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PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Smithton District 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 *Harriss* (Chairman)
Mr *Hall*

Mr *Best*
Mrs *Napier*
Mr *Sturges*

By Authority: Government Printer, Tasmania

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INTRODUCTION

To His Excellency the Honourable William John Ellis Cox, Companion of the Order of Australia, Reserve Forces Decoration, Efficiency Decoration, 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: -

Smithton District Hospital Redevelopment

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

BACKGROUND

Primary Objectives

The redevelopment of the Smithton District Hospital to provide a combined hospital/community health services site. The project implementation will provide the hospital and community health services sections improved functionality, ensuring the long-term sustainability and expansion of the various health services delivered to the local community.

The acute wing will have sufficient flexibility in its layout/design to cater for future expansion needs due to changes in service provisions and/or community needs.

The redevelopment will provide appropriate facilities to enable rural health practitioners to carry out their work at the Smithton District Hospital in an appropriate environment with adequate facilities in compliance with accreditation standards.

General Scope

The scope of the work planned entails redevelopment of the existing hospital to a modern 16 bed acute care facility and community health services centre.

The acute facility will include single patient rooms with en suite facilities that capture the available views of the town of Smithton to the north. The redevelopment of the existing aged care facility to a modern community health centre will include dental surgeries and consulting rooms for visiting specialists and allied health services.

The work will also include the relocation of the kitchen, the accident and emergency area and diagnostic and therapy services.

The proposed improvements and relocation of departmental areas of the hospital are required to improve the safety of patients and staff, and to allow the facility to provide

contemporary delivery of acute and community health services. Major issues are present with the dysfunctional location of key acute health service areas in this facility. The health services staff are unable to provide effective and safe attendance on patients in all areas.

Improving and expanding the areas for delivery of acute and community health care services is essential for the sustainability of this facility and for the large rural community that has this facility as the base of healthcare services in this region.

Improvements and expansion of accommodation will generally be achieved through consolidation of existing usage and renovation of the existing building.

A key aspect of the redevelopment was a review of the preferred model for the provision of aged care accommodation services for the region. It was ultimately agreed that the preferred model would see the transfer to a private provider, Emmerton Park, of the 22 aged care beds managed by DHHS and currently located within the Ambrose wing of the Smithton Hospital.

In negotiations with Emmerton Park it has been agreed that DHHS will make a capital contribution of one million dollars to the construction of a new aged care facility for Emmerton Park to accommodate the 22 DHHS aged care beds. This reduces available funds to \$4,028,000 for the redevelopment of the hospital.

NEED FOR THE PROJECT

Changing Community Health Needs

Throughout Australia significant changes are occurring which are particularly affecting the priorities for rural health and community services. These changes are needed to ensure that services meet current requirements and that they are favourably based to respond to a changing environment rather than rely on past expectations and experiences.

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

Strategic Direction of Rural Health

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.

During 2000 and 2001 the Department's Facilities Management Branch coordinated a project called 'The Network Project' with the cooperation of the various Divisions responsible for providing and coordinating primary health services in the urban and rural communities. The Network Project aimed to consolidate the dispersed primary health services onto key, multiple-service delivery sites in order to achieve the following benefits:

- Opportunities for greater efficiency (sharing support facilities, etc.);
- "Cross-fertilisation" between related and compatible services, for the benefit of clients;
- Improved asset utilization;
- Asset change on those sites, to address issues of matching service need and responding to service change;
- Integrated and achievable management regimes for facility maintenance and operation, within the context of life cycle planning; and
- Integration with other services and like opportunities, in each case from a total site perspective. Client amenity is a key driver in this regard as is the ability to integrate various services that a single client may need to access and improve individual case management.

The Network Project prioritised all the key sites for service delivery and asset performance analysis and the redevelopment of the Smithton District Hospital was identified as a high priority.

The development of integrated facilities, like that at Smithton, is totally consistent with the achievement of the goals of the Healthy Horizons Framework, particularly Goal 4: Develop flexible and coordinated services.

Tasmania Together is seen as a framework for setting government policy priorities, including the allocation of resources to those priorities, and will identify where service delivery can be improved. Smithton District Hospital redevelopment is to improve the services provided to the community and the aims underpinning them are consistent with government policy, the Agency's Business Plan and Strategic Positioning Document. The Smithton District Hospital redevelopment will aim to provide a community friendly facility with the potential to develop an approach to health and wellbeing that focuses on preventing poor health and encouraging healthy lifestyles and activities that engender a sense of community and encourage participation and involvement consistent with Goal 5: Improve Tasmanian's health through promotion of a comprehensive approach to a healthy lifestyle and Goal 6: To improve the health and wellbeing of the Tasmanian community through the delivery of coordinated services.

Existing Facility and Services at Smithton

Smithton District Hospital was constructed in 1961. The building is a single story brick render construction. The internal layout of the building does not provide functional working units for the multitude of services now scattered throughout the facility. The facility fails to meet a number of best practice health service delivery and safety standards necessary for provision and care of in-patient and primary health services. The Smithton District Hospital building does not meet contemporary

occupational health and safety requirements for staff or clients in both the current acute and aged care sections, examples of this include bathrooms which are too small for assisted showering, lack of en suites in acute care rooms and the lack of disability accessible toilets in the expanding community service area.

The Hospital presently has 16 acute beds and provides accident and emergency treatment, ambulance, an emergency only maternity unit, physiotherapy, occupational therapist, podiatry, community health services, radiology, mental health, and other visiting services.

Smithton District Hospital is situated on a large site conveniently located on the main road into Smithton and adjacent to the perimeter of the Smithton shopping and local government precinct. The location provides ready access for the public arriving by foot or private transport. There is one private medical practices in the town located relatively close to the Hospital. The population catchment area for the Smithton Hospital equates to some 8,800 persons, with the hospital located an hour from Burnie and the North West Regional Hospital.

Smithton is a large rural community with diverse industries that include beef, dairy and vegetable farming, forestry, fishing tourism and processing industries.

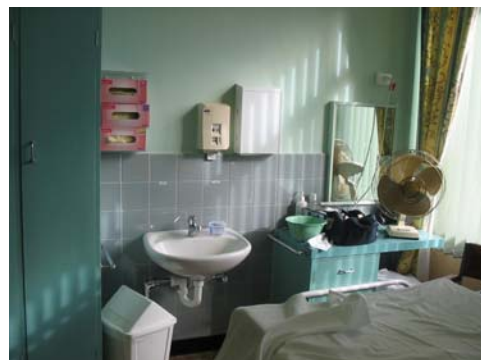
The overall aim of this redevelopment project is to provide a new and integrated facility that combines the functions of a hospital, community health and primary health services that contributes to the community in improvement of health and wellbeing through the delivery of coordinated services.

This project will see the redevelopment of the existing hospital to enable the provision of comprehensive, accessible and integrated services to individuals and communities within the catchment area. High priority should be given to the specific problems facing all rural communities including Smithton caused by their isolation, the fragmentation of services and access to essential services.

Limitations and Changes with Existing Facility

Smithton District Hospital is sub-optimal from a number of perspectives including; layout, functionality and client and staff amenity. In addition the building requires redevelopment to cater to expanded community services

Existing Four Bed Aged Care Ward



The Project Working Group, key community and Department stakeholders have identified the redevelopment of the Accident and Emergency area, Kitchens and the acute wards as the first priority followed by the Community Services area once the aged care component of the current facility transfers to Emmerton Park.

Layout

The figure below illustrates how the patient treatment, consulting, administration and support functions are currently dispersed throughout the building.



Existing Floor Plan

The location of accident and emergency (A&E) away from the Nurse Station and acute wards is of particular concern. The treatment and observation of patients at A&E removes specialist staff from the vicinity of the acute wards, reducing staffing at the wards leaving the nurse in A&E unsupported and isolated. This represents a significant risk for both staff and patients, especially during the evening and night shifts.

In the evening and night shifts a nurse also needs to leave the acute ward to meet people at the building's front entrance.

The present location of Physiotherapy and medical imaging requires external patients to travel through the acute wards to receive treatment. The relocation of Physiotherapy and medical imaging closer to the public entrance is desirable.

Existing Accident & Emergency



Functionality

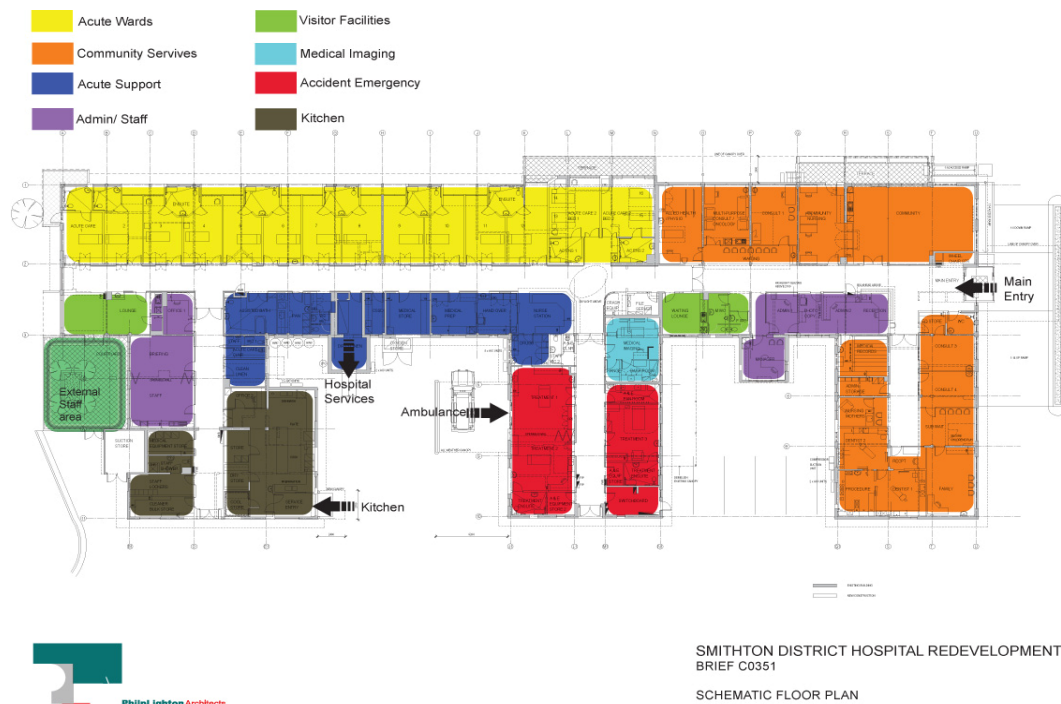
Inpatient lounge areas, bathroom and toilet facilities are in desperate need of refurbishment and would not meet contemporary standards. Many of the bathrooms in the hospital aren't big enough to allow for staff assisted showering or for patients who need mobility aids. The nurses' bay is inadequate to meet the needs of the staff and visiting doctors and students, inadequate workbenches, no vision into acute wards and limited general space.

Some specific inpatient services require replacement. The nurse call system is inadequate and does not provide monitoring capabilities and is situated within 1960's bedside lockers that require updating. Building and engineering services require replacement including emergency warning and intercom systems, required for assistance in emergency evacuations.

Redevelopment to Accommodate Expanded Community Health Services

The present and future expanding focus on primary health care services at Smithton requires enhancing the integration of community health services within the wider hospital service mix and in particular improving public access to a central entrance/reception point that streams people to whichever service is appropriate. To promote primary health focus through community education and community development approaches, there is the need for upgraded client interview and meeting rooms as well as the availability for visiting and resident allied health professionals to access treatment and consulting areas for health assessment and education.

Proposed Redevelopment Plan



Summary of Required Project Outputs

The original project proposal was prepared in 2001 and project funding was approved for expenditure during the financial years of 2005/06, 2006/07, 2007/08. As health care standards and the needs of the community have changed significantly since the initial project proposal, the project requirements were reviewed prior to the engagement of the Architect and further refined through the design process.

In essence the original required project outputs have been refined with further required outputs identified during the consultation, master planning and schematic design stages. Where project outputs have been unable to be incorporated within the proposed works due to budget constraints, they have been considered during the design review phases as a valid stage in the decision making process.

The Project Team used the information gathered regarding stakeholder priorities to review the preliminary designs. The final design maximises 'value for money' by achieving most of the 'essential' and 'important' improvements required by the acute and community services section of the hospital. This approach has distilled the project outputs on a priority basis and these needs are addressed by the current design.

In accommodating all the required project outcomes decisions had to be made relative to design, architectural components, building fabric and fittings to achieve savings to stay within budget. The final design review meeting held on 6 October 2006 realised savings of \$126,000. The savings predominately related to simplifying external treatment of the building facade.

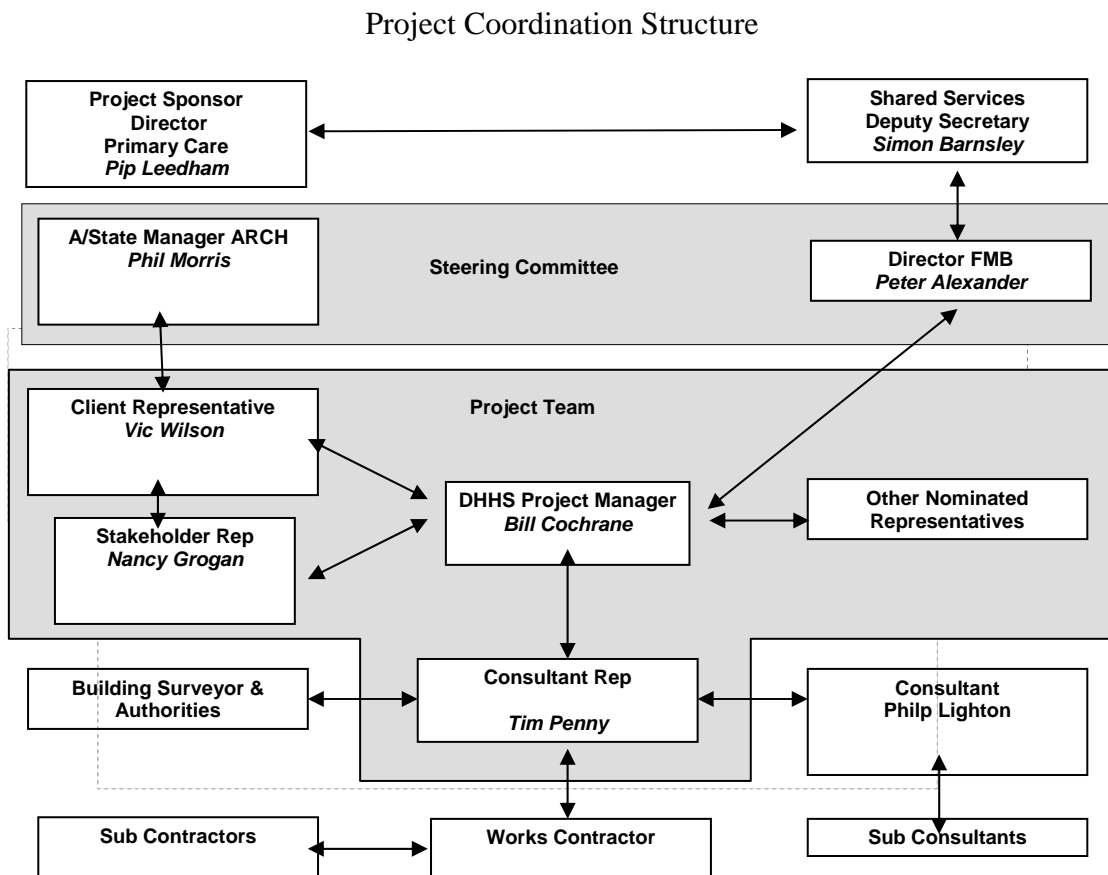
Consultation

Preliminary Consultation

The original project brief was prepared in 2001 through the Department's 'Network Project' in consultation with of the various Divisions responsible for providing and coordinating primary health and community services. This project brief was reviewed and updated in 2006 in consultation with representatives from the Smithton Hospital, the Aged Care and Rural Health Branch other departmental and community stakeholders including the local General Practitioners.

Project Control Group

Detailed stakeholder consultation commenced immediately following appointment of the Project Architect Philp Lighton. The following diagram illustrates the Steering Committee, Project Control Group and consultant team relationships.



The Project Control Group have been meeting on a regular basis to enable the project to evolve in line with the project timeline, the aim being to enable an adequate consultation phase while still allowing sufficient periods for documentation and procurement of the project.

This approach was identified during the initial consultation phase to maintain the project momentum to effect tendering of the project in second quarter 2007. The tender date is based on working back from the desired completion date of April 2008.

The time line for this project has to a large degree been determined by the decision on future of the aged care beds, this has enabled the project team to ensure full consultation has occurred with all stakeholders and wider community groups.

Consultation with Onsite Stakeholders

In addition to representation on the Project Control Group through the Stakeholder Representative (Nancy Grogan, Director of Nursing Smithton, consultation and information sessions were held with onsite staff and visiting services. Preliminary plans have been displayed onsite and further information sessions have been held.

Design Review Workshop

Consultation culminated at the Design Review Workshop where all desired project outcomes were tabled, discussed and then a system of prioritisation undertaken to ensure the maximum delivery of outcomes of higher priority within the available budget. Participants tested for adequacy in planning, design and budget and maximising 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.

Several desired outcomes were identified that fell beyond the scope of available funds. The consultation incorporated the overall desired outcomes in a future plan, with the understanding that the funding for the expanded scope may not eventuate. Areas identified for future attention included increase in site parking, refurbishment of the current community health and accommodation block and upgrade of the services block.

It was deemed prudent in the early design stage to allow where possible the inclusion of longer term goals and possible solutions noting that they would not be achievable in the current approved solution.

This consultative approach has resulted in a design that allows the majority of desired higher priority outcomes to be resolved and forms a strong platform for any future development.

ADDRESSING THE NEED

Design Philosophy

The proposed redevelopment is a major refurbishment of the existing hospital. The design philosophy has been to:

- Refurbish the facility to incorporate best practice contemporary health planning and also accommodate current efficient hospital operation practices.
- Provide cost effective design by using the existing building envelope and retaining existing building services where possible.

- Incorporate functional planning to accommodate shared resources between acute care and community services such as Accident and Emergency treatment suites, and medical imaging.
- Design for flexibility changing health care delivery into the future.
- Design for staged development that takes into consideration that the hospital will remain in operation for the duration of existing aged care wing is contingent on decanting of the existing bed spaces to the new Emmerton Park Aged Care Facility.

Planning

The existing site planning has a ring around the hospital and *ad hoc* parking around the building perimeter. It is proposed to relocate the Main Entry to be usable from Brittons Road, separate the services vehicles, and Ambulance and Emergency access and provide parking to meet hospital staff and public demands.

The functional planning of the new facility builds on the desirable site aspect of the existing facility, however, substantially re-organises the functional spaces within the limitations of the existing envelope.

Acute Care

The existing bed spaces have a desirable sunny outlook and on the north side are retained and expanded to change from small 3 bed wards to 12 single rooms and 2 double bedrooms.

The ensembles have been located to enable open planning good usability for staff and access, balanced with patient privacy.

This arrangement is cost effective and minimises building disruption for reticulation of services. High care areas are located adjacent to nurse station and planning has provided for palliative care and infection control.

Typical bed ward



Hospital Services

The proposal relocates the kitchen and associated spaces into the western wing. Decanting the Aged Care, together with the upgraded Accident and Emergency to the

centre wing, is a significant change as the kitchen does not need to service the full extent of the redevelopment building.

Good service vehicle deliveries and ambulance has been reconfigured in the existing Service Area.

Accident and Emergency

The Accident and Emergency has been re planned into the centre of the new facility, this provides functional relationships with all associated areas such as nursing acute care, medical imaging and community service. It has an upgraded ambulance entry and expanded into 3 treatment areas, which can operate as multifunction consultation spaces including obstetrics.

Administration

The administration area has been consolidated into a efficient central area including reception and medical records together with expand staff and training spaces with the provision of new service video conferencing can operate throughout the facility.

Community Services

Community services include allied health/physio and multipurpose consultation spaces that can be utilised by large flexible multipurpose space with separate external access that can be utilised by the community Family and Child Health Care Services and Oral Health.

Circulation

The rearrangement of a new front door is designed to link into the existing circulation. However, this has been augmented to include designing with light i.e. incorporating a dramatic skylight adjacent to Nurses Station/Accident and Emergency code, together with views thru into landscaped spaces where possible.

Architecture

The redevelopment is a major refurbishment of the existing Hospital Building. At project inception, an evaluation of the existing building was undertaken to analysis the suitability of the reuse of the existing building.

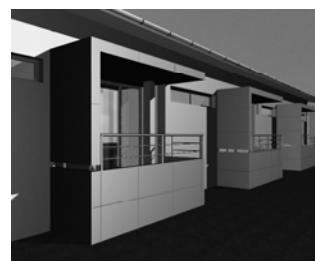
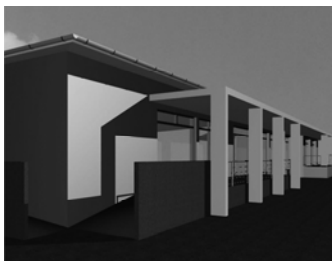
The analysis identified the key considerations as:

- The existing building can accommodate the proposed functions and associated services without expansion of the envelope.
- The structural grid and first floor slab is a limitation for vertical reticulation, however the concrete column grid enables considerable area planning flexibility.
- The sub-floor space for the majority of front of the hospital is accessible for building services reticulation.
- The site infrastructure is in reasonable condition and some services have undergone partial upgrades and this could be retained.
- Site planning confirmed the preferred location is the current foot print.
- A complete upgrade of window assemblies was necessary.

Generally, the new external elements such as canopies etc, together with replacement of the windows provides the opportunity to effectively use the existing envelope and foot print, whilst changing the 'look' of the new facility to a contemporary health care facility. The interior of the building will also undergo a radical transformation by , using good design, new colour palette, fabric and finishes.

In addition, the design will accord with Environmentally Sustainable Design principles with double glazing and appropriate solar design.

Entry and North Facade



Building Services

Mechanical

Exhaust systems are limited in number and older systems do not meet current BCA requirements. Apart from the kitchen hood, most systems consist of wall or window units of limited use.

Heating of the complex is undertaken by a central electric boiler which reticulates to in slab coils. This system is redundant and will be replaced with ceiling mounted heaters in bed spaces and air conditioning systems for meeting room, nurse's station, treatment room, dental surgeries and Accident and Emergency.

Medical oxygen and reticulated suction are provided.

Communication Services

The existing nurse call system is beyond its economic life will be replaced with a new contemporary system.

Duress, intruder detection, access control and CCTV systems are non existent and a new system will be installed.

Light And Power Services

Emergency and exit lighting exists but exit lights do not meet current BCA requirements and will need to be replaced.

Existing generator is not suitable for reuse and a new generator will be installed to provide emergency power.

No Body Protected Areas exist on site which makes most power outlets redundant as they will need to be rewired in such treatment areas. Body protected areas will be incorporated where required to meet design requirements i.e. Accident and Emergency Treatment.

Hot & Cold Water

Domestic hot water is currently provided by 4 electric storage cylinders and 2 gas fired cylinders. The electric cylinders are nearing the end of their economic life and will be replaced.

Project Schedule

The project program for Smithton District Hospital is contingent with the decanting of the Aged Care to the new Emmerton Park Facility. The status of the Emmerton Park Aged Care Facility is:

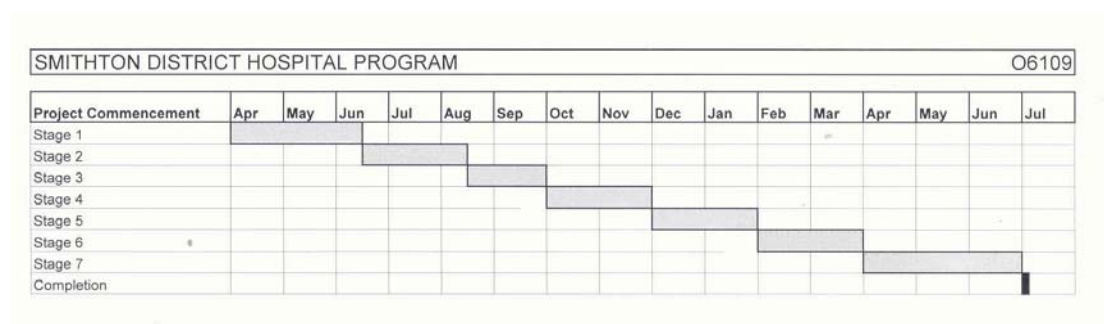
- Tender awarded January 2007
- Construction completed February 2008
- Facility commissioning March 2008
- Facility operational April 2008

The Project planning for Smithton District Hospital has been to stage the works as a continuous actively (i.e. without down time between stages) to minimise disruption and functionality to the Hospital Services. The current project status is that the initial design phases are completed and the development has Circular Head Council Planning Approval.

| Summary Project Timeline | |
|--------------------------------------|------------------|
| Project Stage | Completed |
| Design and Documentation | February 2007 |
| Works Tender Advertisement | Early March 2007 |
| Contract Award | Mid April 2007 |
| Construction Commencement | May 2007 |
| Construction Completion – All Stages | July 2008 |

The Construction Phase comprises seven stages, and the anticipated timeframe for the staging is –

Staging Programme



PROJECT COST

The approved funding for the redevelopment is \$5,028,000. The cost of the redevelopment is currently:

| | |
|------------------------------------|--------------------|
| Capital Contribution Emmerton Park | \$1,000,000 |
| Construction costs | \$3,331,319 |
| Site Works | \$462,320 |
| Construction Contingency | \$170,000 |
| Professional Fees | \$296,850 |
| Art in Public Building | \$50,000 |
| Escalation Costs | \$180,000 |
| Equipment | \$50,000 |
| Other fees and approvals | \$10,000 |
| Project Total | \$5,534,489 |
| Budget Shortfall | -\$506,489 |

The above budget for the redevelopment indicates a funding shortfall of approximately \$500,000. This outcome is subsequent to rigorous design and value management review process. The cost increase is due to ongoing cost escalation in the building industry, inflation, locality allowance and the delay in progressing the design process, it is not a result of scope creep or over design.

There is currently no readily identifiable source of funds to cover the project shortfall however the delay to the project pushes out the final funding requirement to the 08/09 financial year. It is anticipated that additional funds will be identified by this time.

The current project costs are provided by the project Quantity Surveyor and based on reasonable allowances for the remoteness of the job, current market conditions and the ability of the contractor to engage subcontractors in a remote location.

EVIDENCE

The Committee commenced its inquiry on Tuesday, 6 February last. The Committee inspected the site of the proposed works and heard the following witnesses who made the Statutory Declaration and were examined by the Committee in public at the Circular Head Council Chambers, 33 Goldie Street, Smithton:-

- Philip Morris, Acting State Manager, Aged Rural and Community Health;
- Sharan McLaren, Acting Manager, Smithton District Hospital;
- Christina Hyde, Nurse Consultant, Smithton District Hospital;
- Tim Penny, Architect, Philp Lighton Architects; and
- Bill Cochrane, Manager Major Projects, Facilities Management Branch

Overview

Mr Morris provided the following overview of the project to the Committee:-

I guess in a policy sense the big picture thinking on rural health comes from the Healthy Horizons framework. This is a Commonwealth/State jointly supported policy framework and we view what we are doing in rural areas in Tasmania as under that framework. In particular I wish to draw your attention to the goal of developing flexible coordinated services. I think that is our objective here at Smithton. The Tasmania Together process also has goals relevant to what we are doing here, particularly improving health through the comprehensive approach to healthy lifestyle and improving the health and wellbeing of the Tasmanian community through the delivery of coordinated services.

Our particular program is involved with a large number of inpatient residential aged care and community health services around Tasmania. They are in two or three major groups. We have district hospitals and Smithton is one of those. We have five multipurpose services or centres providing very similar services but with a bit more emphasis on coordination and there are different funding arrangements. Quite a large number of community health centres are also scattered around Tasmania. We also provide funding to several either local government and/or non-government organisation sites to provide particular services.

So the Smithton development is part of a much broader program directed at community health services and this particular service here at Smithton is very characteristic of the mainstream of those in the sense of providing inpatient services and community health services. The distinction is that it also provides an accident and emergency response, partly due to the fact of its location - it is an hour or an hour plus out of Burnie. Also of course up to now it has been providing residential aged care but, consistent with a policy direction we have had for quite a few years now, wherever there is a viable local aged-care provider that is capable of taking on more of an aged-care role we transfer our services to that provider and that is exactly what is happening here. We are very pleased with this opportunity and we think it will be very positive for the future.

I just want to mention the primary health services plan because obviously the department is engaged in two major planning processes at the moment, one looking at acute clinical services and the other one looking at primary health services. The primary health services plan is now under way, as you would all be aware. It is due to report in the next few months. I guess whilst it has a number of themes, it is particularly looking at sustainability, service quality and access. We are facing the challenges, with which again you would probably be familiar - our ageing population, the rise in chronic conditions in the population, our ageing work force, recruitment and retention issues, rising demand of costs and on the other hand, increasing focus on quality and safety. In both those plans I mentioned, the clinical services and the primary health services, there will be a lot of work looking at the linkages between acute services and community services, including district hospitals such as Smithton. So one of the focuses in the future will be addressing that.

Regarding the implications of all this to Smithton, first of all there is a statement in the primary health services plan initial documents which talks about local services being central to preventative approaches creating healthy and supportive environments, supporting independence and quality of life for people with long-term health needs. That is going to be a role of the Smithton district health services. The transfer of residential aged care to the private provider is consistent with sustainability. It makes sense where you are trying to recruit nurses and run a health service in a rural area. Why on earth would you have two providers providing the same sort of service? Clearly it makes sense to consolidate that in the one spot. It is more efficient; it is more sustainable. It is also, most importantly, we believe usually far better for the residents as well because they are in a facility which is dedicated to providing care in a homelike environment. One of the challenges for us in integrated facilities is to provide a homelike environment for the people in that part of the facility. Whilst you are trying to run an accident and emergency, acute inpatients are down the other end, and you saw that at Smithton this morning. You have to make some compromises. So there are some good care outcomes by having a specialist aged-care provider.

We are also in this development improving our community health space. This is consistent with the idea of access and primary health. I think we all feel that whilst inpatient services can be an important part of the health service delivery model, they are by no means the whole picture. We have to be far better oriented towards working in a community sense, not putting all our eggs in the inpatient basket. So the thinking behind this development is to take the community health services which are out the back, down the bottom of the site, and put them right up to the front. That is no accident. That means that it is a representation of our desire to put community health more up at the front of what we are doing. We are also trying to keep our space flexible wherever possible because things are going to change in the future. Some of you may have heard Bill or Tim earlier this morning talking about putting computer wiring everywhere. That is part of the infrastructure which will help us juggle things in the future, whether it is new technology, whether it is reconfigured space. We are trying to have a longer-term view that what we have now might have to be adapted in the future. We are also trying to adjust our services to the population, to its needs and to its characteristics. There is definitely a need for aged care here, recognising that transferring to Emmerton Park we need to look more at our community health services and how we can make those more responsive to the population.

There is already some community involvement in what we do but we think probably in the future we have to do more there and involve the community both in advisory-type roles but also become involved in our actual programs. There is a good community connection between the existing services and the citizens of Smithton and Circular Head. We think we could probably build on that further.

Access to dialysis

The Committee questioned the witnesses as to the capacity of the facility to provide dialysis services. Mr Morris responded:-

That is something that may be addressed in the clinical services plan. It is an example of looking at the interface between acute services and at a local area. The population here is roughly equivalent to that in Scottsdale, which is where I think you are talking about, and theoretically it is something that could be possible. The issues for us - they are mostly quality and safety issues - would be ensuring that our staff here are trained, supported, that we have the right clinical environment, that we have the right equipment, that there is backup from the major facility to make sure that happens. In principle it is an example of the sort of thing we could do, yes.

Chronic disease management

The Committee questioned the witnesses as to what support was available to patients with chronic disease. Mr Morris responded:-

I think we are still in the early days of working out what we can do but it is a different model of thinking about chronic disease. It is about trying to give people information, resources, support and access to clinicians to enable them to manage their own condition and at times come in and get specific clinical interventions. We have to do I think a bit more in our community health area to develop programs. There are things like health coaching where a professional takes a role in with a group of people. There are specific self-management programs. Those are the sorts of things that I would hope we would be offering here in the future.

As to whether a needs survey of people in the Circular Head area had been undertaken, Mr Morris responded:-

I am not aware that we have done a specific community survey on needs. There has been in the past a statewide health needs approach and some areas have done specific surveys. I think we are fairly confident that we have a reasonable appraisal of community needs because of the connections I spoke about earlier between the facility and the community. There is a fairly good interrelationship and what we are doing I hope in this development is that sort of metaphor of putting community health back up the front. So we have not done a specific needs analysis but my hunch is that what we are doing here is fairly commensurate in other similar areas.

Other witnesses contributed as follows:-

Ms McLAREN - *At the moment we do provide some chemotherapy services here but we can only give medications that have a longer life span because they have to be mixed and prepared in Burnie.*

Ms HYDE - They actually come from Melbourne.

Ms McLAREN - Yes, and then they have to be flown over. So we try to keep people in the area as much as possible for their cancer treatments and that saves them some of the trips through to Burnie or Launceston.

Ms HYDE - We do have consultants. The pacemaker technician comes to Smithton as well as the respiratory educator, the lady who does all the follow-ups for people with chronic lung disease. I think quite a few of our specialists are now going to the doctors surgery to hold clinics. I am not sure if it is going to be a thing of the future but hopefully some of our new consulting rooms might be able to be used for things like that as well.

... We have a physiotherapist I think it is Monday and Thursday so if they had a better facility they may well be able to improve that service. I think it depends also on their staffing but we would have to collaborate with the operating theatre team in that department, I expect.

Disability services

The Committee questioned the witnesses as to whether disability services were to be located in the community health area of the facility. The witnesses responded as follows:-

Mr PENNY - Yes, it is. It is adjacent to the waiting lounge on the plan; it is diagonally opposite the nurse station. There is a group to the north there of an allied health/physio, a multipurpose consulting/oncology and a consult one. So they are multipurpose consulting rooms that can address the sorts of needs that you have been talking about.

Mr COCHRANE - One of the benefits in developing the existing space, and with moving the aged-care beds, is that we have quite a bit of flexibility in using those spaces for a number of allied and community health consulting areas, which will be booked on a sessional basis. We can have a numbers of visiting or dedicated services working from those areas.

Ms HYDE - At the moment, the hearing-aid specialist has his clinics in our patient lounge room. The mental health team have their clinics in that small room without windows. We already need consulting rooms for those specialists.

Ms McLAREN - As you can also see on the plans, there is a big community health lounge area which will be used for education and community forums to help with our education program.

Ms HYDE - Nancy, our site manager, is very motivated in the field of health awareness. She would like to conduct a healthy-living program.

Design

Mr Penny provided the Committee with the following explanation of the design approach to the development:-

We are redeveloping the existing building, so we have that envelope to work within. The hospital will remain in operation during the redevelopment, so that presents its own challenges. We have to make sure that the staging is thought through. The conclusion of this project requires decanting the aged-care component, which is planned for April 2008. It is a multi-stage project that will take a couple of years.

In relation to the physical structure, we have an advantage in that it is a reasonably pragmatic building. It has a concrete frame so we are able to juggle walls and so on. Internal walls are not load-bearing, so we are able to replan with a fair degree of flexibility. The key planning aspects to be considered are the requirements of the community health services facilities and the change in practice after aged-care goes. The key elements are the relocation of accident and emergency and the relocation of the kitchen. At the moment the kitchen's location makes good sense because it serves both aged care and acute care. When aged care goes, the critical aspect of hospital planning is for accident and emergency treatment rooms to be accessible not only for acute care but also for the community. Those treatment rooms are used by more than just the hospital, as is the medical imaging. The nub of the development is the relocation of accident and emergency, and replanning the front entry so that it is visible from the street. The existing building has good corridor widths which we are able to utilise.

Regarding building services, the building has a fairly outdated reticulating hot-water heating system. This provides heating in the floor slabs and has passed its used-by date. We propose progressively to decommission it. Regarding ward planning, we have service areas at the back and are retaining the wards at the front. The plan requires good access of nurse care to bed areas. In the early stages we considered planing the ensuites as internal spaces in order to maximise external frontage, but on balance we decided it is better to have the ensuites on the outside edge so that you have a stronger care component for the rooms, for beds coming in and going out, and for 24-hour monitoring of each room. There are still the large windows, so that fantastic view and northerly aspect are not lost, though somewhat diminished. Once the hospital is up and running, and everyone experiences the spaces, I am sure they will be equivalent. At the moment there are problems with overload from solar gain in summer and excessive heat loss in winter. They are full height, curtain-wall systems and the lower panels are only aluminium. We propose to replace all the windows with double glazing. From the points of view of ESD and recurrent costs, we are attempting to introduce good energy design.

Regarding the detail of the rooms, the size of the footprint allows us to combine a large community space, which was always part of the original plan. The flipside of that is an adjunct space for the staff area, which can be partitioned off for in-house training. There are benefits in using the existing envelope. With the staff area we are redeveloping an external space to the west, so that there is some breakout space for recreation - a bit of green space to get away from the internal machinations of the hospital.

As you saw, the administration is very fragmented and dysfunctional; reception, offices and medical records are all separate. We propose one point of entry and reception at the front door, with a direct link to administration. Medical records need to be accessible to nursing staff, both in and out of hours.

As a 24-hour accident and emergency facility, we had to consider out-of-hours presentations when the front door is not in operation. The intention is for presentations to go through the doors adjacent to the treatment 2 space. The nursing station will have good sight lines and access because in the evening there are only three nursing staff, and only two during the night.

... With acute care, the two-bed wards are adjacent to the nurse station, so the high-care areas are close to the nurse station. There has been extensive consultation as we have worked through the plan and this is reflected in planning of the nurse station, handover, medical prep and medical store to make sure they match nursing health practices. This is also evident in the relationship through to drugs and treatment rooms 1, 2 and 3.

The Committee questioned Mr Penny as to why it was proposed to locate toilet and bathroom facilities on the northern side of the rooms. Mr Penny responded:-

... Part of it is internal planning so that the space is functional, bearing in mind beds going in and out past the ensembles. All the ensembles will meet disabled access requirements, which are important these days. Formerly, you could get away with smaller areas. Cost effectiveness was also a factor given that toilets and ensembles are highly serviced with hydraulics, pipes and so on. This is an existing concrete slab, so having to cut through that and add pipes was a consideration. We also considered how much amenity would be lost in a room. On balance we think that the windows are still large, about 1 800 mm wide and full height. The view will not be lost. There is a change in the culture of experiencing the building, and that was also taken into account. After weighing all of those factors we came up with this as the preferred model.

Mr Cochrane added:-

In support of what Tim is saying, one of the issues that the architectural team noted when they were doing the initial inspections was that a lot of

the time they had to draw the blinds and close the windows up completely to keep the sun out on a hot day. The size of the windows we have here are equivalent to what we have at Queenstown, George Town and Deloraine. We are certainly not short-changing our residents at Smithton. I was a little concerned about that, so when visiting George Town I purposely measured the windows and found they were the equivalent size to what we will have at Smithton.

... Having them out there means that you enter the room into a big, wide space; you do not go through a narrow corridor. It draws the space in for the resident if you have the ensuites out on the corridor side. I guess there are pros and cons for both.

ICT

The Committee questioned the witnesses as to what provision had been made for ICT services, in particular where the satellite communications facility would be located. The witnesses responded:-

Ms HYDE - *I think it will be in the staff briefing room, which we can partition off from the staff dining room. It will be much better. The current room is too small and we need the larger room.*

Mr PENNY - *Given the reticulation of the data services, you are able to do video conferencing in most spaces, not only in the briefing space but also in the multi-purpose consulting rooms and the treatment rooms in accident and emergency.*

Mr COCHRANE - *We were very mindful to add flexibility to the staff spaces. It is difficult to recruit and retain staff, so one thing we factor into these developments is to upgrade the staff areas so that there are better time-out areas and amenities. Environmentally sustainable design and a more energy-efficient heating and cooling system were also important. All the heating will be thermostatically controlled and on timers, so we will not be heating the community health area when it is not being used. There will be a saving to the hospital's budget. Also, the new staff areas are much better than the existing areas; we think that is very important.*

Birthing facilities

The Committee sought clarification as to the location of birthing facilities in the building. Ms Hyde responded:-

The birthing facility will be in treatment room 3. That will have the birthing bed, which can also be used for other cases as well, but it has been designed as a birthing bed. We will also have the resuscitation facility and the humidicrib in case of an unexpected delivery. We have already discussed oxygen piping and so on to the areas we need for baby resuscitation. So there will be a room dedicated to delivery.

Mr Penny added:-

...through the consultation those sorts of spaces are recognised as needing to be multipurpose, so equally that space, when it is not being used as a dedicated birthing area, has the capacity to be used as a consulting room. You will notice in the far corner there is some joinery, so it can be used like a doctor's consulting room as well as a treatment room and birthing suite.

Mr Morris added:-

It is very practical. Could I also point out that at the moment the birthing service is on an emergency basis - we are not doing planned births there at present due to a range of factors. Looking to the future that may change. At the moment we are dealing with emergencies - unplanned events.

Dental services

The Committee questioned the witnesses as to whether dental services, as part of Stage 7B, would be likely to proceed. Mr Cochrane responded:-

Yes, absolutely. I don't consider that finding that money will be all that difficult. Should it not occur, Oral Health Services presently operate in their own dedicated facility in the town, as do child health facilities. But without pre-empting any approvals, we have lodged a bid for the additional money in our capital investment program. Whether it will get out of the department in the current environment, I am not sure. It depends on what the competing priorities are. But certainly we have recognised that there is a shortfall and we have requested additional funding.

The Committee questioned Mr Cochrane as to whether the proceeds from a sale of the current Oral Health Services building in Smithton could be utilised in the proposed redevelopment of the Smithton District Hospital. Mr Cochrane responded:-

...If we divest ourselves of an asset that is surplus to requirements, the funding goes into the Crown Land Administration Fund and we get that money back at the end of the financial year. Subject to the approval of Treasury, we can redirect it towards this project. We have done that on other projects where we have actually redirected the proceeds of asset sales into the capital program.

... Oral Health Services themselves are very keen to move into the new facility. Their present facility, while okay, is starting to get dated and this would certainly be an improvement for them.

DOCUMENTS TAKEN INTO EVIDENCE

The following document was taken into evidence and considered by the Committee:

- Department of Health and Human Services – Smithton District Hospital Redevelopment – Submission to the Parliamentary Standing Committee on Public Works, January 2007

CONCLUSION AND RECOMMENDATION

The redevelopment of the Smithton District Hospital will provide a combined hospital/community health services site that will serve the community now and into the future by providing a contemporary health facility that is adaptable to meet future needs. The schematic design submitted fulfils the objectives of the project providing a cost-effective facility of appropriate quality and flexibility.

Accordingly, the Committee recommends the project, in accordance with the documentation submitted.

**Parliament House
Hobart
27 March 2007**

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