Department of Health and Human Services SHARED SERVICES - ASSET MANAGEMENT SERVICES



GLENORCHY INTEGRATED CARE CENTRE

SUBMISSION TO THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

May 2014



EXECUTIVE SUMMARY

Document Purpose

The purpose of this document is to inform the Parliamentary Standing Committee on Public Works of the need for the proposed project and how the design of the works will address this need.

Objectives

The objective of this project is to provide improved facilities through the Integrated Care Centre (ICC) model with the new Glenorchy ICC being a cornerstone of Primary Care infrastructure for Glenorchy and surrounding Local Government Areas (LGAs) (Brighton, Central Highlands, Southern Midlands and Derwent Valley).

The new Centre will provide:

- Greater access to care and services for the Glenorchy and surrounding Local Government Areas (LGAs) (Brighton, Central Highlands, Southern Midlands and Derwent Valley);
- Delivery of the highest quality, multi-professional Primary Care services to the Glenorchy and surrounding LGAs;
- Evidence-based comprehensive care planning for chronic disease sufferers and the elderly;
- Multi-professional care, with a full range of professionals working together to meet the diverse and specific needs of the community;
- Tertiary outpatient services to bring specialist partnership care to the Glenorchy and surrounding LGAs while reducing the demands on outpatient services at the Royal Hobart Hospital;
- Extended scope of practice for Nurses and the need to provide a wider range of services in the community in the future, including acute and post-acute care, chronic disease management services, extended care coordination, case management and high level clinical care, and clinical nursing functions;

Project Budget

The available project funding is \$21,000,000 allocated from the DHHS Capital Investment Program. Current project cost planning details that the project can be delivered within this budget.

Project Program

Design and tender documents are scheduled for completion in July 2014, with Contractors to be appointed in November 2014, subject to the required approvals and receipt of satisfactory tenders. The construction program will be undertaken and is scheduled for completion by January 2016 with final completion of defects period January 2017.

General Project Scope

The project scope encompasses a new facility of nominally 3,950m² in area, spread over 3 levels with a further on site car parking allocation for approximately 42 vehicles, on a nominal 7,043m² gradually sloping Lot.

The new facility will incorporate a significant range of integrated services, incorporating a majority of the functionality from the existing Glenorchy Community Health Centre and expanding to accommodate both new permanent services and visiting services from the Royal Hobart Hospital to provide better management of the chronic and complex conditions that exist within the northern suburbs. The additional services that will be accessible upon completion of the Glenorchy Integrated Care Centre are Oral Health Services, coordinated Chronic Care services operating satellite clinics from the Royal Hobart Hospital, Ambulatory Care, Minor Injuries & Complaints Clinic, Community Nursing Services, Pathology collection and Renal self-dialysis service.

The Glenorchy ICC will broadly incorporate:

- Oral Health surgeries, laboratory, preparation room, x-ray and prosthetic facilities.
- Child and Family consulting rooms including speech pathology, immunisation clinics, continence and midwifery.
- Chronic Disease services, Community Nursing clinics, Activity space for Rehabilitation programs, Health Promotion and primary prevention programs.
- Permanently based Physiotherapy, Podiatry, Social Work, Occupational Therapy services and other visiting Allied Health Services.
- Minor Injuries & Complaints Clinic.
- Ambulatory Care Centre.
- Renal Self-Dialysis.
- Consulting facilities for non-government and private allied health service providers.
- General front of house reception and waiting areas, meeting rooms, staff facilities, utility rooms, general amenities, storage, change rooms and staff office areas.
- Staff and visitor car parking and bicycle storage facilities.

The development works will be in full compliance with contemporary standards and building codes.

Design Approach

The planning approach that has been adopted is based on meeting current and predicted service requirements to integrate the aforementioned clients with a range of chronic and ambulatory care services with linkages to the Royal Hobart Hospital. Key elements are adaptability to enable the building to meet evolving needs and future changes in service and to maximise the accessibility of the facility to the community.

The Glenorchy Integrated Care Centre is located on Main Rd Glenorchy at the north Western end of the main commercial precinct. The site is on the corner of Main Road and Cadell Street and is also bounded partially by Mill Lane, neighbouring industrial properties and Humphrey Rivulet.

Car parking for 42 cars is provided on site with council and shopping centre parking available adjacent the site.

The building will be highly energy efficient in terms of its design and will be delivering a sustainable building thereby promoting Government's climate change initiatives, reducing recurrent costs and providing a healthy and productive workplace.

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1. DOCUMENT PURPOSE

The purpose of this document is to inform the Parliamentary Standing Committee on Public Works of the needs for this project and to explain the processes undertaken during the design phase to maximise the delivery of the desired outcomes.

The document includes the following:

- Confirmation that the proposed investment in infrastructure is the most appropriate means to support improved health services delivery.
- Confirmation that the project is consistent with the Department of Health and Human Services (DHHS) Strategic Asset Management Plan and Clinical Services' Plan.
- Evaluation of the suitability of the proposed Design
- Discussion of 'value for money issues' relating to the design and construction of this project.

2. PROJECT DEFINITION

2.1 Primary Objectives

Tasmania's Health Plan (May 2007) recommended the establishment of Integrated Care Centres (ICCs) in major population centres across Tasmania. One major population area identified was the Glenorchy municipality, with the Health Plan stating that "the Glenorchy Community Health Centre will be developed as a Tier 3 facility with outreach services to the Brighton, Derwent Valley, Southern Midlands and Central Highlands municipal areas". Subsequent discussions and a service planning study undertaken by Carla Cranny & Associates commissioned by the DHHS, resulted in the agreed development of an ICC.

ICCs are planned to relieve demand pressure on acute services by providing services responsive to the increasing demand from patients with complex and multiple conditions as a result of chronic disease. The proposed Glenorchy ICC will be developed with a focus on providing health services for people in the northern suburbs with complex conditions and chronic diseases.

The Glenorchy development will achieve maximum benefit in terms of service reform and integration of services both horizontally (between primary and GP services) and vertically (between primary, secondary and tertiary services).

2.2 General Scope

The project incorporates the construction of the new Integrated Care Centre on a brownfield site located at 404-408 Main Road, Glenorchy. The project is to improve access to a broader range of better coordinated health services for people in Glenorchy and surrounding LGAs with a particular focus on those with chronic and complex health conditions.

Site Assessment

The Department initially looked at the current Glenorchy Community Health Centre site at 2 Terry Street Glenorchy as the possible location for the new integrated care centre. Although this site is within the central business district (CBD) of Glenorchy the site presented a number of issues. The most important of these was that the existing health centre, if maintained in addition to an ICC, would provide space for more health services for the Glenorchy community in the future giving THO South longer term service delivery flexibility. Secondly, building the ICC on a fresh site allowed for construction to be in one stage and without disruption to existing services in Glenorchy. Another consideration was that the 2 Terry Street site had limited land area available with limited capacity to annex any adjacent land.

The Department undertook a review of available sites within the northern suburbs. The site located at 404-408 Main Road, Glenorchy was determined to be the most appropriate site reviewed. This site is located on the edge of the CBD in close proximity to the bus mall and was owned by the Glenorchy

City Council with whom DHHS was already working with cooperatively to coordinate a "precinct" solution.

On identification of the preferred site a more detailed site assessment was undertaken including full geotechnical analysis, site survey, traffic survey and detailed Urban Planning which developed a list of broad principles for the architectural design to consider.



Ref Google maps

Figure 1 - Site Plan

New Facility Details

The new facility will nominally be 3,950m² spread over 3 levels with a further on site car parking allocation for approximately 42 vehicles. The lot is located in the central business area of Glenorchy with a number of major surrounding facilities and a significant quantity of existing Council Car parking as well as easy walking distance to the Glenorchy Bus Mall.

3. NEED FOR THE PROJECT

3.1 Glenorchy Integrated Care Centre

3.1.1 The Service

The Glenorchy ICC will include the following programs and services:

- An Integrated Care Service to provide focus on people with complex conditions and chronic diseases, with funding from the State Government of \$21 million.
- Other aligned community based health services, government, non- government and private.
- Outreach into the broader catchments of the northern suburbs.

3.1.2 Existing Facility

The existing Glenorchy Community Health Centre was built in 1996 on a 1126 sqm parcel of land. The total floor area is 2450 sqm in size and there are currently 9 car parking spaces on the DHHS land with additional spaces leased from the GCC. The current site is located at 2 Terry Street Glenorchy within the main Glenorchy Business District and the building itself is a three level construction, which operates primarily as a Community Health Centre. Adult Mental Health Services will also be relocating to the centre shortly, to fill the vacancy left by the changes to the Housing Tasmania service model, as the current Adult Mental Health Services facility at Gavitt House, Main Road is not suitable for the delivery of efficient and effective clinical practice.

The existing building is limited in its ability to expand and incorporate the right mix of services and space required to deliver more chronic and complex care within the northern suburbs. The building offers average access to services by clients with mobility issues due to the layout of the facility and the minimal lift access to allied health services operating on the 3rd floor. The existing building configuration, construction and location don't readily allow for the construction of additional floors and its proximity to other buildings reduces the opportunity to expand laterally. Therefore it has been determined that the most appropriate solution is to construct a new purpose built facility to deliver the Glenorchy ICC service model that will meet the needs of the clients living within the northern suburbs. It has also been determined it would be in the interest of the Department to retain the existing Glenorchy Community Health Centre for use by other health services better suited to operating within this space. Some of these services currently lease commercial space so relocation to the health centre would allow for the reduction in leasing costs. DHHS' Asset Management Services has estimated that the current solution produces an efficiency of \$4.0 to \$6.0 Million over the original plan to create a Precinct with Glenorchy City Council chambers.

It has already been noted that upon relocation to the Glenorchy ICC the existing Glenorchy Community Health Centre will become the clinical and office space hub for Adult Mental Health Services in the northern suburbs and provide an opportunity to consolidate service delivery to one site. There is also an opportunity for expansion and the incorporation of Child and Adolescent Mental Health into this facility. Pulse Youth Health Services will also remain on the ground floor of the Glenorchy Community Health Centre to deliver their service as the collocation of these services fits well within their service delivery models.

3.1.3 New Functionality

General Configuration

The Glenorchy ICC has been designed with flexibility and encouragement of inter-disciplinary interrelationships to occur with a strong focus on keeping specific service teams collocated. The site has been designed over three floors with each floor having a strong inter-relationship and service delivery focus. The building has been designed with a central atrium to enable as much natural light to filter into the building and allowing natural light into the majority of the treatment and consulting spaces throughout what is a densely planned facility.

LEVEL 1 – Ambulatory Care Centre, Minor Injuries & Complaints Clinic, Pathology South, Centre Reception, Renal Self-Dialysis, Staff Amenities, Storage and Group Meeting Room

The Ambulatory Care Centre and Minor Injuries & Complaints Clinic have been collocated to promote integration between the two services but also to allow for shared spaces such as utility rooms and an additional two bookable treatment rooms. The Ambulatory Care Centre will consist of 12 cubicles, 2 treatment rooms, a clean utility, storage area and accessible toilets for clients. The Minor Injuries & Complaints Clinic will consist of 6 cubicles, 2 treatment rooms, an Interview room, a clean utility, storage area and accessible toilet for clients.

There will be 2 Renal Self-Dialysis chairs that will be accessible for client's 24 hours a day 7 days a week. This will provide client's living in the Glenorchy municipality access to 2 additional chairs outside of the Carruthers facility at St Johns Park and a much needed increase in the access to self-dialysis facilities in the south of Tasmania.

Pathology South will operate a specimen collection service to meet the high demand in the northern suburbs. Pathology South is a bulk-billing service.

The ICC's reception will consist of the main reception and work areas, with the work area being of adequate size to enable electronic document management systems to be installed and operated onsite. There is a large waiting area which also incorporates public toilets and parents facilities for this floor.

This floor will house the general long term storage and archive spaces, dirty store for medical waste and general equipment stores for the facility. Access to these areas will also be suitable for vehicles coming onsite to remove medical waste, linen and general waste from the facility. Staff amenities are also provided along with bike storage space to assist in the promotion of healthy living for staff working at the facility.

LEVEL 2 – Physiotherapy, Podiatry, Occupational Therapy, Community Health Social Work, bookable Consulting & Interview rooms for visiting services, Staff Amenities, Group Meeting Room and Chronic Conditions Program Activity Space

The second floor has collocated services from the Allied Health area as well as bookable consulting and interview rooms for services from the Royal Hobart Hospital to operate satellite clinics at the Glenorchy ICC targeting chronic and complex diseases such as Cardiac Rehabilitation and Respiratory Clinic. The design of this floor allows for integration between services as well as flexible spaces for services to expand.

This floor contains 9 interview rooms, 7 treatment rooms, 6 consult rooms, 25 metre walking track for gait assessments, dedicated dirty utility and laboratory space, ample storage areas to meet the needs of the services operating on this floor and those visiting services, public toilets, dedicated workstations, meeting rooms, sub-reception, waiting areas and staff amenities.

LEVEL 3 – Child Health and Parenting Services, Oral Health Services, Offices, Group Meeting Rooms, Staff Amenities and bookable Treatment & Consulting rooms for visiting services

Child Health and Parenting Services (CHaPs) and Oral Health Services have been collocated on this floor to promote integration and shared areas as both services will be delivering children's services. There are 2 bookable consulting rooms as well as 3 bookable treatment rooms for visiting services from the Royal Hobart Hospital such as continence, midwifery and an allowance for expansion of services operating within the facility. The floor also contains staff amenities, office space for permanent services operating in the facility as well as bookable office space, public and staff toilets, parent's area, waiting area and secure children's play area. There are also two double size meeting rooms which can be divided into 4 meeting rooms available for community groups, staff, seminars, presentations, health promotion and training.

Six oral health surgeries will be available in the Glenorchy ICC initially providing children's services with potential expansion into adults' services in the future. These surgeries are located around general and sterile stores, a sterilisation laboratory, preparation space, x-ray and prosthetic lab.

Three consulting rooms are located on this floor for CHaPs for delivery of child health services with adjacent file store room and combined office and storage room.

External Works

The new centre, being on a brownfield site, will incorporate new on-site parking for staff, client vehicles and government plated vehicles. An ambulance bay will be accessible from the car park on the site of the building along with nominated "drop-off" areas for clients arriving at the centre. There will also be a secure section of the car park for government plated vehicles garaged on-site outside business hours. The car park will be configured to provide easy access to the centre for staff and clients.

The external areas will be landscaped in manner that will assist in sustainable outcomes through minimisation of water use, water harvesting and water recycling and re-use. This will include the trees that already occupy the site.

4. CONSULTATION AND GOVERNANCE

Preliminary Consultation

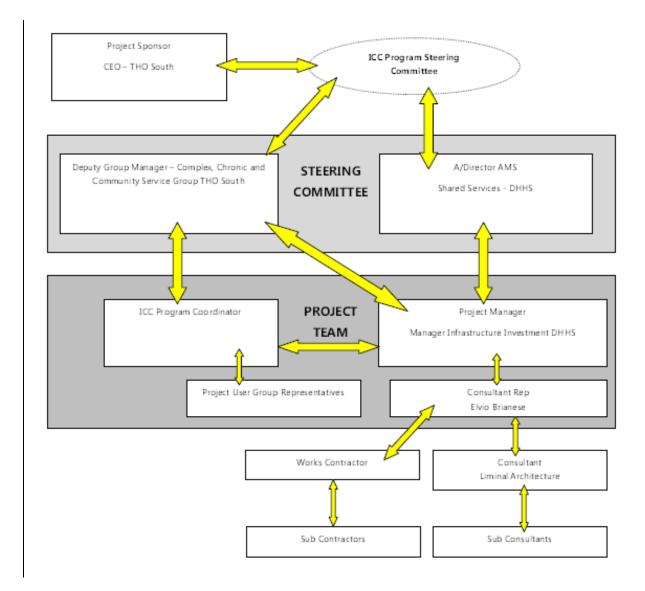
An extensive community consultation process was undertaken in the initial stages of the project to ensure all views and concerns were heard.

This process focus was foremost on developing the services with further consultation to follow around design and construction of the new facility with the services that would be operating in the facility.

Project Control Group

Detailed stakeholder consultation commenced immediately following appointment of the Project Architect – Liminal Architecture. The following diagram illustrates the, Project Control Group (PCG), Project Team and Consultant Team relationships.

More recently, THO South and DHHS' Asset Management Services held a public information session at Glenorchy City Council on 22 January of this year. The public response to the session was unanimously supportive.



Project Co-ordination/Governance Structure

The *Project User Groups* have been meeting as required to enable the project to evolve in line with the project timeline, enabling an adequate consultation phase and sufficient time for Contract Documentation and Project Procurement.

In addition to the above structure, An *ICC Program Steering Committee* meets every six weeks to provide Governance across all matters regarding the Integrated Care Centre program in the southern region. Members of the Glenorchy ICC Project User Groups are also members of this larger Committee and members of the *Glenorchy Project Team* report on this projects progress.

Other Nominated Representatives are comprised of responsible delegates from the various services planned to operate in the Glenorchy Integrated Care Centre together with consultation with the Glenorchy City Council on an as needs basis. These representatives have been formed into Project User Groups during the Design Development phase of this project, ensuring that a consultative approach maximises the desired outcomes for this project.

Consultation with Service Stakeholders

Consultation has continued to occur with all key services groups, other internal stakeholders and associated services.

Design Approval

The Project User Group at its October 2013 meeting endorsed the project schematic design.

At these meetings to date all desired project outcomes have been tabled, discussed and then reviewed for compliance with the endorsed project brief and service model. Participants tested for adequacy in planning, design and budget and maximising value by improving the relationship between various services and related functions to enable shared use of spaces as a cost effective development and also improving the integration between services with shared interests and clients. This consultative approach has resulted in a design that allows all of the desired outcomes to be resolved and provides sufficient flexibility for future expansion.

Final sign off of the developed plans is currently being undertaken with the services to ensure all their needs are met and the facility delivers on the services' Models of Care and the overall Glenorchy ICC Service Model.

5. ADDRESSING THE NEED

5.1 Design Philosophy

The Glenorchy ICC brings together a number of THO South services including those directly associated with the Royal Hobart Hospital into a new facility.

It has been the agreed design approach with all major stakeholders to create a centre that incorporates all of the services within the one greater facility to provide a seamless health care service to the public. Any patient on entering the building will have visual connectivity with the reception desks so that should they not have an existing record on site or otherwise prior instruction on attendance, they can be directed to the most appropriate reception and if necessary the Triage Room prior to receiving a consultation or treatment.

A number of early planning meetings where undertaken with the Project User Group members and through this body the initial identification of the various groups and their potential association with those groups with the strongest linkages was identified. As part of this early design phase bubble diagrams of the various relationships where developed as per the Figure 2 below.

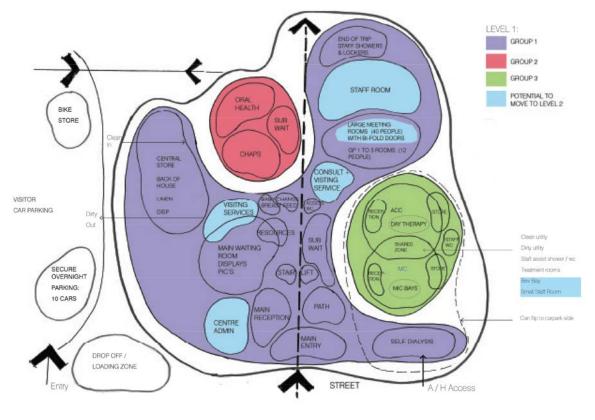


Figure 2

The centre is to have a welcoming non-clinical ambience where possible that will provide a sense of security while at the same time conveying the quality of the health care professionalism and integrated technical support systems available.

As the centre is a new facility within the Glenorchy commercial neighbourhood the design approach provides an appropriate scale of building to each street frontage, breaking the long elevations down to mirror typical development lot proportions. Similarly it will incorporate a 'public place' with an enclosed atrium. The floor plan layout facilitates future expansion of the upper two levels over the car park.

The floor plan is efficient, flexible and simple to navigate providing opportunity for natural light and views out for all occupants whether a visitor or staff.

Vehicle, bicycle and public transport access has been given high priority to ensure all staff and patients are able to attend the facility with minimum inconvenience. The site contains dedicated space for 42 cars including 4 disabled spaces, an emergency Ambulance pick up/drop off point, bicycle parking, a secure refuse areas, a secure zone for 10 DHHS vehicles and landscaped edges to the road frontages and Humphrey Rivulet.

Indigenous planting will be applied to car park landscape. This treatment will assist in stabilisation of the rivulet bank. Visual connectivity to the Atrium is provided for through the U-shaped nature of the centre and encourages its use as a supporting community place.

The plan layout of the centre establishes a primary entry at the south of the site closest to the onsite and council car parks where it is also convenient to have off street drop off and pick up and taxi/disabled vehicle access and parking. At this entry point waiting areas and reception counters for the ICC are located. Beyond this reception area the building opens out into an atrium with vertical circulation and ICC facilities enveloping the open space.

This configuration provides privacy to patients in terms of the services they are using, easy way finding, abundant natural light, and most importantly functional cohesion of each service area.

The subdivision of each department is modular to facilitate maximum interchangeability of the rooms from consultation and interview through to full medical treatment and maximise long term flexibility over the life of the asset.

Special consideration has been given to alternative after-hours use in the Renal area and Pathology South. Both have their own entry points located adjacent to the main entry to accommodate high usage of clients without the need of going into the main Centre proper.

In providing for briefed meeting space, consideration has been given to the use of these spaces by the greater community where it does not compromise the function of the centre. To this end the office meeting areas have been arranged to provide access from an open public stair off the main atrium to some meeting rooms while preventing access to the adjoining spaces.

Sustainable design has been holistically integrated with the whole design and this has been separately elaborated on elsewhere in this report.

5.2 Architecture & Interiors

This facility will provide essential health services to Glenorchy as well as Brighton, Central Highlands, Southern Midlands and the Derwent Valley. The services provided are across all age groups and will include for people with a range of disabilities, those suffering from major injuries, people with age related problems and chronic illnesses.

The design of this building therefore has been based on providing ease of access in meeting DDA requirements as well as Ambulance trolley access.

Entry to the building is on Cadell Street set back from the Main Road intersection. The reception is closely located to the main entry and adjacent the entry for ease of access and orientation.

Centrally within the building there is an enclosed atrium over three levels which forms the main circulation spine. The atrium is wrapped on three sides by departments and is open over two levels overlooking a terraced zone.

On each level adjacent the central atrium are secondary waiting spaces (sub waits). Public circulation beyond these sub waits is controlled by security. Sub waits allow clients to wait closer to the service they need in smaller more intimate groups.

Together the atrium and sub waits form a vertical public space, promoting social connection. Daylight and views provide a pleasant place for staff and clients in the heart of the building.

It is intended this connection to a pleasant natural environment will contribute to a patient's positive experience in attending the ICC and in so doing support the Health Promoting Programs the centre will offer to its patients. It is also intended this relief from the internal clinical environment will be equally positive for the medical and support staff at the ICC.

External materials and finishes were chosen to create a warm, inviting community facility while combining robustness with low maintenance characteristics suited to the fringe suburban/city interface.

Materials were chosen with particular reference to the context. A photographic survey of the precinct concluded that the predominant materiality for public and similarly scaled buildings is brick/masonry.

Utilisation of brick/masonry provides a robust, weatherproof, locally available, maintenance free, sustainable façade material and connection of colour and texture with both the shopping precinct and the neighbouring suburbs.

Secondary facades systems are a combination of glazed elements, insulated panels and framing, and is in direct contrast with the monumentality solidity of the masonry façade.

Colour and natural materials will also be used extensively to enliven and enrich the internal environment to create a homely atmosphere to help reduce the stresses often accompanying a visit to a medical centre.

Materials selection will also be for durability ease of cleaning and as noted under ESD for minimal off gassing to improve indoor air quality.

Where possible external breakout spaces are located to provide daylight and views to the adjacent internal spaces.

These openings provide views from the circulation to the rivulet, surrounding hills, Mt Wellington, the intersection of Main Road the main commercial strip as well as the facilities car park for visitors and staff to enjoy.

These breaks in the building form reduce the overall visual bulk of the building externally and provide step backs for retention of existing site features such as the historic wall and existing tree canopy. Non orthogonal wall alignments to some exterior walls accommodate the spatial requirement internally for specific groups and negotiate external features such as the prominent existing trees lining the street and the curving road alignment of both Main Road and Cadell Street.

The planning has been carefully arranged to define departments for easy way-finding (clients selfnavigating throughout the building) and signage will be designed for clear identification within the ICC.

The above concepts have been established in close consultation over many workshop sessions with the User Groups and guided by the Project Steering Committee.

5.3 Environmentally Sustainable Design

The Tasmanian Government has set an energy consumption reduction target of 60% across all of its Departments by 2050. We have designed this building with holistically integrated low energy consumption and sustainable features to support this aim. The environmentally sustainable development features of this building include the following:

- On site water harvesting to provide for all non potable water supply requirements including toilet flushing, landscape watering, topping up the hydronic heating/cooling system.
- A floor plate design that allows for maximum day light penetration into occupied areas.
- Orientation of most occupied areas to face north or south avoiding low angle sun penetration and consequential glare problems.
- Sun shading to reduce unwanted solar heat gain in summer has been provided for to all windows except those with direct Southern orientation.
- Energy efficient light systems are to be provided for.
- All unglazed walls, the ceiling and roof cavity spaces are insulated and sealed to greater than building Code of Australia mandatory requirements to minimize external weather influence on the interior temperature.
- Solar hot water panels have been included for all potable hot water requirements. This is additional to those panels referred to above providing energy to the heating system.
- Materials selection for the project will be based on low off gassing characteristics, low embodied energy and suitability for recycling.
- Sensible use of double glazing to avoid excess heat gain and loss.

5.4 Building Services Design

Mechanical

Mechanical systems are designed to be minimal, with low running costs and reduced maintenance. Design elements include:

- General exhaust systems to each amenities space, including sick rooms, toilets and shower facilities.
- Main floor plate to be provided with heating and cooling via air-cooled chillers with boilers and air handling units with outside air economiser then chilled beams to perimeter and centre zones.
- The centralised thermal plant offers good efficiency by minimising fan energy, and provide excellent control of indoor comfort conditions
- Sub zoning of each air handling unit will provided to further subdivide temperature control zones without increasing energy costs.
- An air to water heat exchanger will provide tempering of the outside air during winter operation.
- An air to water heat exchanger will provide tempering of the outside air during winter operation. Heat recovery from the hot water system will be utilised to further reduce energy costs.
- Areas of high occupancy, such as meeting and board rooms, will be provided with proprietary cooling system as required.

Electrical

Lighting

- Generally fluorescent / LED with lighting controlled with local switching and occupancy sensors at suitable locations. A master over-ride controlled by the Security system will ensure systems are not accidentally left on during unoccupied times. All lighting systems will meet or exceed the requirements of the BCA J6 energy provisions and comply with AS 1680.
- External car park and security lighting will be providing utilising LED luminaires, with daylight and time clock control.
- Energy efficient LED down lights to feature spaces

Power

• Power services will be designed for patient treatment areas in accordance with AS3003.

Communications

Security Services

- Access control system to required doors
- Reed switches to be fitted on all external doors.
- PIR motion sensors to internal common areas.
- Security cameras as necessary.
- Mobile Duress alarms utilising wireless technology.

Data/*Telephone* Services

An integrated Cat 6 Horizontal structured cabling system in accordance with the DHHS-IT requirements.

Nurse Call

• A digital nurse call system will be provided utilising an integrated Cat 6 Horizontal structured cabling system in accordance with the DHHS-IT requirements. The system will include integration with the security system for fixed duress alarms.

Fire

- Smoke detection in accordance with the BCA and AS1670.1.
- Fire panel interfaced to paging units will indicate to staff where the detector has activated
- Manual call point to AS1670.1 to all areas.
- Sprinklers system to BCA and AS2118.

6. PROJECT SCHEDULE & BUDGET

6.1 Project Schedule

A Summary of the Project Timeline is as follows;

Completion of design development	December 2013		
Development Application submitted to GCC	February 2014		
Completion of Construction Tender Documentation	July 2014		
Construction Tender (advertising, closing and assessment)	August 2014		
Construction Start	November 2014		
Practical Completion of ICC Construction	January 2016		
Final Completion (Completion of Defects Liability Period)	January 2017		

The Construction Phase is only a singular stage construction as the site is unoccupied and THO-South will not begin accommodating the new facility until the Construction Phase is complete.

6.2 Project Cost

The approved funding for the Glenorchy ICC development is \$21,000,000.

The cost of the development is currently:

DESCRIPTION	SUM
Land Purchase and associated costs	\$1,900,000
Site Works	\$200,000
Construction Costs	\$12,000,000
Project Risk Allocation	\$1,165,000
Construction/Design Contingency	\$900,000
Post Occupancy Allowance	\$100,000
Professional Fees and associated costs	\$1,895,000
The Tasmanian Government Art Site Scheme	\$80,000
ICT Infrastructure	\$500,000
Escalation Costs	\$360,000
Furniture and Equipment	\$500,000
Salaries Component	\$800,000
Corumbene Works	\$600,000
PROJECT TOTAL	\$21,000,000

The budget summary above indicates that this project is currently on budget. Due to the nature of this project with many user groups and the risks identified in the Heritage Study commissioned for this project and associated with the impending Development Application, there is a sizeable Project Risk Allocation. Should this allocation not be fully expended, remaining funds will be allocated in to the Furniture and Equipment budget and Construction Costs.

The current project costs are provided by the project Quantity Surveyor and based on reasonable allowances for the projects location and current market conditions.

7. RECOMMENDATIONS

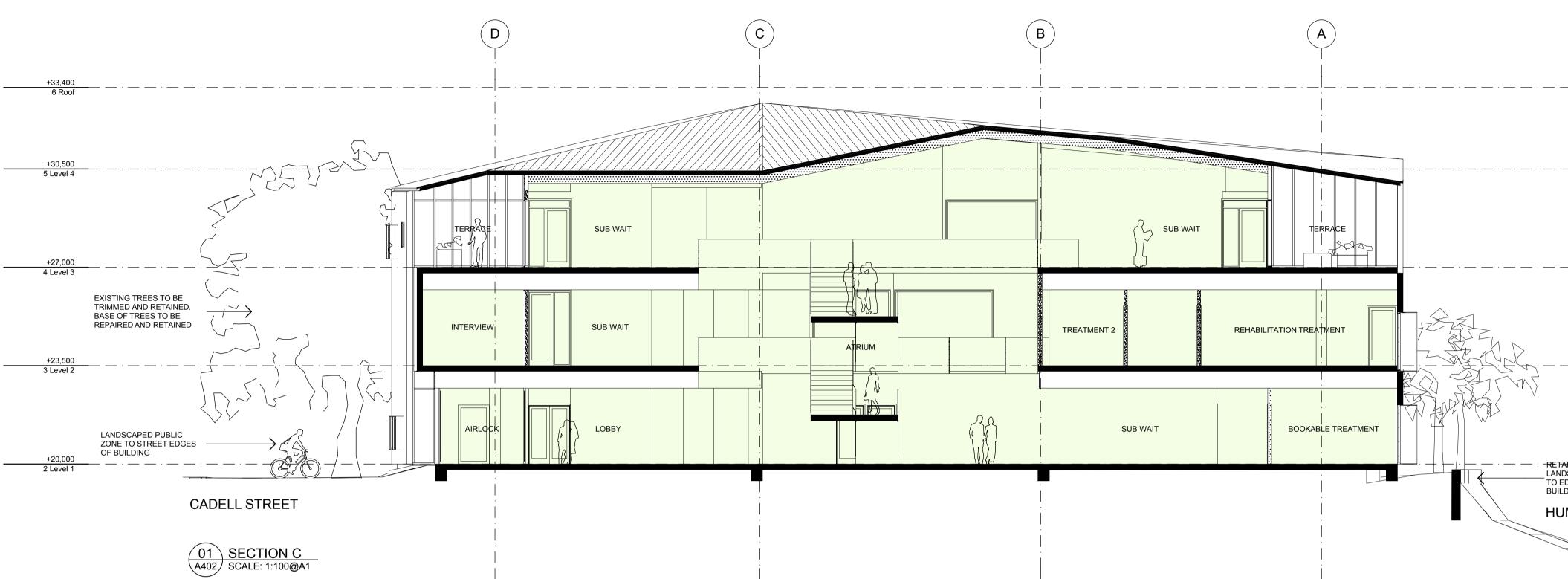
The Project Steering Committee and Project Team have carefully assessed and explored the options and solutions available and have determined the design submitted provides the required project outputs as determined in the project functional brief. In addition, the design is consistent with the strategic long-term direction of THO-South in Hobart's northern suburbs catchment.

It is recommended that this submission be viewed favourably given the benefits it will provide to the communities of Glenorchy and its environs. The project, once completed, will immediately commence addressing the need to deliver appropriate health and community services.

8. APPENDIX A – PROPOSED SCHEMATIC DESIGN

GIC	A101	Site Plan
GIC	A201	Level 1 Floor Plan
GIC	A202	Level 2 Floor Plan
GIC	A203	Level 3 Floor Plan
GIC	A301	Elevation Sheet 1
GIC	A302	Elevation Sheet 2
GIC	A401	Sections Sheet 1
GIC	A402	Sections Sheet 2

- GIC External Perspective 1
- GIC External Perspective 2
- GIC Internal Perspective



REVISION	No.

DESCRIPTION

DATE

	+33,400 6 Roof			
	+30,500 5 Level 4			
	+27,000 4 Level 3			
· · · · · ·	+23,500 3 Level 2			
AINING WALL AND	+20,000 2 Level 1			
IMPHREY RIVULET				

60 Barrack Street Hobart Tasmania 7000 T +613 62310166 contact@liminalarchitecture.com.au liminalstudio.com.au ACN 079131712 PTY LTD TRADING AS LIMINAL ARCHITECTURE



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PROJECT GLENORCHY INTEGRATED CARE CENTRE

CLIENT DHHS

TITLE SECTIONS SHEET 2

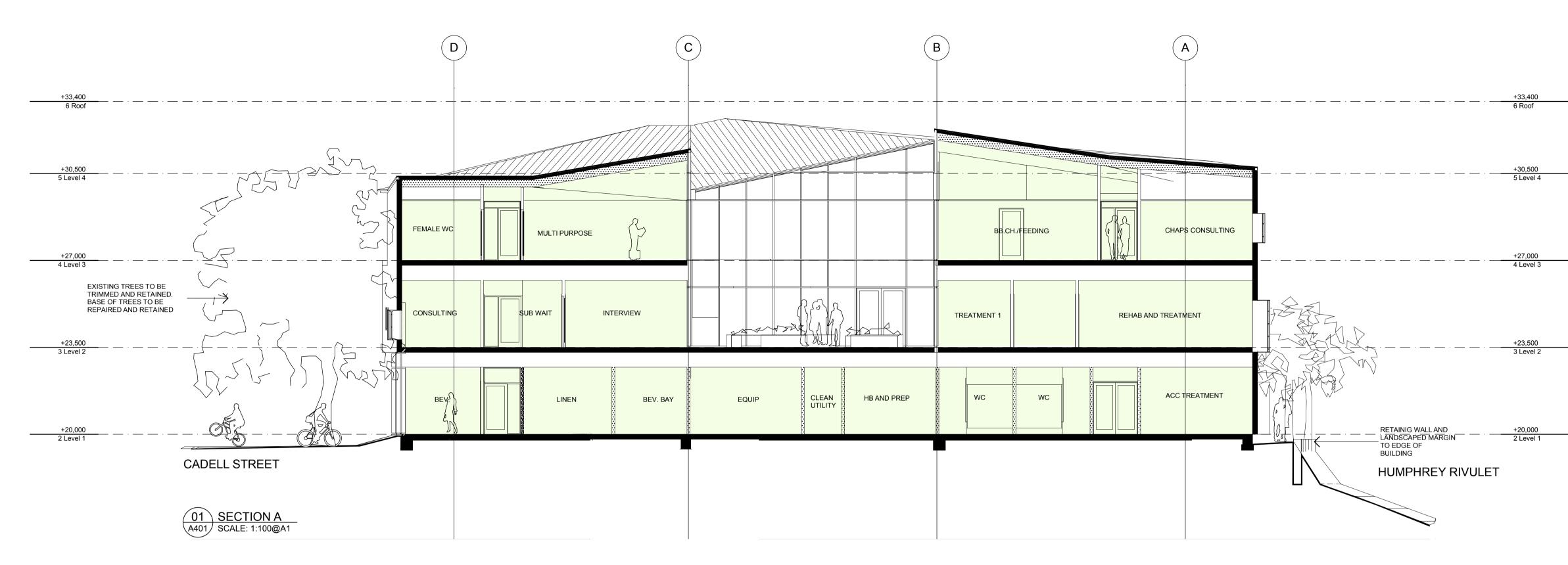
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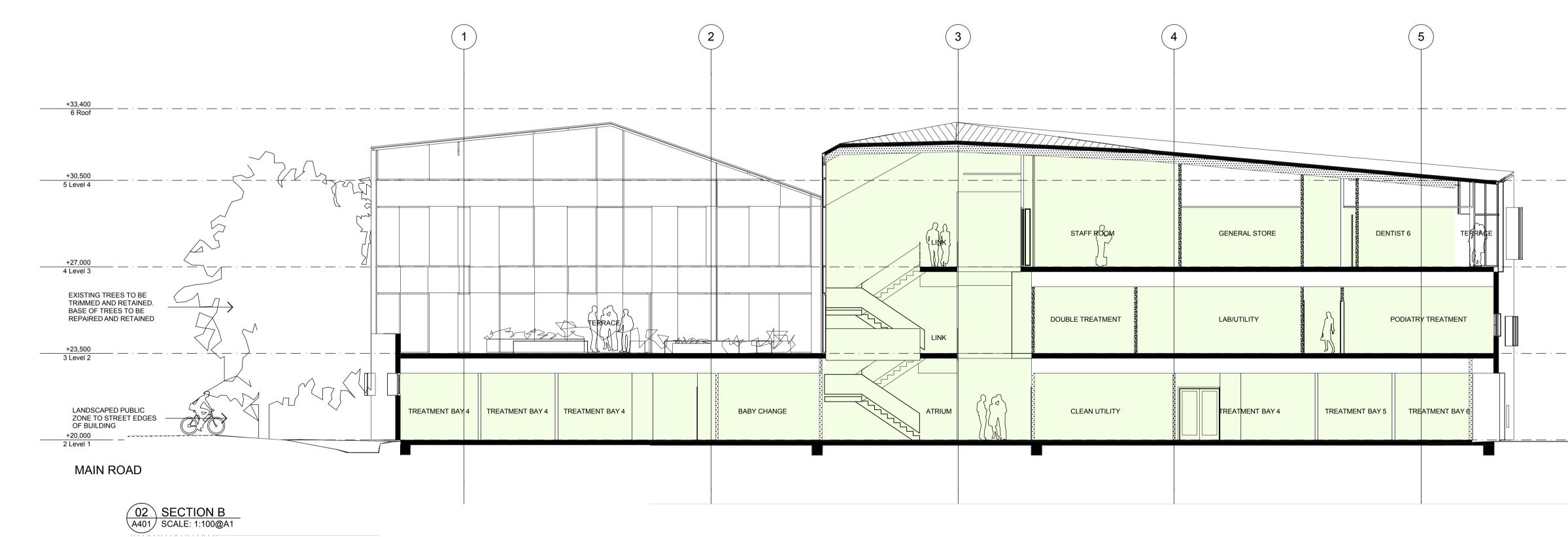
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DATE 21/01/2014 \square SCALE NTS PROJECT CODE GIC \bigvee APPROVAL PRELIMINARY

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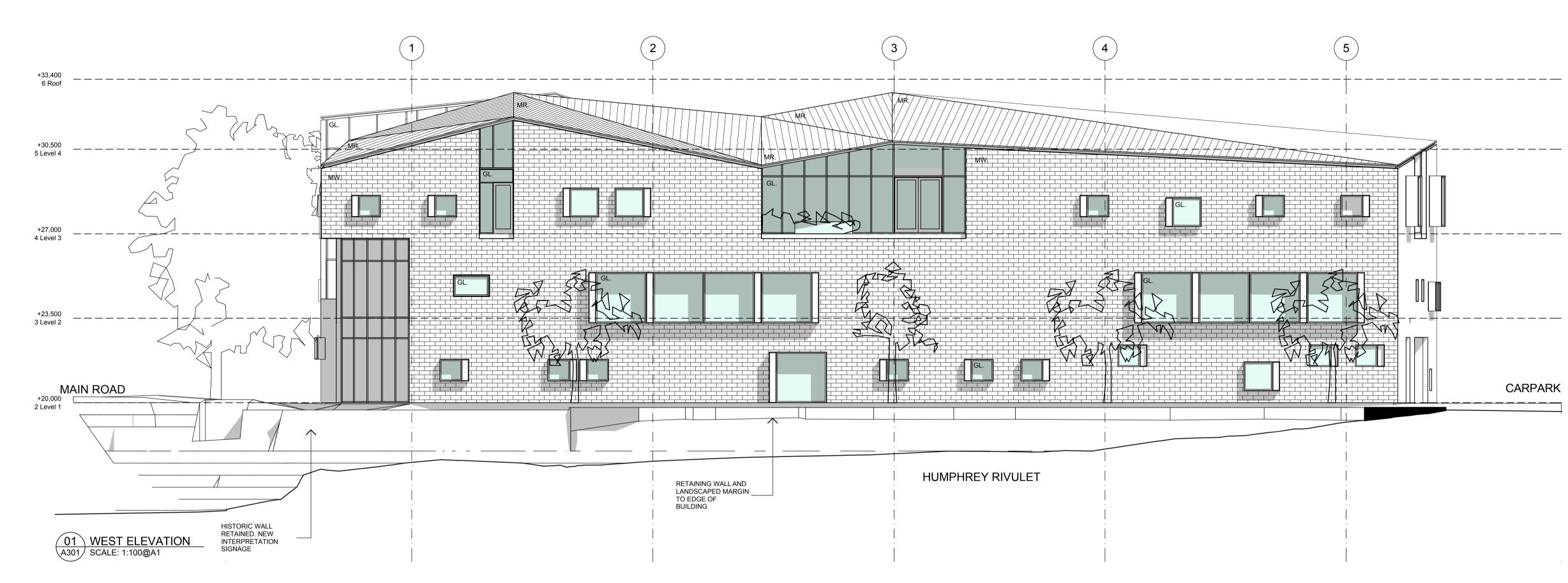


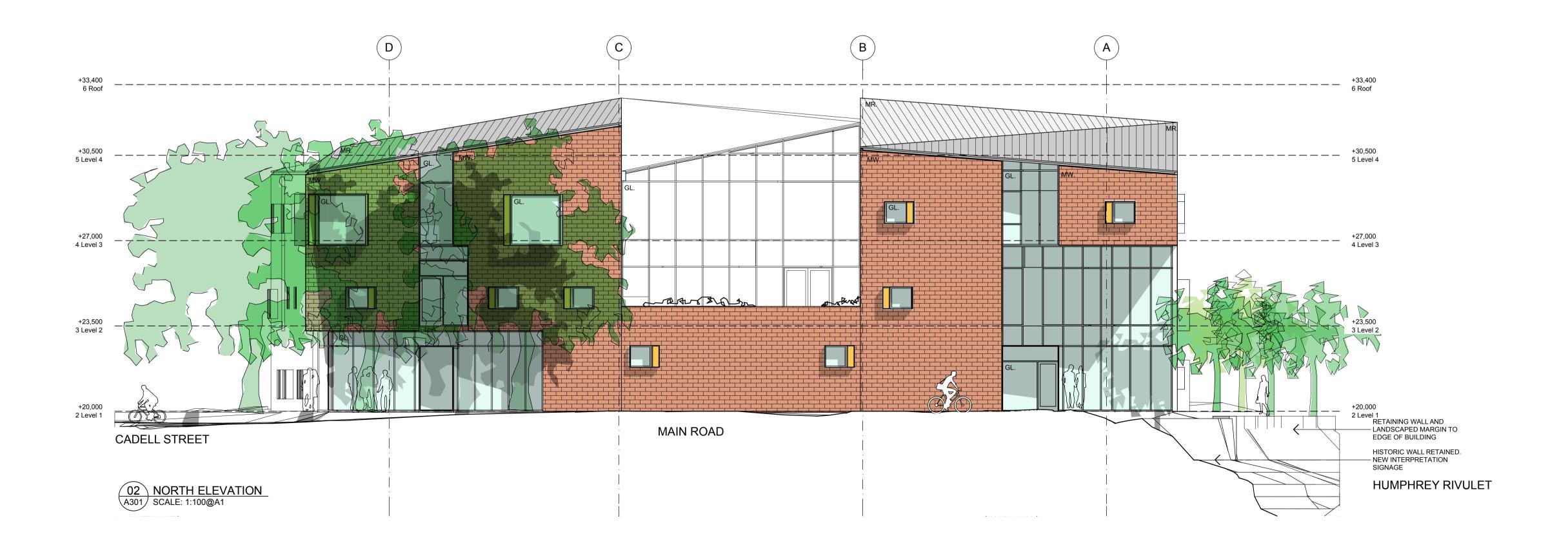


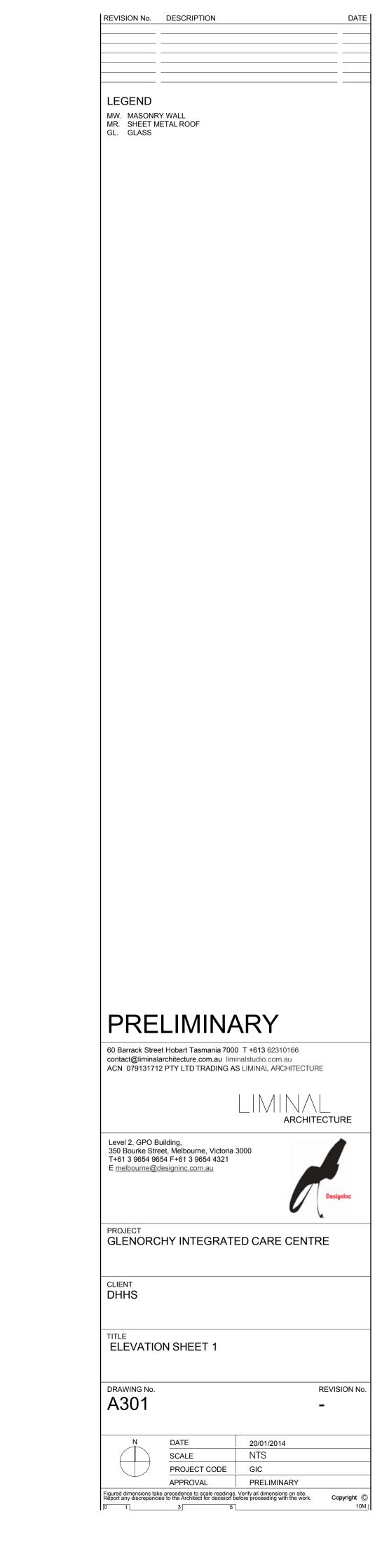
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CARPARK	+20,000 2 Level 1	T+61 3 9654 9654 F+61 3 9654 4321 E melbourne@designinc.com.au PROJECT GLENORCHY INTEGRATED CARE CENTRE CLIENT DHHS TITLE SECTIONS SHEET 1 DRAWING No. A401
CARPARK	+20,000 2 Level 1	T+61 3 9654 9654 F+61 3 9654 4321 E melbourne@designinc.com.au PROJECT GLENORCHY INTEGRATED CARE CENTRE CLIENT DHHS TITLE SECTIONS SHEET 1 DRAWING No. REVISION No. A401 - DATE 21/01/2014 SCALE NTS
CARPARK	+20,000 2 Level 1	T+61 3 9654 9654 F+61 3 9654 4321 E melbourne@designinc.com.au PROJECT GLENORCHY INTEGRATED CARE CENTRE CLIENT DHHS TITLE SECTIONS SHEET 1 DRAWING No. A401 - N DATE 21/01/2014











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 +30,500 5 Level 4
 +27,000 4 Level 3
 +23,500 3 Level 2

CARPARK

+20,000 2 Level 1



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PROJECT GLENORCHY INTEGRATED CARE CENTRE

CLIENT DHHS

TITLE LEVEL 3 FLOOR PLAN

DRAWING No. A203

REVISION No. -

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PROJECT GLENORCHY INTEGRATED CARE CENTRE

CLIENT DHHS

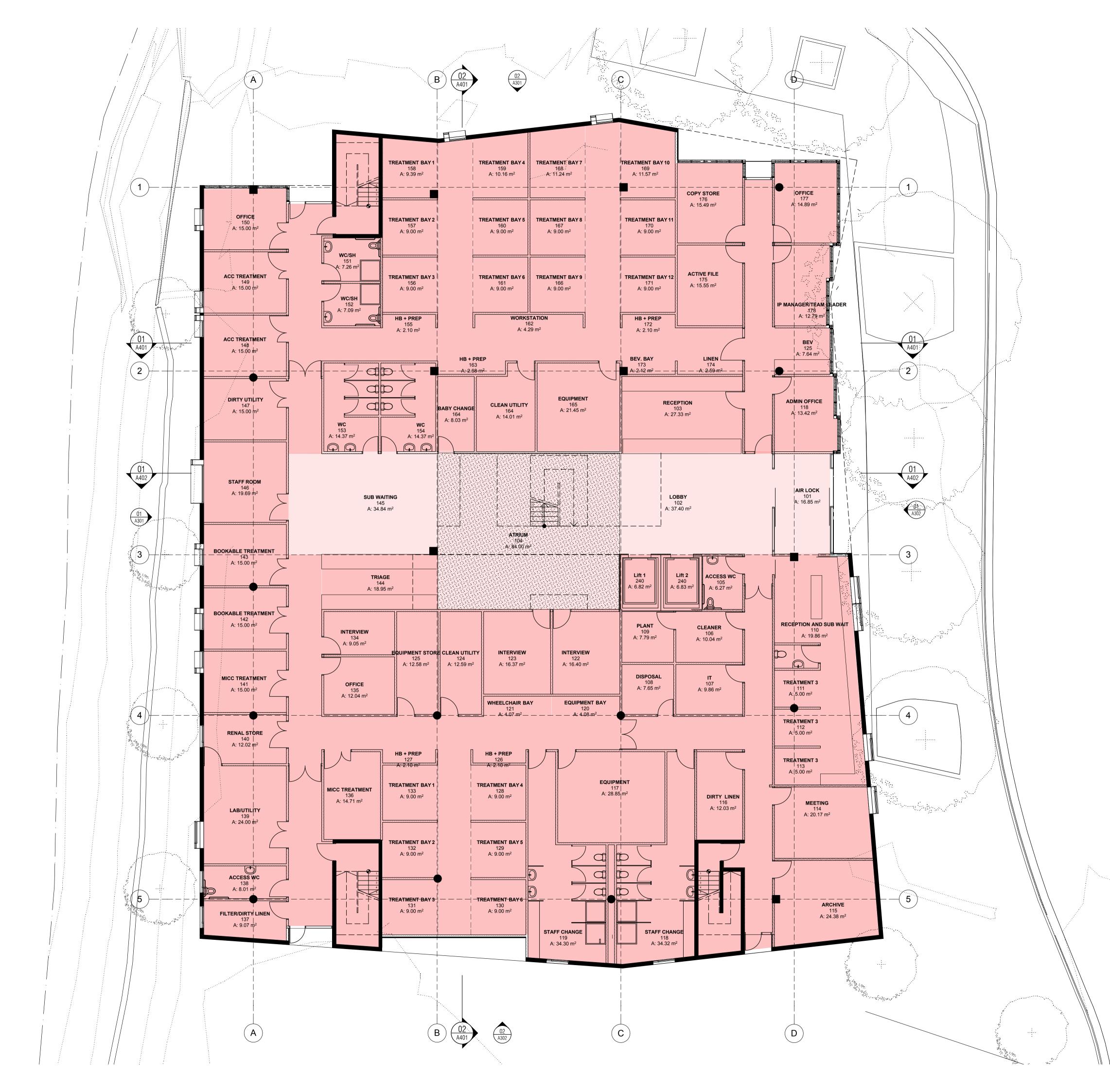
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	350 Bourke Street, Melbourne, Victoria 3000 T+61 3 9654 9654 F+61 3 9654 4321 E <u>melbourne@designinc.com.au</u>	
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	Figured dimensions take precedence to scale readings. Verify all dimensions on site. Report any discrepancies to the Architect for decision before proceeding with the work.	Copyright © 10M



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