area — Non slip covered vinyl with continuous welded joints.
Walls	Durable paint finish.
Wet area	Wall vinyl to a height of 1800mm for all walls. Wall protectors to corners and vulnerable surfaces.
Joinery	Doors and frames — Steel door frames and solid core doors. Paint finish.
Fixtures	Selected for appropriate use in residential care and health facility.

Electrical

Power	To be brought underground from existing pole supply. RCD earth leakage to all areas of residential and patient care. Appliances will have override switches.
Lighting	Combination fluorescent and downlight with long life dimmable luminairs.
Security	Door security and movement detectors along with external security lighting.
Nurse call	Appropriate computer based nurses call system and duress system to meet accreditation standards.
Telephone and I.T.	Up to date communication back bone wiring to allow networked computer system and allowance for

	teleconferencing for medical backup when funds become available.
Fire detection	To comply with BCA requirements.

Mechanical

A/C units	Reverse cycle units will provide heating and cooling to dining & sitting spaces.
Exhaust fan	Local systems for ensuite and service rooms.

Hydraulic services

Fire hydrant	Existing system will be extended.
SW & sewer	Existing system will be extended to cover new building
Water	Existing water supply with low level filtration
Hot water	Thermostatically controlled central system with circulating pumps and solar backup if budget allows.

Universal (disability) access

The facility is purpose designed to be totally on one level and accessible throughout with safe accessible outdoor areas. Provision will be made for persons with a disability going beyond AS 1428.Pt1-2000 along with appropriate design for aged care residents with their requirements for staff assisted lifting.

Courtyards

The facility concept allows for inter connected safe courtyards that are fully fenced and allow access from wing to wing for elderly confused residents needing extra attention.

The entry courtyard has the potential to become a feature of the fully developed exterior.

The existing lawns, planting and trees to High Street are to be maintained as is.

PROJECT BUDGET

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New 'Residential Care' extensions	1,475,000
New 'Community Health' extensions	590,000
Refurbishment of Webster Building	111,500
Refurbishment of '1800s Building'	93,500
Site preparation, including demolition, earthworks &	

rock excavation	127,500
Access road and carparking, paths, courtyard paving, fencing etc.	136,000
Provisional allowance for external hydraulic services	106,500
Provisional allowance for external electrical lighting	10,000
Design, contract & post occupancy contingency sum allowances	165,000
Remote locality provisional sum allowance	80,000
Professional fees, planning/building fees allowance	144,000
Provisional sum and 'Artworks' allowances	217,000
TOTAL (excluding allowance for GST)	**3,256,000**

EVIDENCE

The Committee commenced its inquiry on Monday, 10 December 2001. 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:-

- Mary Bent, Director Community and Rural Health
- Paul Gilby, Consultant Architect
- Noell Vollus, Consultant Architect
- Rod Meldrum, District Manger North, Aged Rural & Community Health
- Ralf Zenke, Senior Project Manager Capital Works, Facilities Management Branch
- Anne Bates, Site Manager Campbell Town District Hospital
- Graeme McGee, Business Support Officer Campbell Town District Hospital

Background

Ms Bent provided the Committee with the following background of the project:

> *… we are here today to consider the submission for the proposed redevelopment of the Campbell Town Hospital into a new facility and a new service model called the 'Campbell Town Multipurpose Service'.*
>
> *The multipurpose service program is a joint State and Commonwealth program which is designed to improve services for rural communities, particularly rural communities with a population under 5 000. It is particularly targeted at developing integrated and flexible services based on local needs. It has been found in the past that small communities which had hospitals based on models of hospitals in the early twentieth century found it very difficult to retain sustainability and viability as rural populations decreased and as the ageing population increased. What the MPS provides us with is the opportunity to change the way that*

these old facilities work to make them more appropriate to contemporary needs and to foster their viability by us being able to pool funding from a range of funding sources, including the Commonwealth and the State, to ensure that they have the flexibility to meet local needs.

The key principles of the service model are community involvement, and in Campbell Town we have been actively involved in the community since about 1998 on this proposal; services based on needs, and again in Campbell Town there has been a significant need for assessment undertaken in terms of looking at the community's health and community's services type needs. That feeds into the development of the MPS, but of course also into the development of the new facility. We have a focus on high-quality services and that is particularly important in aged care where, as I am sure you are aware, the Commonwealth quality standards is now very rigorously applied and can affect capability of receiving funding. At the moment the old facility does not meet any of the standards in terms of service model, in terms of privacy and dignity for the clients, nor does it meet the accreditation and certification requirements in relation to the building fabric.

Another element of the multipurpose service program is that it needs to focus on delivering coordinated care, which means that the design of the services and of the facilities need to be such that people can work together to service the best needs of individuals and that there needs to be a case management or coordination facility within the service. The teamwork and multiskilling aspect is absolutely critical in terms of being able to deliver both of those aspects about quality and coordination. Again, that is fostered and can be helped along by the design of the building. This is the sort of briefing that we gave to our architects when we commenced this process.

The existing facility was originally designed as a school and added to over the years and it is manifestly not suitable for the purpose that it is being used for at the moment. Services are spread amongst different buildings, so access is difficult for clients and communication is difficult for staff and it is certainly considered unsuitable in terms of the contemporary residential aged care. So we sought to provide a challenge to our architects to design a facility that facilitates community access and involvement. We are very concerned that the community and health services buildings within a community act as a community centre as well, that we can facilitate after-hours meetings and involvement of the community and use by the community of the building. It needs to encourage services to work together to provide coordinated care and it needs to provide the quality environment that is necessary for residential aged care.

We also needed to function within the constraints of the existing site and the fact that we had a heritage building on site; that it was flexible enough to meet future needs because we are aware that, while the Commonwealth aged care program has certain standards that they require to be met by 2003, the goalpost moves again in 2008, so we needed to make sure that what we are building now will meet those standards as well and that we are able to use the new technologies that are available in Health at the moment, particularly telehealth.

We sought to have a new facility which would provide an accessible and purpose-built environment for the provision of a wide range of services, recognising as we do that the Department of Health and Human Services is not just a health service but it provides a wide range of community-based services and community welfare-type services as well. So we needed to make provision for those sort of needs as well as for the traditional health needs. Again, high-quality environment for residential aged care - absolutely critical. The other benefit is that by developing a multipurpose service model within the Campbell Town area, we have been able to attract from the Commonwealth an extra $600 00 in recurrent funding, which has meant that we will be able to expand the service system in the Campbell Town area out across the Fingal Valley. That is something that is obviously very beneficial to the community. I have to say that with each multipurpose service that we develop, the potential is there to attract Commonwealth funds. It depends upon the gap between what is the existing number of aged-care beds in the community and what's judged by the Commonwealth appropriate. Campbell Town was particularly low and so we have been able to make this fairly significant windfall in this regard.

Design concept

Mr Gilby explained the design concept of the proposed redevelopment:

First of all, there is the connection to the township. Whereas the current hospital is accessed off Church Street, we will now have an access off High Street, which will be one-way through to Bridge Street with an oval turning circle that brings you into the heart of the new complex. The current entry off Church Street will be used as a service road for access to the kitchen and also dropping people off at the multipurpose centre. The new facility is getting an identity and a connection to the main street of Campbell Town.

The heritage fabric, the fabulous old hospital, which we have a heritage report on, is a significant building. It has a number of additions that are unsympathetic - you can see one on the right-hand side there; those are being removed. Then there is a

minimal glazed connection that connects this heritage building back to the Webster and the new development. This means that the heritage building will stand on its own and the value of the old fabric will be enhanced. We are integrating the new and the existing - the two existing buildings that are being retained here; the new development all on one level to form one whole development with a central core activity entry area with branches off it, as you see.

The residential acute care is a 22-bed residential four-bed acute care. All the rooms are identical; individual rooms with en suite, however acute care are likely to take the first few rooms close to the nurse station, which is located right at the apex of the new development. We have two wings, 12-bed, 14-bed, and each wing ends in a small house-like group of units around a sitting space; appropriate staff, administration right in the middle; accident and emergency coming off the entry road, which is close to the nurse station and close to the GP consulting rooms and close to the entry that is close to the kitchen/dining/lounge for the residents and staff facilities, that is the staff room, is centrally located for use by all the disciplines which allows case mix enhancement in that different staff meet at one staff point in the middle where they are able to give better in terms of discussions on individual residents or people.

Shared consulting spaces: we have a number of consulting spaces. Some are specific to one person where they have a full-time position but there are a number of allied services where they are on a one day a week or two day a week basis and so where possible we have spaces designed such that they can be shared. There are a range of meeting spaces. Just to come back on that, the residential wings connect to the centre. We then have the allied health services, which are dental, podiatry, physiotherapy, social work, drug and alcohol - all of those things in this area - and in the Webster wing we have such things as family and child care and community services and they have off it a large meeting room which is able to be used after hours. It can be accessed directly by vehicle and that large meeting room also has a couple of small meeting rooms with it - just to give you a feel for the place. The old nurses home is an L-shaped building. The north wing comes off and the south part is retained as is. It has some nurse accommodation in it.

… we are meeting aged care requirements of course in the new facility and the very important areas there are the appropriateness of facilities for staff handling, occupational health and safety and residential privacy. Residential privacy means in this case they have their own room. At the most you can have two to a room for some rooms but in this case they all have their own room. This also allows each room to be used either for residential or the acute

care so there is that flexibility by the rooms all being generally the same matrix. Because they have their own en suite there is that privacy of facilities. The en suites are capable of taking the equipment that is generally needed in these types of facilities now and, in particular, we have the en suites with the door on the diagonal corner. When that door is open it means that it gives more room to the en suite itself for moving equipment and because the door is on the corner, it's easier to bring equipment in the door to the bedroom and through into the en suite. So access to the en suite from the passage and from the resident's bed is easier with the door on the corner. So that is the model we have chosen here.

I have already mentioned how the residential fits with the accident and emergency but this is an example of where we are doubling because the accident and emergency is also the treatment room for the residential care. So instead of having one facility for residents and another facility for the community, we have one facility and it is maximising use. Likewise, the residents will have their own sitting areas up at the ends of the resident wings but we have the dining/lounge facilities that come off the main entrance way where there's that flexibility of use that they can be used both with the residential care and they could be used for functions within the community itself within the whole facility. So that degree of overlap is important here as we're trying to give a lot of flexibility to the way spaces can be used.

Project budget

The Committee questioned the witnesses as to how a budget shortfall of $80 000 would be accommodated. The witnesses responded:

***Mr GILBY** - We are minimising changes to the heritage building and the Wesbter wing. That is not totally inappropriate in that both are going to be used for services that need office and consulting-type spaces. We are going out of our way not to pull those walls apart in any way so where a space might be a little large or a little small for its activity, we are accepting that that has to be that way. The community is getting a number of spaces that are near appropriate and they use them the way they are now, the way you saw when you walked through, so we are minimising work to those.*

***Mr MELDRUM** - If I could just add to that as well. We are very fortunate at Campbell Town to have a qualified builder/handyman on the staff and for areas like the old nursing home we do have some capacity to continue to upgrade them following the redevelopment and I would assume we could do the same in the*

Webster wing; if there are any minor internal modifications that were required we could do them inhouse.

Ms BENT *- It was obviously important, Mr Wing, that any alterations we made to the project plan had the least impact on the clients and patients and that was one of our guiding principles, so that their rooms and their facilities and the clinical facilities are maintained at the appropriate quality. I guess what we are saying is that, as with many other projects, we use the facilities we have and we make the best of them we can within the available resources.*

Mr GILBY *- I also should point out that there is a phasing to this because the residents who are currently over the road stay there during the construction phase and we do have the construction phase organised in a phased development that will allow the new structure to be completed to the point where residents can occupy that, then we go into the Webster wing and that gets brought up to standard for the community consultation and, finally, we go into the heritage building and the doctors surgery rooms that are just adjacent to that and they are the last things to come off. So in stage one we only build half of the oval access road and by phase three we have completed the access road, demolished the rest of the GP consulting rooms. In other words we have a plan for how the development can be staged to allow residents to continue in occupation.*

Fire sprinkler installation

The Committee questioned the witnesses regarding the installation of fire sprinklers in the redeveloped building. The witnesses responded:

Mr GILBY *- We're not fire sprinkling the building. Not many hospitals are at the moment and this one is small enough that it meets the BCA in all requirements, including smoke detection, a full detection system through it, but it will not have sprinkler which is a sizeable cost on this. It would be another $100 000.*

Ms BENT *- And it's not required by the Commonwealth accreditation -*

Mr GILBY *- It's not required by the Commonwealth accreditation provided it meets all the other BCA guidelines. The building is broken up into fire segments of a sufficient size with the right exits and the right fire detection system.*

CONCLUSION AND RECOMMENDATION

The existing aged-care facility does not meet Commonwealth standards in terms of: service delivery; and the privacy and dignity of the clients. Nor does it meet the accreditation and certification requirements in relation to the building fabric.

The provision of a Multi Purpose Service at Campbell Town by means of the redevelopment of the old hospital will enable more efficient delivery of a range of co-ordinated health services targeted at local needs. The need for the redevelopment was clearly established and the multi-purpose nature of the proposal is considered to be an excellent and appropriate concept.

The Committee recommends the pursuit of heritage funding in order to maintain the existing heritage values of the 1880 building.

Accordingly, the Committee recommends the project, in accordance with the plans and specifications submitted, at an estimated total cost of $2,950,000.

Parliament House
HOBART
8 January 2002

Hon. D. G. Wing M.L.C.
Chairman