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THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

REPORT

relating to the proposed extensions

to

REPATRIATION GENERAL HOSPITAL

at

CONCORD, NEW SOUTH WALES

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

EXTENSIONS TO REPATRIATION GENERAL HOSPITAL, CONCORD, N.S.W.

REPORT

By resolution on 17th August, 1966 the House of Representatives referred to the Parliamentary Standing Committee on Public Works for investigation and report, proposals to construct extensions to the Repatriation General Hospital at Concord, New South Wales.

The Committee have the honour to report as follows:-

THE COMMITTEE'S INVESTIGATION

1. We received submissions from the Repatriation Department and the Department of Works and took evidence at a public hearing in Canberra from representatives of these departments. A short written submission was received from the Dean of the Faculty of Medicine at the University of Sydney on the need for new operating theatre facilities. The Committee inspected the hospital, including the areas where the proposed work is to take place.

THE PROPOSALS

2. The proposals submitted to the Committee envisage -

(a) constructing two additional floors on the two storey Administrative Building to provide a new operating theatre suite and associated facilities;

(b) accommodating an expanded and centralised Pathology Department in the multi-storey building by the reconstruction of two wards, and the associated rearrangement of an area now used by that Department;

(c) installing two automatic lifts in the multi-storey building; and

(d) constructing a new building for administrative purposes.

REPATRIATION DEPARTMENT

3. Functions The Department is responsible for the administration of benefits available to those eligible under the Repatriation Act and associated legislation. This includes hospital treatment for disabilities attributable to war service and, subject to certain conditions, treatment and care are provided for disabilities not due to war service for -

(a) eligible members receiving war pensions at or exceeding the 100% general rate;

(b) service pensioners, including those from the Boer War;

(c) widows and certain dependants of deceased ex-servicemen whose deaths are due to war service;

(d) members suffering from pulmonary tuberculosis;

(e) nurses who served in the 1914/18 War.

4. Departmental Institutions It is the department's policy to provide in-patient treatment at its own institutions in each state, wherever practicable, so that the special responsibilities embracing both investigatory and treatment functions can be made effectively and without encroaching on general community facilities. Establishments provided for this purpose include a large general hospital in each capital city and a smaller auxiliary hospital in each state, except Tasmania. Limited use only is made of outside hospitals for in-patient treatment, mainly in country areas.

5. Out-patient treatment is provided by local medical officers, by specialists in the various branches of medicine who have been appointed to departmental panels, at departmental out-patient clinics and, in some cases, at general hospitals.

REPATRIATION GENERAL HOSPITAL, CONCORD

6. Location and Functions This hospital is situated about nine miles from Sydney and occupies 57 acres of land overlooking the Parramatta River at Yaralla Bay. The hospital was erected in

1941/42 as the 113th Australian General Hospital and in 1947 was taken over by the Repatriation Department to provide general hospital facilities for its patients. At present it consists of a main 9-storey 'T' shaped contral block and a pavilion area. Both areas contain wards as well as specialised and administrative services. There are also two multi-storey nurses homes, a medical officers quarters and ancillary buildings for the laundry, boiler house, entertainment facilities, etc.

7. The hospital provides a full range of services for general medicine and surgery, treating acute as well as long term patients. It also has extensive facilities in special areas such as psychiatry, tuberculosis and geriatrics. It is a teaching hospital for medical students associated with the University of Sydney and is recognised for post-graduate training purposes by the major specialist colleges. A training school for student nurses was established in 1948. A post-graduate course in geriatric nursing has also been established.

8. The following figures relating to in-patient treatment in 1965/66 indicate the scale of activity at the hospital.

Treatment Category	In-patients First Day of Period	Admissions During Period	Total Patients Treated	Average Length of Stay (Days)	Average Daily Beds Occupied
General Medical	822	9,069	9,891	29.3	721
Surgery	369	6,701	7,070	20.6	387
Tuberculosis	23	198	221	40.4	27
Psychiatric	183	2,447	2,630	26.2	141
TOTAL	1,397	18,415	19,812	25.9	1,276

9. The present hospital can accommodate 1504 patients in 54 wards, of which 19 are located in the multi-storey building and the remainder in the pavilion wards.

10. Accommodation Needs Following a survey of needs for accommodation and services in all Repatriation hospitals in 1963/64,

the Government endorsed the first year of a four year programme of priority improvements to the Repatriation General Hospital at Concord and agreed that works in subsequent years should be dealt with in the annual budgetting context. The first year's work included the operating theatre suite. The Pathology Department and administrative building projects were included in the second year's programme.

11. Other projects in the four year programme included a number of relatively minor works as well as -

- further extension of the administrative building for Administration, Radiology and Pharmacy (estimated cost $160,000)
- a new 32 bed ward on the 6th floor of the main hospital building (estimated cost $200,000)
- a new teaching block for medical students to be built as an Australian Universities Commission project as part of the 1967/69 Triennium (estimated cost $336,000)

12. In considering the four year programme the Government was aware that the proposals submitted took account of only current priority requirements and did not allow for any major changes in medical techniques or standards, or in the eligibility for treatment.

13. Bed Requirements The Committee were told that a number of studies of bed requirements at Repatriation General Hospitals have been carried out since 1959 and although the first forecast was that there would be some increase in demand to about 1975, experience and later investigation demonstrated that the present in-patient level should be maintained to about 1970. From that time on, it is expected that there will be an upward trend as the World War II ex-servicemen population ages and becomes eligible for service pensions and thus for in-patient treatment. It is thus expected that existing ward accommodation will be adequate at least until about 1970.

OPERATING THEATRES

14. Existing Accommodation At present the hospital has two operating theatre suites providing, in all, seven theatres. One suite, containing three theatres, is located on the 7th floor of the multi-storey building, while the other suite with four theatres is situated in the pavilion area. All major specialist surgery and most general surgery is carried out in the multi-storey building suite. The second suite is used mainly for ear, nose and throat work, primary infective surgery and diagnostic procedures.

15. Overall, 63% of operations are performed in the multi-theatres. This suite is of brick construction and has tiled and painted plaster rendered walls. The theatres are rectangular with "scrub up" facilities located in the actual theatre areas. The suite was originally designed to function as three operating theatres and a theatre plaster room. Because of the lack of accommodation for the preparation of sterile trays for operations, the plaster room is now used as a "set up" area.

16. The suite in the pavilion area is located in a 'U' shaped timber framed building. The peripheral theatres have "scrub up" facilities in the theatres themselves. The two centre theatres have a separate "scrub up" area. All four theatres are separated from anaesthetic rooms, instrument storage and work space by a long corridor. The eastern end of one wing consists of staff rooms and offices for senior hospital assistants. The other wing has accommodation for the X-ray and Pharmacy departments. One of the theatres has been retained for special examinations and X-ray requirements including contrast media techniques. It is proposed to discontinue the use of three of the pavilion theatres when the new theatres are built - the fourth theatre now used for X-ray purposes will be retained for this work because of its proximity to the X-ray Department.

17. Improvements to the pavilion suite have been made in recent years but none have been entirely satisfactory. Due to the nature of construction there has been considerable movement in the building which tends to open up the sealed joints of the internal lining. The plaster sheet walls cannot stand up to the continuous washing down which is necessary and this results in rough areas being exposed. Both of these factors can contribute to bacterial contamination. The air-conditioning system is ineffective also and it cannot easily be improved.

18. We took evidence on the unsuitability of the pavilion suite for purposes other than those requiring special X-ray equipment and on the inability to improve the standards required because of its inherently poor design and construction.

19. Need for Additional Operating Theatres Whilst the multi-theatres are of a limited acceptable standard, they have a number of disadvantages, partly created by the heavy use to which they are put and also because their design does not really satisfy modern requirements. Alterations to the layout or the provision of additional services cannot be made readily. The pavilion theatres are not suitable for general surgery in the light of modern standards, for the reasons already discussed.

20. The consequence of the shortage of suitable theatres is -

(a) some cases requiring surgery are kept waiting longer than desirable. This means inefficient use is made of the facilities of the hospital and the services of surgeons and staff;

(b) the prolonged use of theatres which is now necessary, is tiring for staff and may lead to breakdowns in the aseptic ritual. This could give rise to a higher incidence of infection;

(c) there is often insufficient time for preparation, cleaning, ventilation and maintenance purposes.

21. An analysis of the work load on the existing facilities shows that between 1948 and 1965 there was an increase of over 66% in the number of operations carried out at Concord. It is expected that this trend will continue as patient loads increase and the ex-service population ages.

22. Extent of Need A number of factors require consideration in measuring the operating theatre needs of a hospital. In Repatriation hospitals where elective surgery represents more than 90% of operations performed, and more prolonged deep cavity, orthopaedic and urological operations are common, an operating theatre to surgical beds ratio of between 1 to 40 and 1 to 60 is considered desirable.

23. The present ratio is 1 to 57. This is considered unsatisfactory for a general hospital with a medical student teaching status when it is considered that almost two thirds of all operations, including all major cases, are performed in the three theatres in the multi-storey suite. The actual ratio for this hospital might therefore be regarded as 1 to 84.

24. These figures compare with the following ratios for three of the principal public hospitals with teaching status in Sydney.

Royal Prince Alfred Hospital - 1 theatre to 48 surgical beds

Sydney Hospital - 1 theatre to 50 surgical beds

Royal North Shore Hospital - 1 theatre to 31 surgical beds

In other major Repatriation General Hospitals, the corresponding figures are -

Heidelberg, Victoria - 1 theatre to 50 surgical beds

Greenslopes, Queensland - 1 theatre to 41 surgical beds

Springbank, South Australia - 1 theatre to 37 surgical beds

Hollywood, Western Australia - 1 theatre to 40 surgical beds

25. Taking account of these factors, the Committee agreed with the conclusion that four additional operating theatres are required to meet current needs and those of the near future.

26. The Proposal The proposed provision of a suite of four operating theatres in two banks of two theatres each will permit surgeons with long operating lists to use theatres alternately, instead of the prevailing situation where one theatre often has continuous use without appropriate time intervals for preparation.

27. The new suite and the three multi-theatres will then provide the following complex of theatres -

(a) four general surgery theatres which will enable standard 3½ hour sessions to be scheduled in the general surgery field;

(b) one orthopaedic theatre for the removal and reapplication of plasters and radiological examination under aseptic conditions;

(c) one urological theatre for infective type of work;

(d) one reserve theatre to be used for septic cases and for emergency and maintenance purposes.

28. One theatre in the pavilion area will continue to be used for special techniques and contrast media requirements.

29. Location Three possible locations for the additional theatres were considered but in the final analysis the proposal to provide the facilities in two floors to be added to the existing three storey administration building was thought to be the most suitable from aesthetic, efficiency, convenience and cost viewpoints. Although there are no lifts in the building, access to and from the multi-storey building will be by way of enclosed gangways both from the theatre level and from the plant and sterilising rooms above. The site is central and allows easy access to the main ward areas and the main investigatory and specialist services.

30. Design The existing administration building comprising lower ground, ground and first floors was designed so that an extension of two floors could be made subsequently. Advantage of this provision is to be taken for the construction of the two floors

of the operating theatre suite. However, the floor area is not wide enough to provide for a modern suite of operating theatres and it will be necessary to extend the building by 20 feet at the second and third floor levels. The space beneath will eventually be built in for additional accommodation for Administration, Radiology and Pharmacy referred to in paragraph 11.

31. The second floor will accommodate the operating theatre complex in about 18,000 square feet in such a way that the staff change areas will be isolated from the operating theatre section by an air lock. The traffic flow within the suite will be arranged to separate dirty and clean areas. The design principles followed accord with modern concepts of operating theatre layout and design. The comfort and safety of the patient and working conditions of the staff have had special attention.

32. Clean materials will reach the sterile store on the second floor by a hoist from the sterilising room on the third floor while the dirty materials, after processing in the "clean up" areas between the theatres, will be sent by hoist to the processing areas above. Bacterial control within the operating theatres will be assisted by the choice of building materials and the design of the air-conditioning system. The precautions outlined in Australian Standards Code CZ9 are to be taken against explosion hazards in areas where highly inflammable anaesthetic gases will be used.

33. On the main floor the accommodation provided will include four operating theatres each 20 ft. by 19 ft., two of which will be provided with ceiling mounted X-ray facilities and support facilities including a common area for "scrub up" and an anaesthetic room to each two theatres, dark room, anaesthetists office and workshop, theatre store, trolley park, conference room, recovery ward for six patients and change facilities and rest rooms for doctors, sisters, nurses, orderlies and students.

34. Access to this floor will be by the enclosed bridge connecting to the multi-storey block at the second floor level. Although it is not intended at this stage to instal an electronic monitoring system in the theatres and recovery ward, space provision is made on the floor above to permit a future installation.

35. Space on the third floor will be occupied mainly by the mechanical plant room serving the operating theatre complex, but as well, accommodation will be provided for a clean up area, a clean work room and trolley set up area including sterilisers and staff change rooms.

36. This floor will be reached by an enclosed bridge from the third floor level of the multi-storey building.

37. Construction The structural steel frame to be used for the extensions will facilitate erection as well as the future lateral extension of the lower floors. Primary beams will span transversely across the building and secondary beams will span longitudinally. Floor slabs will be of cast in situ reinforced concrete. Beams and columns will be concrete encased.

38. External walls of the second floor will be of face brickwork to match the existing building but on the third floor lightweight masonry sections sheeted with plastic coated metal panels will be used. The insulated galvanised steel deck low pitch roof will be supported by purlins carried on steel trusses whilst the roof of the second floor where not built over will be of reinforced concrete finished with galvanised steel decking. The enclosed bridges to the multi-storey building will match the concrete encased steel framing and metal and glass infilling panels in existing gangways.

39. The internal finishes will be selected to obtain aseptic conditions where required and there will be minimum finishes elsewhere. Walls and partitions on the second floor will be of terra cotta block and generally finished in hard plaster. Partitions on the third floor will be of lightweight masonry also finished in hard plaster

except the plant room walls which will be painted only. Walls in the operating theatres, anaesthetising rooms and the recovery ward will be covered in continuous welded vinyl sheeting.

40. Corridor walls in the theatre area will be protected from damage by trolleys and other mobile equipment by inset panels of laminated plastic. The walls of toilets, change rooms, scrub up, laboratory and dark room areas will be finished in vinyl and glazed ceramic tiles as required.

41. The floors of the operating theatres, anaesthetising rooms, scrub up areas and recovery ward will be sheeted with conductive vinyl tiles. In the plant room the floor will be granolithic. Other areas will have floors of welded sheet vinyl. Stairways will be finished in granolithic.

42. The ceilings of the operating theatres will be in hard plaster covered with continuous welded vinyl. False ceilings in other second floor rooms will be finished in fibrous plaster and enamel. The ceilings in the third floor rooms will be insulated and sheeted with fibrous plaster. Removable acoustic panels will be used in corridors to give access to service ducts in the false ceiling space.

43. Fittings will be designed for their particular functions and as required these will be provided with sinks and service outlets for hot and cold water. Oxygen, nitrous oxide, suction and pressure will be reticulated to operating theatres, anaesthetising rooms and the recovery ward.

44. The operating theatres, anaesthetising areas, the recovery ward, conference room and the rest rooms will be air-conditioned. Ancillary areas such as change rooms will be mechanically ventilated.

45. Electric power for the new suite will be taken from the existing main switchboard in the multi-storey building. A separate cable will serve the X-ray equipment and the main switchboard will be extended to provide for the extra demand. Illumination will generally be from fluorescent fittings to a standard conforming with

the appropriate Australian Standard Lighting Code. General purpose power outlets will be provided and fixed electrical equipment will be direct wired.

46. Extensions will be made to the existing hydraulic services as necessary to serve the operating theatre complex. Harmful wastes from the area will be neutralised before discharge into the sewerage system.

PATHOLOGY DEPARTMENT

47. Pathology, being the medical specialty dealing with structural and functional change in tissues and organs of the body which cause or are caused by disease, is regarded as an essential aid for diagnostic investigation and therapeutic control. It has a functional relationship to the other operative treatment areas. The four main divisions of activity are microbiology, histopathology, biochemistry and haematology.

48. Present Facilities and the Need for New Accommodation

Pathology activities at Concord are widely dispersed in a number of separate locations. Histopathology occupies space on the lower ground floor of the administrative buildings, Haematology and Microbiology are on the ground floor of the eastern wing of the multi-storey building and Biochemistry is accommodated nearly 1/4 mile away in the pavilion area. The histopathological museum is located in an underground tunnel which links the nurses home and the administrative building while the mortuary is located in the pavilion area.

49. The total space now occupied by Pathology, excluding the mortuary facilities, is 9636 square feet. This area is totally inadequate in terms of space and location for an effective pathological service because work loads have expanded and are still growing. The dispersed location of the various sections causes a loss of efficiency and time, and reduced flexibility in the use of staff and services has resulted. The cramped conditions tend to

affect the skill and accuracy of staff, they restrict research activity and the development of some aspects of pathological work has been inhibited.

50. In the period between 1960/61 and 1965/66, the number of pathological tests carried out at Concord rose by 159 per cent despite that in the same period in-patient admissions increased by only 16 per cent. Over the same period the number of tests per admission increased by 123 per cent. The principal reason for the increase in pathological work is the use of the service as a prerequisite to diagnosis and assessment of the effectiveness of treatment. Other major hospitals in Sydney and elsewhere have experienced the same trend. As a result of the increased work load it is now proposed to increase the staff of the Pathology Department from 41 to 63.

51. The Committee agreed that there is a need for all Pathology groups to be located together in a much larger area than currently occupied.

52. Assessment of the Need It is expected that because additional staff will be available to provide essential services and as the trend is towards more tests per patient, the work load will continue to rise in the future.

53. While much of the proposed additional accommodation is needed to meet the increasing volume of standard tests, some space is required so that development in important new fields of work can continue. For example, emphasis is being given to exfoliative cytology as it offers relatively simple and inexpensive methods for the early diagnosis of certain diseases, notably cancer. The use of radioactive isotopes is another of the several fields of diagnostic work which is still being developed.

54. Based on studies comparing Pathology Department space needs in major hospitals and allowing for the particular requirements of Concord, the accommodation need was assessed at about 18,000 square feet which is double the space now in use. On a space per employee basis this will provide 282 square feet which compares reasonably with that allowed in selected public hospitals in Sydney and Melbourne.

55. The Proposal It is proposed to convert wards G10 and G20 on the ground floor of the multi-storey building, to laboratories and pathology areas. These, together with existing pathology accommodation in ward G30, on the same floor, will accommodate the whole pathological service. This site was selected because it is centrally located near a maximum concentration of patients and was thought to be more practicable than constructing a new building.

56. The layout planned will permit an efficient work flow and maximum economy in the use of equipment and services. Duplication of facilities and amenities will be minimised and sterilisation services for the department will be centralised. Sufficient space will be provided in each of the major areas for the collection of specimens to avoid moving patients where a number of different tests are to be undertaken. The centralisation will allow effective regular liaison and consultation between senior staff. It will also result in a single set of patient records, and communications with the operating theatres will be improved. We noted that this accommodation can be extended to meet future additional needs and to cater for research activities.

57. The space is to be air-conditioned because of the nature of the work involved which requires an exceptionally high degree of concentration and accuracy at all times.

58. The building to be vacated by Biochemistry in the pavilion area will be used for expansion of the Social and Rehabilitation group. The space on the ground floor of the administrative building now used by Histopathology, will relieve the overcrowding in the adjacent Pharmacy Department.

59. The two wards to be taken over by the Pathology Department now contain 56 beds. It had been originally thought that at least some of these would need replacement in the four year programme but this view has been reassessed in the light of recent average and peak bed strengths. The conclusion reached was that for several years at least the demand will be stable and additional ward space will not be required.

60. Construction. Microbiology and Haematology will continue to occupy their existing accommodation which is to be remodelled and modernised. Some extra floor space in this area will result from the relocation of an external wall to enclose an area which is at present a flat roof over the accommodation below. The present ward accommodation will be remodelled to accommodate Biochemistry and Histopathology. A total of 23 laboratories with separate facilities including office accommodation and facilities for staff will be provided.

61. The new wall of the north-west wing will be a curtain wall with opening window sashes and plastic coated aluminium panels. New partitions will be of lightweight aggregate block construction. Walls of the room holding radio isotopes will be of reinforced concrete. All internal walls will be finished with hard plaster. The walls and ceiling in the radio isotope laboratory will have a continuous jointless plastic coating to provide a smooth, impervious, washable and dust free finish. Walls of the toilets and showers and in the specimen collection room, will be welded sheet vinyl from floor to ceiling. Sheet vinyl surrounds on walls will be provided to sinks and basins as required in laboratories, wash up areas and other auxiliary rooms. The walls of the wash up, media and autoclave rooms will be finished with glazed ceramic tiles extending from floor to ceiling.

62. The concrete floors will be finished with welded vinyl sheets throughout except in the toilets and showers where ceramic tiles will be used. Existing plaster false ceilings will be reconditioned and made good as necessary. Removable metal acoustic panels will be used in corridors to permit access to service ducts in the ceiling space.

63. Laboratories will be fitted with benches of a design appropriate to their use. As required they will be provided with sinks, vacuum points and service outlets for hot and cold water and gas. Distilled water will be provided from stills in the autoclave

and wash up area. The media preparation, autoclave and wash up rooms will be equipped with steam and boiling water sterilisers, washing machines and electrically heated drying ovens. Fume cupboards will be provided in the Biochemistry Section.

LIFTS

64. Present Facilities At present four automatic passenger/service lifts serve the multi-storey building. They operate from the foyer between the lower ground and the 7th floor - two being also connected to the roof area and plant room. Jointly, these lifts provide communication with 19 wards which accommodate about 560 patients and with the principal investigatory and surgical departments including the operating theatre suite and the central sterilising facilities. The lifts also provide communication with the X-ray and Pharmacy Departments located in the administration building which is linked to the multi-storey block by enclosed gangways.

65. The Committee were told that experience has shown that at peak periods the lifts cannot cope with passenger demands. The service also fails to properly handle normal service requirements, emergency medical needs or the occasions when the normal service is interrupted by breakdown or for maintenance.

66. In an endeavour to minimise the inadequacies of the lifts, the use of them for particular purposes is limited so that essential demands can be met. Despite this attempt to obtain maximum utilisation, there have been times when pre-operation patients have had to wait excessive periods for movement to the operating theatre suite on the 7th floor. This difficulty will be further aggravated if additional facilities are not provided when the new operating theatres are functioning.

67. An investigation of traffic loads and needs has indicated that additional lift capacity is required and that two additional passenger lifts, equipped for both attendant and non-attendant control, are needed to service the multi-storey building.

68. Location and Design When the building was erected a spare lift shaft was incorporated in the structure adjoining the existing lifts. Space was also left which would accommodate a second additional lift and appropriate space was provided for new lift machine rooms. Investigations have demonstrated that the most practical solution will be to install the two new lifts in the space now available.

69. The lifts proposed are to be essentially for the carriage of staff and visitors in a rapid inter-floor service but they will be designed to accommodate stretchers should the need arise. The introduction of the two new lifts will enable the existing lifts to be restricted to use under attendant supervision, principally for patient and other service purposes. The new lifts will each have a 3,500 lb. load rating and a maximum speed of 300 feet per minute.

NEW ADMINISTRATIVE BUILDING

70. Existing Accommodation The administrative services at Concord are at present dispersed in the following way -

(a) The treatment clerical group and the associated Admissions and Discharge sections are located on the lower ground floor of the multi-storey building. Most related clinical and other records are stored in two old buildings which are to be demolished to provide the site for the proposed building.

(b) Most senior medical, nursing and general service administrative groups, together with the finance staff are housed on the ground floor of the administrative building which is adjacent and linked to the multi-storey building.

(c) The personnel group, typistes, audit and stock taking staff occupy a ward on the western side of the pavilion area 500 yards from the main administrative building.

(d) Other small administrative groups such as nursing aide, hospital assistant and male orderly supervisors, are scattered throughout the hospital. Because of specialised or functional relationships, it is not proposed to relocate these groups.

71. Decentralisation of the administrative staff restricts effectiveness of the hospital's management and this in turn affects the standard of treatment and care. The widening of eligibility for treatment at Repatriation hospitals and the aging of the patient population have both placed heavier demands on the administrative services including Admission and Discharge sections and the experience has been that not only are greater numbers of patients being handled, but procedures are taking longer.

72. It was clear to the Committee that there is an urgent need for additional accommodation for administrative purposes.

73. The Proposal The proposal submitted to the Committee is for the construction of a new building in which to house the Discharge Section and its associated services and the Finance, General Services and Personnel sections. The relocation of these groups would have the effect of not only improving each of their own facilities and efficiency, but will also relieve congestion, particularly in the Admissions Section and the pressures that are felt throughout the hospital.

74. The site chosen, adjacent to the eastern wing of the multi-storey building, is in a position from which its services will be conveniently available to its users. The clinical records in the two stores which will be demolished to make way for the new building, will be accommodated in the new Medical Records Library and Registry.

75. Construction The natural contours of the land are such that each of the two floors will be accessible from ground level. The Discharge Section and its associated services will be at the lower level whilst the Finance, General Services and Personnel sections

will be on the first floor. The building, which will measure 120 feet by 40 feet on plan, will have a reinforced concrete frame with beam and pier foundations. Piers will be founded on rock at about 20 feet. The main beams will span transversely and support reinforced concrete floor slabs. The ground floor slab will be of reinforced concrete bearing on the ground and the roof will be of reinforced concrete beam and slab construction to permit future vertical extension of the building by one storey.

76. External walls will be of face brickwork and the windows will be aluminium. The insulated pitched roof will be covered with terra cotta tiles. The internal walls of the change rooms and toilets will be brick, hard plastered and finished with ceramic tiles from floor to ceiling. Other partitions will be prefabricated demountable timber sections. The walls of the lunch and sample rooms will be of brick construction finished with hard plaster. The floors will be finished in welded sheet vinyl, except in the toilets and in the loading bay where ceramic tiles and granolithic respectively will be used. The ceilings of both floors will be off form concrete sprayed with vermiculite.

77. Electric power will be taken from the existing main switchboard in the multi-storey building. Illumination will generally be obtained from fluorescent fittings conforming to the appropriate Australian Standard Lighting Code. The thermal fire alarm system will be connected to the existing alarm system which in turn is connected to the local Fire Station switchboard. Hydraulic services to the building will be extensions of existing mains.

ESTIMATES OF COST

78. The total estimated cost of the work submitted to the Committee is $1,225,000. The details are -

OPERATING THEATRE SUITE:			
	Building work	$318,000	
	Electrical services	$23,000	
	Mechanical services	$126,000	
	Lifts	$13,000	
	Hydraulic services	$34,000	$514,000
PATHOLOGY DEPARTMENT:			
	Building work	$154,000	
	Electrical services	$29,000	
	Mechanical services	$170,000	
	Hydraulic services	$68,000	$421,000
ADDITIONAL LIFTS:			$120,000
ADMINISTRATIVE BUILDING:			
	Building work	$118,000	
	Electrical services	$22,000	
	Mechanical services	$16,000	
	Hydraulic services	$14,000	$170,000
			$1,225,000

PROGRAMME

79. The Committee were told that after an approval to proceed is obtained, the preparation of working drawings and contract documents, invitation and analysis of tenders and acceptance of a contract, are expected to take 15 months. The contract period is expected to extend over 80 weeks.

THE COMMITTEE'S CONCLUSIONS

80. The Committee recommend that the works in this reference proceed as quickly as possible.

81. In this context the Committee view with concern the fact that although there is an urgent requirement for the new operating theatre suite immediately, it will be almost three years before the present facilities can be supplemented. The facts presented at the public hearing on the need for the new suite were supported and emphasised by the evidence seen by the Committee during the inspection.

82. That the present operating facilities were inadequate or were about to become so, has been obvious for some time. It is the conclusion of the Committee that in these circumstances detailed planning of the operating theatre suite should have been at the present stage several years ago.

83. The same general comment might also be made about the Pathology Department. In this case it seems that the provision of an essential medical service has been inhibited by the lack of suitable expansion space and the inefficiency of the existing accommodation.

84. In conformity with studies of bed capacities and future trends of eligibility for treatment, we believe that planning of future building requirements should be maintained on a continuing four year programme basis.

RECOMMENDATIONS AND CONCLUSIONS

85. The summary of recommendations and conclusions of the Committee is set out below. Alongside each is the paragraph in the report to which it refers.

		Paragraph
1.	FOUR ADDITIONAL OPERATING THEATRES ARE REQUIRED.	25
2.	THE SPACE OCCUPIED BY PATHOLOGY IS TOTALLY INADEQUATE IN TERMS OF SPACE AND LOCATION FOR AN EFFECTIVE PATHOLOGICAL SERVICE.	49
3.	THERE IS A NEED FOR ALL PATHOLOGY GROUPS TO BE LOCATED TOGETHER IN A MUCH LARGER AREA THAN CURRENTLY OCCUPIED.	51

		Paragraph
4.	TWO ADDITIONAL PASSENGER LIFTS ARE NEEDED TO SERVICE THE MULTI-STOREY BUILDING.	67
5.	THERE IS AN URGENT NEED FOR ADDITIONAL ACCOMMODATION FOR ADMINISTRATIVE PURPOSES.	72
6.	THE TOTAL ESTIMATED COST OF THE PROPOSALS REFERRED TO THE COMMITTEE IS $1,225,000.	78
7.	THE COMMITTEE RECOMMEND THAT THE WORKS IN THIS REFERENCE PROCEED AS QUICKLY AS POSSIBLE.	80
8.	ALTHOUGH THERE IS AN URGENT REQUIREMENT FOR THE NEW OPERATING THEATRE SUITE IMMEDIATELY, IT WILL BE ALMOST THREE YEARS BEFORE THE PRESENT FACILITIES CAN BE SUPPLEMENTED.	81
9.	DETAILED PLANNING OF THE OPERATING THEATRE SUITE AND THE PATHOLOGY DEPARTMENT SHOULD HAVE BEEN AT THE PRESENT STAGE SEVERAL YEARS AGO.	82 - 83
10.	PLANNING OF FUTURE BUILDING REQUIREMENTS SHOULD BE MAINTAINED ON A CONTINUING FOUR YEAR PROGRAMME BASIS.	84

Alex Buchanan

A. A. BUCHANAN
Chairman

Parliamentary Standing Committee
on Public Works,
Parliament House,
CANBERRA A.C.T.

14th September, 1966.