THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA
1972—Parliamentary Paper No. 38

Parliamentary Standing Committee on Public Works

REPORT

relating to the proposed construction of a

WARD AND PARAMEDICAL BUILDING

at

Repatriation General Hospital Hobart, Tasmania

(EIGHTH REPORT OF 1972)

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(TWENTY-FIRST COMMITTEE)

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	RAYMOND HAROLD WHITTORN, ESQ., M.P.

EXTRACT FROM

THE JOURNALS OF THE SENATE,
No. 160, DATED 12 APRIL 1972

7. PUBLIC WORKS COMMITTEE—REFERENCE OF WORK: The Minister for Works (Senator Wright), pursuant to notice, moved—That, in accordance with the provisions of the *Public Works Committee Act* 1969, the following proposed work be referred to the Parliamentary Standing Committee on Public Works for investigation and report: Construction of New Ward and Paramedical Building at Repatriation General Hospital, Hobart, Tasmania.

Senator Wright presented plans in connection with the proposed work.

Question—put and passed.

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Parliamentary Standing Committee on Public Works

WARD AND PARAMEDICAL BUILDING REPATRIATION GENERAL HOSPITAL HOBART, TASMANIA

REPORT

By resolution on 12 April 1972, the Senate referred to the Parliamentary Standing Committee on Public Works for investigation and report to the Parliament, the proposal to construct a ward and paramedical building at the Repatriation General Hospital, Hobart.

The Committee have the honour to report as follows:

THE REFERENCE

1. The proposal referred to the Committee involves:

- demolition of a timber ward building;
- erection of a multi-storey building to accommodate wards, supporting medical and paramedical services and other facilities;
- renovations and alterations to the occupational therapy building; and
- associated engineering services, roadworks and landscaping.

2. The work is estimated to cost $2.2m.

THE COMMITTEE'S INVESTIGATION

3. The Committee received written submissions and drawings from the Repatriation Department and the Department of Works and took evidence from their representatives at a public hearing in Canberra on 18 April 1972. The Committee travelled to Hobart and inspected ward accommodation and the support facilities at the hospital. We also inspected the site of the proposed building.

4. A written submission was received from the Hobart City Council.

THE REPATRIATION DEPARTMENT

5. The Repatriation Department is responsible under the Repatriation Act and associated legislation for the administration of benefits available to eligible persons and their dependants. It provides hospital treatment for disabilities accepted as due or associated with war service and under certain conditions extends treatment and care for disabilities not due to war service to the following:

- eligible members receiving war pensions at or exceeding the 100 per cent rate;
- service pensioners including those of the Boer War;
- widows and certain dependants of deceased ex-servicemen whose deaths were due to war service;
- members suffering from pulmonary tuberculosis;
- nurses who served during World War I; and
- serving members of the Armed Forces.

6. The Department provides in-patient treatment in its own institutions whenever practicable enabling investigatory and treatment functions to be effectively carried out without undue encroachment on general community facilities. It has established a large general hospital in each state capital and except for Tasmania, has provided a smaller auxiliary hospital in each state. However, limited use is made of other hospitals for in-patient treatment, particularly in country areas, when bed space is not available and when certain specialist treatments are required.

7. Out-patient treatment is provided by local medical officers, by specialists, at departmental out-patient clinics and in some cases at the general hospitals.

REPATRIATION GENERAL HOSPITAL, HOBART

8. The Repatriation General Hospital in Hobart was built under wartime conditions to treat and care for wounded and sick servicemen. With the passing of time, the repatriation service has been adapted to meet the needs of an ageing group of men and women with a much wider range of medical and surgical problems than was planned for when the

hospital was built. Second World War ex-servicemen now make up the bulk of persons eligible for benefits and as they age, it can be expected that there will be an increasing demand for bed accommodation, intensive care and various medical and paramedical services.

9. Today, the hospital provides a wide range of services in the fields of general medicine and surgery and treats both acute and long term patients. It also has facilities for treatment in certain specialist fields such as psychiatry and tuberculosis. From the date of its commissioning, the hospital has fulfilled a special medical function alongside general community health services and will be required to continue in this role for many years to come.

10. *Location* The hospital is located half a mile south of the Hobart GPO. It covers four acres and is bounded by Anglesea Barracks and Linden Avenue to the south, Hampden Road to the north, Davey Street to the west and Ellerslie Street to the east. Entrances are provided off Hampden Road, Ellerslie Street and Linden Avenue.

11. *The Building Complex* The original hospital buildings were erected by the Department of the Army towards the end of World War I. The complex was taken over by the Repatriation Commission in December 1920 and as the Hobart Repatriation General Hospital, commenced operations with a capacity of 65 beds in two wards in a building of timber construction. This building is still used for ward accommodation.

12. The buildings now comprising the hospital complex are a timber ward block (wards 1 and 2), a brick ward building (wards 3 and 4), the administration and patients' recreation centre, a morgue, the nurses' home, a kitchen, and an occupational therapy building.

13. In recent times, the hospital has taken over space in a nearby building, formerly the Department's Tasmanian branch office, to cope with expansion of medical and paramedical departments.

THE NEED

14. *The Proposal* The hospital has expanded to the stage of providing accommodation and services for 110 patients, although in recent times 19 bed spaces were taken over for expansion of X-ray facilities and an intensive care unit. It is now proposed to demolish the old timber ward building and erect in its place a multi-storey building to accommodate 60 beds and medical and paramedical departments which are presently working in overcrowded and substandard conditions. On completion of the proposed work the bed capacity of the hospital will be 137.

15. *Existing Wards* The original timber ward building which was erected to treat tuberculosis patients now accommodates 33 patients and other services and is required to provide a much wider range of treatment. The building is of a much lower standard than considered appropriate for modern methods of treatment and we noted that it is increasingly difficult to adequately treat the type of patients being admitted. Being of timber construction, it is becoming increasingly expensive to maintain and represents a high fire risk. Further, it is not readily adaptable for the admission of increasing numbers of female patients and many have to be referred to the Royal Hobart Hospital.

16. The balance of bed accommodation is provided in a brick building of more recent construction which is suitable for present and reasonable foreseeable needs.

17. *Future Bed Requirements* In the financial year 1970-71, the average daily bed occupancy was 83. As the highest occupancy on any one day was 110, that is to full capacity, it was necessary to maintain seven emergency beds on verandah space and to refer patients elsewhere for treatment. We noted that in the past 12 months, some 200 patients have been referred to other hospitals but many of these would have been treated at the Repatriation Hospital if beds had been available.

18. The Committee were told that based on projections of future bed requirements to about 1980 and the provision of modern flexible usage ward space, a total of 137 beds is expected to meet reasonable future needs consistent with an economic level of bed occupancy.

19. *Paramedical Services* With the growth of the hospital and the widening range of medical treatment required, support medical and paramedical services have been added and expanded to the point of severe overcrowding of available space, some of which is in old substandard buildings. Some overcrowding was alleviated recently by relocating the pharmacy, physiotherapy and occupational therapy departments in a nearby building which had housed the Repatriation Department's branch office. However, this

building is old, of timber construction and substandard. It cannot be readily and economically adapted to its new role, is costly to maintain and carries a considerable fire risk. Further, its location outside the immediate hospital area presents operational problems, particularly with movement of patients in inclement weather and in providing a patients' food service.

20. Provision of modern facilities is considered essential if these departments are to maintain a high level of efficiency and provide a fully effective service to patients.

21. *Other Requirements* At present the hospital has no facilities to train nurse aides and recruits are trained at the Repatriation General Hospital, Heidelberg in Victoria. This arrangement has disadvantages of cost of travel, remoteness from and lack of familiarity with facilities that they will be required to work with and excessive staff losses because upon completion of training, many seek employment in Victoria rather than return to Tasmania. The provision of training facilities in this hospital would largely overcome these disadvantages besides providing the community with a source of trained staff as no other Tasmanian hospitals have established nurse aide training facilities.

22. The hospital requires separate facilities for medical officers who are required to live-in as in their absence difficulties are encountered in attracting and keeping suitable officers.

23. The hospital is now a medical undergraduate teaching hospital but tutorial functions are carried out under most unsatisfactory conditions in an old 1914 building of timber and galvanised iron construction. A new facility is required for instructional purposes and for the various clinical and committee meetings of the hospital.

24. As patients age, there is a growing demand for therapy and rehabilitation services. New accommodation is required to replace the inadequate and substandard accommodation in the old branch office building.

25. *The Committee's Conclusion* The Hobart Repatriation Hospital will be required to continue in its present role for many years to come. After inspecting the existing facilities, the Committee concluded that the timber building housing wards 1 and 2 is no longer suitable for the hospital's present and future needs and that the supporting medical and paramedical departments now accommodated in the old branch office building are working under crowded and substandard conditions. We believe that the proposal to erect a single multi-storey building to accommodate wards, medical and paramedical departments and support services is a sound one both functionally and economically and that the proposed expanded facilities will meet the hospital's needs.

26. We therefore found that there is a need for the work in this reference.

THE PROPOSAL

27. *Site* The building is to be erected adjacent to the administration block and will cover most of the area now occupied by the timber ward building.

28. *Building Design* The building will measure 152 ft by 84 ft and will contain six levels including the roof level plant room. A vertical communications core containing lifts and stairs will be provided outside the building perimeter on the southern side and will be connected to it by a continuous glazed link serving all levels except the plant room. A covered way will link with the administration block and ward 3.

29. The wards and support facilities will be located on the various levels as follows:

- the lower ground floor will accommodate mainly stores, workshops, PABX, emergency power supply and a canteen, cafeteria and amenities for living-out staff;
- the ground floor will contain the reception and waiting areas, the physiotherapy and occupational therapy departments, a psychiatric clinic, a pharmacy and dining facilities for day centre patients;
- the first floor will provide areas for nurses aide training, medical officers' rooms, a respiratory unit, tutorial facilities, a clinical room, lecture theatre and a rehabilitation unit;
- the second and third floors will contain mostly ward space, providing 60 beds including a four bed TB ward;
- the roof level plant room will contain the boiler and air conditioning systems.

30. *Wards* Ward space will be subdivided into multiples of four, two and one bed rooms. Support facilities will include a specialist room, friends' overnight room, pantry, linen store, nurses' station and ablutions areas.

31. *Occupational Therapy* This department will occupy an area of 2,400 sq. ft and

its facilities will include woodworking, printing and light trades areas, a paint bay and a day centre.

32. *Psychiatric Clinic* The clinic will comprise two medical officers' rooms, two treatment rooms and a utility room.

33. *Pharmacy* The pharmacy will comprise a dispensary and issue area on the ground floor and a bulk store in the basement, immediately below.

34. *Physiotherapy* This department will cover an area of 2,050 sq ft and include treatment rooms and a gymnasium.

35. *Medical Officers* Facilities for medical officers will comprise four bedrooms, a pantry, a library and a common room.

36. *Tutorial Facilities* An area of 2,350 sq. ft will be provided to include students' tutorial and common rooms and a lecture theatre with an office, store and projection room.

37. *Rehabilitation Unit* An area of 4,500 sq. ft will be provided to accommodate the various groups of patients undergoing remedial rehabilitation therapy.

38. *Respiratory Unit* An area of 864 sq. ft will be provided for this facility.

CONSTRUCTION

39. *Site Preparation* The sloping site will require extensive excavation and filling. However, a detailed investigation of site conditions by the Department of Works shows that a simple foundation system will be adequate to support the new building.

40. *Structure* The building will be constructed of reinforced concrete columns, beams and floor slabs founded on reinforced concrete pad footings. Steel frames will be used to form the plant room at roof level.

41. *External Finishes* External walls including those of the communications core will be clad in face brickwork to match existing buildings. Window frames will be of aluminium. A metal roof deck will be provided.

42. *Internal Finishes* Depending on location, internal walls will be formed with brickwork or demountable prefabricated partitions with metal door frames and glazed screens. Wall treatment will include face brickwork, painted brickwork, ceramic tiles, hard plaster and sheet vinyl. Generally, floors will be finished with vinyl tiles, granolithic and ceramic tiles. Carpeting will be provided in medical officers' bedrooms and other selected areas. Ceilings will be of suspended fibrous plaster with acoustic tiles in ward areas, public areas and other special locations.

43. *Comfort Conditioning* All normally occupied areas will be provided with hot water radiators for background heating. These areas will also be provided with mechanical ventilation in which air will be warmed in winter to prevent chilling of patients and to supplement the heating system. Full air conditioning will service single, two and four bed wards on the second and third floors to meet medical requirements and also the lecture theatre on the first floor. The various combinations of comfort conditioning will provide flexibility in operation and ensure a high standard of comfort for patients.

44. *Boiler Plant* The existing boiler plant has only about half the required capacity to serve the whole hospital including the new ward block, has only about 10 years remaining operating life and is not capable of expansion in its present location. It is therefore proposed to serve the whole hospital from a new high temperature hot water electrically heated thermal storage unit which will take advantage of a cheap electric off-peak tariff offered by the Hydro-Electric Commission. The unit will be located at roof level in the new building. The oil fired boiler plant will be retained as a standby unit in the event of prolonged failure of the main electricity supply. Its use in this manner will greatly prolong its economic life and will also ensure continuity of service during the erection of the new building.

45. *Other Mechanical Services* Other services to be provided will include exhaust ventilation, domestic hot water, oxygen supply, vacuum and gas services, chilled drinking water, cafeteria equipment and drying room facilities.

46. *Electrical Services* To meet the large increase in electrical load when the new building is in use, a new intake substation will be established in the new building. Emergency lighting and power will be provided from a generating set to be located at lower ground floor level. This facility will be designed to permit its connection to selected load areas in existing buildings.

47. *Lifts* Three bed/passenger lifts will be provided. Two lifts will be located in the vertical communications core and the third will be provided towards the western end of the building. The latter will also be used for goods transportation.

48. *Fire Protection* Standard fire fighting equipment will be provided, including fire extinguishers, hydrants and small bore hose reels. Automatic sprinklers will be installed in areas of high fire risk such as the carpenters' and woodworking shops. Automatic detectors will be provided in all other areas which will not be staffed 24 hours a day.

49. *Roadworks and Landscaping* Because of the slope of the site, two access levels will be provided at the northern side of the building. A road will be constructed from Davey Street to connect with the service bay and loading dock at lower ground floor level. A higher level access to the ground floor entrance will be provided off Linden Avenue outside the entrance to Anglesea Barracks. The roads will be sealed, kerbed and guttered. The area around the building will be landscaped.

50. *Hydraulic Services* Water and stormwater lines will be connected to existing hospital reticulation systems and sewerage lines to a nearby sewer main in Davey Street.

51. *Occupational Therapy Building* The alterations and renovations to the occupational therapy building will include doors and windows to match existing fittings, external painting, construction of internal partitions, vinyl floor covering and fibrous plaster ceilings.

52. *The Committee's Conclusion* The Committee recommend the construction of the work in this reference.

ESTIMATE OF COST

53. The estimated cost of the work when referred to the Committee was $2.2m made up as follows:

	$
Building works	1,050,000
Mechanical services	440,000
Lifts and electrical services ..	470,000
Site works and external services	240,000
	2,200,000

PROGRAMME

54. It is expected that after an approval to proceed is given, the preparation of final drawings and tender documents will take 15 months. Construction is estimated to take 24 months after a contract is let.

CAR PARKING

55. The restricted and sloping site has limited the amount of land which can be set aside and economically utilised for private car parking and the adjacent streets do not provide convenient or sufficient long term parking. The Hobart City Council is particularly concerned at the lack of on-site parking and the demands on available street parking nearby. Whilst the new building will not create any significant additional demand on the present provisions, particularly as the staffing and occupancy of the hospital site will be virtually unchanged, we believe that more on site car parking space should be provided.

56. We were pleased to note therefore that when the adjacent branch office building is demolished, the site could be used for car parking. This would be preferable to encroaching on the limited open space now available around the hospital buildings.

RECOMMENDATIONS AND CONCLUSIONS

57. 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.

	Paragraph
1. The Hobart Repatriation General Hospital will be required to continue in its present role for many years to come ..	25
2. The timber ward building housing wards 1 and 2 is no longer suitable for the present and future needs of the hospital ..	25
3. Supporting medical and paramedical departments are working in overcrowded and substandard conditions	25
4. There is a need for the work in this reference	26
5. The Committee recommend the construction of the work in this reference	52
6. The estimated cost of the work when referred to the Committee was $2.2m	53

C. R. KELLY
Chairman

Parliamentary Standing Committee
on Public Works,
Parliament House,
Canberra, A.C.T.
17 May 1972.

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