

## Scott Hennessy

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**Subject:** FW: Submission on St Helens new hospital development

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**From:** Moyle Ian **Sent:** Tuesday, 25 April 2017 6:51 PM  
**To:** Scott Hennessy  
**Subject:** Submission on St Helens new hospital development

Joan Rylah  
Chair of Parliamentary Standing Committee on Public Works

There is a urgent need to develop a new regional health facility but the plan that has been presented may not for fill the short term requirements or the future needs of the community. It is important to move this facility from the commercial district of St Helens so that the ongoing expansion of private and commercial developments can be undertaken in the town centre.

I believe the Break o day council purchased a parcel of land and have lobbied to have a new hospital developed. This development is a once in a multi generational commitment and should meet the current demands well as the future requirements.

The St Helens District Hospital Plan and Development

Executive Summary

1. The plan does not meets the future needs of local and district community needs
2. The plan does not have room for expansion
3. Current nursing requirements for the St Hospital are not catered for and future need not included.
4. Multi Bed wards are out side of guidelines for new hospital developments
- 5 Work flow for nursing in the wards and emergency areas are excessive and too disjointed.
6. Security for after hours is a nightmare
7. Resuscitation area needs to have a physical separation from other emergency beds
8. Need for a small theatre as well as a treatment room
- 9 Visitor toilets need to be reviewed and near each waiting room and Emergency area
- 10 Design of medical administration need redesigned.
11. Auxiliary services do not need to be under the roof of the hospital allowing for condensing of the design and expansion of wards.
12. House services could be reorientated to the at the back of the hospital allowing for the wards and emergency areas to be closer together

13. Area for helicopter retrieval support close to Hospital is needed

14 Consideration to the site size as it will not be big enough for todays and future expansion

#### Observations

1. This is a once in a multi generational opportunity for a new health facility for this region. With this in mind there needs to be an eye to the future and a review of the current uses and deficiencies of the present hospital. This plan is a near duplicate of the current floor plan. There is also an opportunity to review the medical services in the community. The St Marys Hospital has 9 beds of which 2 are palliative and is a very old revamped design and this is an opportunity to at least review the need for this facility and capabilities. The St Helens hospital design with X-ray and other medical support may be better for emergency and short stay patients where as the St Marys Hospital may be used as a longer term geriatric and palliative care patients.

The St Marys facility is less than 30 Kilometres away and could be used as an outreach serviced as GP surgery, Community nursing and a residential nursing home, palliative services similar to what is at the Mayshaw facility. This would need to have the current St Helens plan to be expanded to meet the community needs and St Marys used with a single bed for Emergency a short stay patient i.e. less than 24 hours with others transfers to St Helens or Launceston General Hospital.

2. The hospital plan does not allow for expansion and if further ward are needed there would need to a major revamp. The hospital as designed has 10 beds and the present hospital has 10 beds with one dedicated to renal dialysis. The Planned Hospital is approx. 100 metres long and very disjointed when reviewing auxiliary, accommodation and house services.

3. The planned new hospital does not cater for renal patients, mental health and dementia patients. Research shows that we have an ageing population with more chronic diseases such as dementia, cancer and renal disease increasing and there will be increasing requirement for these patients to be held for short stays within the community for treatments or other appropriate accommodation is available.

4. The Plan has two multi bed wards which I believe are outside the design requirements of new hospitals. These wards may in time be converted to single wards reducing the overall patient bed capacity of this facility.

5. The work flow of the nursing staff who look after acute patients in emergency as well as undertaking out-patients treatments and ward work is not conducive to efficiency and increased resourcing will be required. Even the dispensing and preparation up of medications for the wards will be a long trek for nursing staff.

6. Security to this building would be inefficient due to the length of the building as well as the number of external door. If the staffing is similar to today after hours security will be impossible as there are only two or three persons on site after normal 9-5 hours.

7. The resuscitation area need to have a physical separation from other patients in the emergency area to allow for some confidentiality as relatives may be in the other emergency beds. It also would allow for extra storage for equipment used in this type of activity.

8. There is a need for a small theatre as well as a treatment room. Often at present invasive drains and suturing is undertaken in the emergency area on both emergency patients and out patients, A dedicated theatre would allow for a cleaner environment as well as an area away from the immediate emergency patients. On several days a week one or two beds in the emergency area are being used for outpatients treatments and some procedures take over an hour.

9. There are three waiting areas and the activity room in the hospital. The foyer has one toilet, the Oral health Xray has another and two near the emergency area. At least some of these are behind limited access areas so a review of position and access is needed

10. The office area for administration could do with redesign. Scan and record area away from the administration clerk, The Nursing station a hand over room need to be in close proximity and there needs to be a Medical officers room. The NUM and DON could be shifted to allow this replanning. Also clinical services such as Pharmacy preparation should be in close proximity to Nurses station and both wards and emergency area.

11 & 12 Auxiliary services could be relocated outside of the main building or condensed to allow the wards and Emergency area be centralised also hotel services moved to also suit a more compact design

13. Helicopter landing area to be considered for retrievals.

14. An evaluate of the site area is needed to see if it will meet the future demands for health services in the area. The region has an ageing population as well an increasing population also there is a large number of retirees moving into the district so in the future there will be a need to expand this facility and the land that has been selected may not be suitable.

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Intensive Care Paramedic

Address and phone number supplied