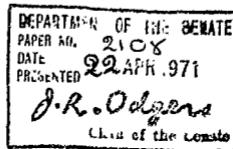


1971

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS



INTERIM REPORT  
relating to the proposed redevelopment of  
ALICE SPRINGS HOSPITAL  
Northern Territory  
(FOURTH REPORT OF 1971)

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

REDEVELOPMENT OF HOSPITAL  
ALICE SPRINGS, NORTHERN TERRITORY

INTERIM REPORT

On 24 December 1970, His Excellency the Governor-General in Council referred to the Parliamentary Standing Committee on Public Works for investigation and report to the Parliament, the proposal for redevelopment of the hospital at Alice Springs, Northern Territory.

The Committee have the honour to report as follows:

THE REFERENCE

1. The proposal referred to the Committee includes the construction of new buildings and remodelling of some existing buildings at the hospital at Alice Springs to accommodate 313 in-patients and to provide ancillary services and domestic accommodation for staff.
2. The new buildings proposed are
  - a three-storey ward block to accommodate 253 patients and supporting hospital facilities;
  - a services building for stores, laundry, boiler and chiller house and the mortuary;
  - a three-storey nurses' home to accommodate 212 sisters.

3. Other phases of the work include

- alterations to an existing nurses' quarters;
- extension of the medical officers' quarters;
- remodelling the central sterile supply and theatre block to provide a public health laboratory;
- remodelling two existing ward blocks to take 20 and 40 patients respectively;
- remodelling the administrative building for a regional office for the Department of Health; and
- conversion of laboratory buildings and the aerial medical services building for staff accommodation.

4. The estimated cost of the work as referred to the Committee was \$11.5 million.

#### THE COMMITTEE'S INVESTIGATION

5. Written submissions were received from the Department of Health and the Department of Works and we took evidence from representatives of these departments at public hearings in Alice Springs. At the same hearings, we also received evidence from representatives of the Alice Springs Hospital Advisory Board, the Northern Territory Branch of the Australian Association of Social Workers, the United Church in North Australia, a number of nursing sisters employed at the hospital and from Mr. B.F. Kilgariff, M.L.C.

6. We inspected the existing facilities at the Alice Springs Hospital and the sites for the proposed new buildings.

7. As part of our investigation we also examined the cost of providing comparable living-in accommodation in a number of projects currently being examined by the Committee including the present reference, the Community College, Darwin and quarters for the Services. A preliminary examination suggested that there are anomalies in the standards adopted by various Commonwealth authorities charged with providing residential accommodation and that an overall study might usefully be made of relative costs and standards.

8. Consequently, we have asked the Department of Works, as the Commonwealth's design authority, to undertake an analysis of the various implications of different types of living-in accommodation. This study is now in hand but may not be completed and considered by the Committee for several months.

9. As we are anxious not to delay this project, we are therefore making this interim report so that the Government can approach the Parliament for an early endorsement of the proposed work but without the living-in accommodation for nurses and single medical officers.

10. Briefly then, the Committee

- concluded that a need has been established for all of the work in the reference including residential accommodation for nurses and single medical officers;
- concurs in the work proceeding except for that accommodation; and
- undertakes to report finally on the design and construction of the nurses' and single medical officers' accommodation when the Department of Works' analysis has been considered.

ALICE SPRINGS HOSPITAL

11. Site The site of 18½ acres is located south of the town centre and is bounded on the north by Stuart Terrace, on the south by a building reserve, to the east by Gap Road and on the west by the Flying Doctor Base and residential development.

12. The building work proposed in this reference is to be contained within these boundaries and accords with the master plan for the ultimate development of the site agreed between the Departments of Health and Works and endorsed by the Alice Springs Hospital Advisory Board.

13. The disposition of buildings on the site puts the new main ward block towards the southern end of the area with single medical officers' and sisters' accommodation to the west and north respectively. The small ward blocks being retained are located between the new nurses' home and the main ward block, while buildings containing ancillary hospital services are generally in the north-east corner of the site.

14. Existing Facilities The existing hospital is equipped with 201 beds and includes accommodation built for the opening of the hospital in August 1939, as well as buildings added during World War II and subsequently. They comprise

- the original hospital buildings opened in 1939 including wards accommodation for 87 patients, space for pharmacy, radiology, physiotherapy and administrative purposes and living-in accommodation for sisters. These buildings are of single-storey design with large open verandahs surrounding a central core of rooms;

- converted army huts erected during World War II mainly of the Sidney Williams type with light steel framing and galvanised iron wall cladding. These buildings have all reached the end of their economic life and are listed for demolition;
- a brick evaporatively cooled nurses' home built in stages between 1955 and 1961;
- accommodation built since 1960 which includes
  - the general ward block built in 1960 (which is now evaporatively cooled);
  - an evaporatively cooled out-patients/administration block provided in 1960 by renovating and extending old accommodation;
  - the maternity ward, operating theatre and central sterilising department, all of which are air conditioned and were built in 1964;
  - the boilerhouse, also built in 1964;
  - single medical officers' quarters which are evaporatively cooled and were built in 1968.

In addition, two 32-bed ward blocks and two buildings accommodating 46 sisters, all in temporary demountable construction, were added in 1969. These units all have window mounted air conditioning units.

15. The Committee were told that before planning of the present reference commenced, the existing buildings were closely inspected and it was agreed that some buildings, particularly those dating back to World War II and earlier,

have outlived their usefulness and no longer provide an acceptable standard of accommodation. On the other hand, a number of more modern structures are still satisfactory and are suitable for inclusion in a redevelopment of the hospital, although not necessarily continuing in their present roles. Our inspection confirmed these conclusions and we therefore completely agree that the buildings which are proposed to be demolished are no longer economic to maintain and do not provide a satisfactory standard of hospital accommodation.

16. The use to which the buildings being retained are to be put is detailed in paragraph 45 below.

17. Region Served by Alice Springs Hospital The Alice Springs Hospital treats patients who live in the southern part of the Northern Territory. As well as Alice Springs itself, the region comprises scattered sparsely populated centres including pastoral properties, mining camps, Aboriginal welfare settlements and missions. Although some of these areas are also served by the 37-bed Tennant Creek Hospital, which mainly meets the immediate needs of Tennant Creek, generally patients are admitted to the Alice Springs Hospital. The hospital also caters for the needs of about 1,000 Aboriginals, living in the most northerly part of South Australia.

#### HOSPITAL NEEDS OF REGION

18. Population Factor In reports made to the Parliament in 1970 on three major works proposals for Alice Springs, the Committee commented about the factors which have caused the population of the township to grow from 4,648 at the time of the 1961 census to 9,778 at 30 June 1970. The rate of growth since 1966 has been around 11% per annum compound. The departmental forecast is that this high growth rate will continue at least for another three or four years, then taper off slightly and that by 1975 the town will have a population of 14,000 and by 1980 at least 20,000.

19. The population of the region served by the hospital, outside of Alice Springs itself, has also been increasing but at a somewhat slower rate. The Committee were told that it has been estimated that the non-Aboriginal population has been growing at the rate of 6.4% per annum and the Aboriginal population at 2% per annum. We were informed that the population of the region served by the hospital at 30 June 1970 has been estimated to be 20,900, comprising 12,750 non-Aborigines and 8,150 Aboriginals.

20. It was noted that for hospital planning purposes, it has been assumed that the population of Alice Springs will increase at 10% per annum, the non-Aboriginal population of the region by 6.4% per annum and the Aboriginal population by 2% per annum, at least until 1975/76. At that time, the population served by the hospital is expected to reach 31,400 including 9,170 Aboriginals.

21. Bed/Population Ratios The Committee were reminded that the use made of hospital beds in the Northern Territory, particularly by Aboriginals is high and in this connection it is relevant that the Committee in its report in 1962 on the modernisation and expansion of the Darwin Hospital endorsed a ratio of beds to population of 9.5 beds per 1,000 for non-Aborigines and 12.1 beds per 1,000 for Aboriginals. It is noteworthy for comparison purposes that the Committee in 1968 concurred in a figure of 6 beds per 1,000 for the Woden Hospital in Canberra. Among the reasons which led the Committee to endorse the higher ratios for the Darwin Hospital were

- it has to cater as a single hospital for a population scattered over a large portion of the Northern Territory and there is no other hospital to which an excess of patients could be transferred;

- many patients who live great distances from the hospital need to be admitted for minor conditions and held until completely cured;
- there is a high birthrate;
- a high proportion of patients attend hospital due to the smaller number of private practitioners;
- outbreaks of gastro-enteritis among Aboriginals in remote areas frequently require admissions to hospitals;
- it is necessary to keep Aboriginal patients from settlements and missions in hospital for extended periods for observation and then investigation and treatment of anaemia, intestinal parasites and deficiency diseases.

22. The bed/population ratio figures adopted for Darwin in 1962 were based on experience at the hospital up to that time and it was obvious that having regard to those circumstances the ratios were quite reasonable. Circumstances have changed in the intervening period and at present beds are being occupied at the rate of 9.9 beds per 1,000 for Aboriginals and 4.8 beds per 1,000 for non-Aboriginals. In this connection, we noted that in prudent hospital planning it is widely accepted that a beds occupied to beds provided ratio of 85% is a satisfactory standard.

23. The three principal factors which are credited with bringing about the improved bed ratio in Darwin are the increasing number of medical practitioners in private practice, the improved living and medical conditions on settlements and missions and the expansion of supporting public health services outside of hospitals.

24. Bed Needs of Aboriginal Patients So far as Aboriginals in the Alice Springs area are concerned, the same general considerations apply as in Darwin except that experience has shown that in the past five years particularly there has been an exceptionally high rate of use of hospital facilities by children. While, for example, the average daily occupancy of paediatric beds in 1967/68 was 40, it grew to almost 100 in 1969. This increase followed a study in 1964 by Professor Maxwell, Professor of Child Health, University of Adelaide and coincided with a fall in the mortality rate among Aboriginal children from more than 200 per 1,000 live births to a figure less than 100 and the concurrent provision of higher standards of paediatric care.

25. Once Aboriginal children are admitted to hospital, it is the practice to retain them for extended periods for not only are they in need of hospital care but early discharge is not practicable. Furthermore, because of the nature of their illnesses, their way of life and the lack of understanding of the elements of hygiene, these illnesses cannot yet be treated in their own environment.

26. In these circumstances, the Department of Health has planned to provide beds in the Alice Springs Hospital on the basis of 12 beds per 1,000 Aboriginal population but with an added provision of 50 paediatric beds for the special needs of Aboriginal children. The Committee agree that these provisions are reasonable and practicable.

27. Non-Aboriginal Patients Experience not only in Darwin but in Alice Springs also suggests that a bed provision of 6 beds per 1,000 population is adequate in the light of known demands and the nature of the medical care available. It was suggested to the Committee that there is a widespread trend, as ancillary medical services develop and more doctors take up private practice,

for the demand for hospital beds to decrease and that by the time the new ward block is completed, an even lower bed/population ratio may suffice. In any event, for the purposes of the planning now of the bed needs of the Alice Springs Hospital in 1975, the Committee concluded that a bed/population ratio of 6/1,000 should be adopted.

28. Tuberculosis Patients In hospital planning, it is usual to make an allowance outside the normal bed provision for T.B. patients. In other words, the beds provisions discussed above do not allow for these patients and additional facilities are needed if T.B. patients are to be treated in the hospital.

29. There is a somewhat higher incidence of T.B. in Aboriginals in the southern region of the Northern Territory than elsewhere in the Territory. We agree that this incidence is such as to warrant the provision of a special 20-bed ward for T.B. patients.

30. Conclusion The following table summarises the bed requirements of the Alice Springs Hospital between 1969 and 1976. The population figures used are calculated on the bases referred to in paragraphs 18 to 20 above, the bed requirements on the basis of 12/1,000 for Aboriginals and 6/1,000 for non-Aboriginals and the 70 special beds are the 50 special paediatric and 20 T.B. beds.

30 June	Population		Bed Requirement				Total
	Non- Aboriginal	Aboriginal	Non- Aboriginal	Aboriginal	Special Beds		
1969	11,430	7,970	69	96	70	235	
1970	12,750	8,150	76	98	70	246	
1971	14,100	8,300	85	100	70	255	
1972	15,470	8,470	93	102	70	265	
1973	17,365	8,635	105	104	70	279	
1974	18,800	8,800	113	106	70	289	
1975	20,430	8,970	123	108	70	301	
1976	22,230	9,170	134	110	70	314	

31. The conclusions drawn by the Committee from these figures are that there is an urgent need to increase the bed capacity of the Alice Springs Hospital, that capacity should be more than 300 beds in 1975 and the need will continue to grow beyond that time. It follows that the ancillary services and other facilities of the hospital need to be supplemented accordingly.

THE PROPOSAL

32. Outline In broad terms, the proposal submitted to the Committee is to renovate and extend the hospital so that on completion of the first stage of the work there will be a bed capacity of 313 beds together with appropriate supporting services. The redevelopment plan allows for a second stage of construction, when required, to provide about another 90 beds and additional living-in accommodation for nursing staff. An outline of the work proposed in the first stage is given in paragraphs 2 and 3 above.

33. The proposal has been developed on these lines because of the need to demolish some existing structures and to re-organise the hospital on efficient lines. The Committee noted that, in the longer term, it is considered that the present site will be fully used when the two stages of construction are completed and future hospital development in Alice Springs after that will need to be located elsewhere.

34. The Ward Block This three-storey building is planned around open courtyards to provide a pleasant garden setting that will contrast with the hot, harsh, barren landscape of the Alice Springs area. The garden courtyards located between the wings of the building will be accessible by ambulant patients. The design aims

- to ensure in the ward areas a minimum of walking for nurses and staff in performing their duties;

- to provide conveniences and services for patients as close to the bed as possible;
- to avoid cross traffic;
- to provide a positive separation of clean and dirty areas;
- to ensure that the special departments are located a minimum distance from the patients' area; and
- with a flexibility of structure and services, to permit reasonable changes in planning to meet future demands.

35. Architecturally, the design concept with colonnaded north and south elevations will present an edifice with strong shadows. The shadows created by the free standing columns and overhanging eaves will form interesting patterns. The eaves will throw shadow on the windows during the summer months reducing the glare and heat loading in the building. External materials will be a combination of brick and concrete expressing the structure of the building, the colour of which will be complimentary to the garden landscaping.

36. The block which is to be air conditioned is to accommodate wards and supporting diagnostic and treatment services. These facilities are now located in single-storey steel framed structures which are to be demolished or converted to other uses. The standards of accommodation and services are to be similar to those in other hospitals operated by the Commonwealth in the Northern Territory.

37. Generally, ground floor space is to be occupied by functions to which the public requires ready access or which should be located there for service purposes. These include the out-patients and eye clinics, the casualty, x-ray, pharmacy and physiotherapy departments, reception areas and records,

the kitchen and central sterile supply. As well, the psychiatric ward, blood bank, staff amenities, clergy and social workers will be at this level.

38. Space at the first floor level is to be allocated to two paediatric wards, two maternity wards, a nursery and delivery suite and the administration section.

39. The second floor is to accommodate two medical wards, a surgical ward, the operating theatre suite and accident, burns and intensive care wards. Engineering plant rooms will be located on the lower ground and third floors.

40. The design of the ward block provides for the construction in the future of an extension, at three levels, to provide wards accommodation for 90 to 100 beds.

41. Services Block The existing boiler house near the eastern boundary of the site is to become part of the new services building. Other services to be accommodated in the same structure are to include the laundry, bulk stores, mortuary, boiler and chiller plant, incinerator, workshops, garages, staff amenities, electrical substation and inflammable store. The mortuary is to be air conditioned and the laundry mechanically ventilated.

42. Nurses' Home The work referred to the Committee allows for the existing brick two-storey nurses' quarters to be reconditioned and extended. As remodelled, the building will provide bedroom accommodation for 68 nurses, as well as the kitchen, dining room and lounge facilities for all nursing staff resident at the hospital.

43. A new accommodation block providing quarters for a further 212 sisters is proposed to be built as part of this reference east of and adjoining the existing block. The proposal submitted to the Committee provides for all nurses' accommodation to be air conditioned.

44. Medical Officers' Quarters An existing accommodation block provides quarters for eight single medical officers. The proposal is to extend this building to provide a further eight units of evaporatively cooled accommodation.

45. Conversion of Existing Accommodation On completion and occupation of the new main ward block, the following buildings are to be remodelled and converted to the uses indicated:

- the air conditioned maternity ward will become a 20-bed children's gastro-enteritis ward;
- the air conditioned operating theatre and central sterilising department accommodation will be used as the public health laboratory;
- the general ward block will become a 20-bed T.B. ward and a 20-bed children's nutrition ward;
- the administration building is to be renovated and air conditioned for use as a regional office, including the aerial medical service;
- the buildings now used by the pathology department and by the aerial medical service were originally staff residences. When these functions are relocated, the buildings are to be renovated, evaporatively cooled and once again used as residences by senior staff.

#### CONSTRUCTION

46. Structure The main ward block is to be built in reinforced concrete while the nurses' home is to be of concrete brick load-bearing wall construction with reinforced concrete floors.

47. The part of the services building containing the laundry and boiler house will be of reinforced concrete construction. The single-storey wings containing the bulk store, mortuary and workshops will have a steel portal frame, the steel columns being encased in concrete to match the reinforced concrete columns of the other part of the building.

48. Preliminary site investigations show that soils over the site are river deposits generally of a silty to sandy nature. It is therefore proposed to use conventional pad and strip footings.

49. Finishes External finishes to the main hospital block are to include face brickwork and exposed concrete columns. The windows are to be aluminium and the roof metal deck. The nurses' home is also to have external walls of face brickwork and aluminium windows.

50. The services building will be constructed with a reinforced concrete frame and face brick infill panels. Windows will be aluminium and the roof metal deck. The extension of the medical officers' quarters is to match the face brickwork of the existing buildings.

51. Internally, the main ward block will have brick walls or demountable prefabricated partitions according to requirements, metal door frames and glazed screens. Wall finishes will include face brickwork, painted brickwork, ceramic tiles, hard plaster and welded sheet vinyl.

52. Floor finishes will vary according to the use of the area concerned from vinyl tiles, granolithic, ceramic tiles to conductive sheet vinyl in the operating theatres.

53. Ceilings generally will be suspended fibrous plaster with acoustic tiles in public areas, wards and other special locations. False ceilings will not be provided in plant rooms, stores etc.

54. In the services building, internal walls will be face brickwork or prefabricated demountable partitions. Floors generally will have vinyl tiles or a granolithic finish and ceilings off-form concrete or fibrous plaster.

55. Internal partitions in the nurses' and medical officers' quarters will be plastered brickwork or ceramic tiles. Floors will be covered with vinyl tiles or ceramic tiles and the ceilings will be fibrous plaster. Acoustic tiles will be used in special areas.

56. Mechanical Services It is proposed to fully air condition the new and existing ward accommodation, operating theatres, administration section, nurses' quarters, the public health laboratory and the mortuary. The main areas of the kitchen, laundry, boiler house, workshops and medical officers' quarters are to be evaporatively cooled.

57. Chilled water will be reticulated from a central chilled water plant in the services building to the various air handling plants. The plant will comprise multiple chiller sets and associated cooling towers arranged to ensure a reliable service to areas where environmental control is necessary. Air handling plants will be of the conventional type with high efficiency filters, cooling and reheating coils and automatic controls. Air will be distributed to conditioned spaces in insulated metal duct work through wall or ceiling diffusers.

58. To ensure reasonable comfort in bathrooms and toilets, dirty utility and sundry areas, conditioned air will be exhausted through these rooms.

59. Individual exhaust air systems will be provided for kitchen area hoods, the central sterile department, mortuary and post mortem room. Fresh air supply fans will be provided to serve the incinerator room, substation and various plant rooms.

60. To meet the added steam load of the new laundry, kitchen, sterilising facilities and heating demand and to ensure adequate standby capacity, new steam boilers and auxiliaries will be provided. Oil-fired boilers, suitable for possible future conversion to natural gas firing will be provided. Steam and condensate reticulation will be run in the covered ways linking individual buildings to serve all plant and equipment including kitchen, sterilising, garbage can washer and calorifiers.

61. Softened water will be reticulated from the water treatment plant in the services building and stored in each building to feed individual domestic hot water storage calorifiers. Hot water will be delivered in insulated copper piping to basins, sinks, showers and to the kitchen and laundry.

62. A central linen service will be provided from a laundry in the services building. The equipment will be suitable for processing all types of fabrics in general use in the hospital, giving a final finish of good quality and being capable of achieving a satisfactory standard of medical cleanliness.

63. Food and beverages will be distributed to wards from a central kitchen using a tray service. All items will be returned to the kitchen for cleaning. Cooked food for the nurses' quarters will be delivered in mobile bulk containers from the central kitchen except for grills etc. which will be prepared in a local short-order facility.

64. A central sterilising department is to be established on the ground floor of the main ward block to serve both the operating theatre suites and the ward requirements. Elsewhere sterilisers will be provided to fulfil the needs of special departments.

65. Medical gases and vacuum services will be provided in the ward block. Outlet points will be provided as required.

66. An incinerator will be provided in the services building capable of destroying all types of waste encountered in a general hospital. Steam cleaning and can washing facilities will be provided nearby.

67. Other mechanical equipment will include refrigerated drinking water units, boiling water units, domestic cooking equipment and washing machines in the nurses' home, refrigerators, sanitary incinerators, x-ray film developing and film drying facilities, bedpan washers and sterilisers and an hydraulic therapy bath.

68. Electrical Services To provide the power required, the existing substation is to be replaced by three new substations which are to be located respectively in the main ward block, in the services building and near the existing nurses' home. Reticulation of power will be by cables undergrounded or contained within building structures. Illumination will generally be from fluorescent fittings complying with the recommendations of the S.A.A. lighting code. Power outlets and connections will be located at selected points.

69. In such areas as the operating theatres, recovery wards and intensive care wards, emergency power will be provided by the existing emergency generating plant. The operating theatre lights will receive emergency power from their own battery power reserve.

70. Other electrical equipment will include clocks, a nurses' call system, doctors' paging and other necessary inter-communication systems. A P.A.B.X. telephone exchange is to be established in the main ward block and all telephones in the hospital will be connected to this exchange.

71. Lifts In the main ward block a small service lift will be provided to transport sterile goods from the central sterilising department to the operating theatre suites. Dirty goods from the theatres are to be taken to the central sterilising department by a second similar lift.

72. Four bed/passenger lifts, each of 4,000 lbs capacity serving all floors will meet other vertical transportation needs of the main ward block.

73. Fire Protection All buildings are to be protected by an automatic thermal fire detection system. Fire hydrants, small bore hoses and hand fire extinguishers will be located at selected points. Two hydrant booster pumps, one electrically driven and one diesel engine driven are also to be provided.

74. Civil and Hydraulic Engineering Services Internal roads are to be bitumen surfaced and have concrete kerbs. Parking space is to be provided within the hospital grounds for 180 visitors and staff.

75. Water is to be supplied to the hospital from the town mains through a new branch main. Reserve water supplies are to be provided in the major buildings in the event of a temporary shut-down of the mains.

76. Automatic watering of landscaped areas is proposed to give the most economic and efficient use of water.

77. Sewage from the hospital will be reticulated into the town main in Gap Road.

78. Committee's Recommendation Except for the residential accommodation for nurses and single medical officers, the Committee recommend the construction of the work in this reference.

PROGRAMME

79. The Committee were informed that after an approval to proceed is given, it is expected that the preparation of working drawings and contract documents, calling and analysis of tenders and the letting of a contract will take 15 months.

80. The construction period for the ward block, nurses' quarters, medical officers' quarters and the services building and associated site works is then expected to be three years, with the remaining work completed progressively over the ensuing 12 months.

ESTIMATE OF COST

81. Excluding the cost of the nurses and single medical officers' residential accommodation, the estimated cost of the work when referred to the Committee was \$9,700,000 as follows.

	3
Building work	5,070,000
Electrical services	1,030,000
Mechanical services	3,190,000
Hydraulic services	170,000
Civil Engineering	240,000
	<hr/>
	9,700,000
	<hr/>

OTHER OBSERVATIONS

82. Current Bed Availability The Committee noted it is widely accepted as a hospital planning ideal, that generally no more than 85% of hospital beds should be occupied concurrently. This is to permit efficient and flexible management of the hospital and to allow for the emergencies that occur from time to time. From the information we received, it was evident that only on exceptional occasions is the bed occupied ratio at the Alice Springs Hospital below 85% and mostly it is close to 100%. In fact, in several instances, the ratio has exceeded 100% and there have been unfortunate cases when two infant patients have had to share the one bed. The Committee's inspection confirmed the conclusion from the evidence that the hospital is severely overcrowded.

83. This state of affairs can be attributed to several main causes. The first is the very rapid population growth of Alice Springs township in the last five years and secondly the very effectiveness of the Government's own

health measures which have dramatically reduced the infant mortality rate (although in the last year there was evidence of a deterioration of this improved rate) and concurrently increased the number of Aboriginal infant in-patients at the hospital. Equally important, however, has been the slowness of the Government to act positively to remedy the bed shortage.

84. The critical situation has been met in part by providing temporary ward blocks and sisters' accommodation in demountable units at a cost of \$253,000. These are stop gap measures only, which inevitably will prove more costly in the long term than permanent construction and can hardly be regarded as more than short term expediencies.

85. The extent of the bed shortage to be experienced in the period before the new ward block is completed may be gauged from the bed requirements listed in the table at paragraph 30, whilst noting firstly that the present bed availability is only 201 beds and that no measures are in hand to directly augment this capacity in the intervening period.

86. The Department of Health is hopeful that by strengthening ancillary health services, programmes and staff, not only in the hospital but outside it, particularly on settlements and missions, the number of patients requiring hospitalisation can be held at about present levels. The Committee commend this approach for it is clear that a significant number of in-patients, particularly Aboriginals, would not have required hospitalisation if other health services and preventive measures had been more effective.

87. It was therefore with considerable concern that we found that a number of items in the Department of Health's 1970/71 works programme affecting the Alice Springs Hospital (including alterations and additions to the out-patients' department and administration block and further demountable nurses' residential accommodation) and staffing proposals indirectly affecting the

hospital have recently been deferred. We strongly believe that only by going ahead with these and other works and staffing proposals as urgent measures can a crisis at the hospital be avoided in the 1971/75 period. For the same reason, we consider the Government should also endorse other works intended to be programmed for 1971/72 and later years, including the intensive care unit and minor operating theatre, extension of the health laboratory, and the provision of a community health centre in Alice Springs and a psychiatric day clinic.

88. Programme for Future Ward Wing In the context of the bed availability, we also examined the need for and the timing of the construction of the future wing to the ward block including whether this accommodation should properly be constructed as part of the work in this reference. Two points were clear - firstly the 313 beds to be available when the first stage of the new ward block is completed in 1975 will only just meet the projected bed needs at that time and there will be no reserve of space or beds to meet the needs of population growth beyond that period. Secondly, although it is intended to remove the two 32-bed demountable wards when the new ward block is completed, the difficulty expected after 1975 can be averted if the demountable wards are retained until the second stage ward wing is constructed.

89. The Committee concluded that the Department of Health should not necessarily assume that the future ward wing should not be commenced until after 1975 but should periodically examine the bed availability including the impact of other health measures with a view to commencing construction of the wing before a shortage develops.

RECOMMENDATIONS AND CONCLUSIONS

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

	<u>Paragraph</u>
1. THE BUILDINGS PROPOSED TO BE DEMOLISHED ARE NO LONGER ECONOMIC TO MAINTAIN AND DO NOT PROVIDE A SATISFACTORY STANDARD OF HOSPITAL ACCOMMODATION.	15
2. IT IS REASONABLE TO PROVIDE 12 BEDS PER 1,000 POPULATION FOR ABORIGINAL PATIENTS WITH AN ADDED PROVISION OF 50 PAEDIATRIC BEDS FOR THE SPECIAL NEEDS OF ABORIGINAL CHILDREN.	26
3. A BED/POPULATION RATIO OF 6/1,000 SHOULD BE ADOPTED FOR NON-ABORIGINAL PATIENTS.	27
4. THE PROVISION OF A SPECIAL 20-BED WARD FOR T.B. PATIENTS IS WARRANTED.	29
5. THERE IS AN URGENT NEED TO INCREASE THE BED CAPACITY OF THE ALICE SPRINGS HOSPITAL, THAT CAPACITY SHOULD BE MORE THAN 300 BEDS IN 1975 AND THE NEED WILL CONTINUE TO GROW BEYOND THAT TIME.	31
6. ANCILLARY SERVICES AND OTHER FACILITIES AT THE HOSPITAL NEED TO BE SUPPLEMENTED ACCORDINGLY.	31
7. EXCEPT FOR THE RESIDENTIAL ACCOMMODATION FOR NURSES AND SINGLE MEDICAL OFFICERS, THE COMMITTEE RECOMMEND THE CONSTRUCTION OF THE WORK IN THIS REFERENCE.	78

Paragraph

8.	EXCLUDING THE COST OF THE NURSES' AND SINGLE MEDICAL OFFICERS' RESIDENTIAL ACCOMMODATION, THE ESTIMATED COST OF THE WORK WHEN REFERRED TO THE COMMITTEE WAS \$9,700,000.	81
9.	ONLY BY GOING AHEAD WITH PROPOSALS ON THE 1970/71 WORKS PROGRAMME AND STAFFING PROPOSALS AS URGENT MEASURES CAN A CRISIS AT THE ALICE SPRINGS HOSPITAL BE AVOIDED IN THE 1971/1975 PERIOD.	87
10.	THE GOVERNMENT SHOULD ALSO ENDORSE THE OTHER WORKS INTENDED TO BE PROGRAMMED FOR 1971/72 AND LATER YEARS.	87
11.	THE DEPARTMENT OF HEALTH SHOULD NOT NECESSARILY ASSUME THAT THE FUTURE WARD WING SHOULD NOT BE COMMENCED UNTIL AFTER 1975 BUT SHOULD PERIODICALLY EXAMINE THE BED AVAILABILITY INCLUDING THE IMPACT OF OTHER HEALTH MEASURES WITH A VIEW TO COMMENCING CONSTRUCTION OF THE WING BEFORE A SHORTAGE DEVELOPS.	89

  
(C.R. KELLY)  
Chairman

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

20 April 1971.