



Parliamentary Standing Committee on Public Works

REPORT

relating to the proposal for

DEPARTMENT OF THE SENATE	
PAPER NO.	1971
DATE PRESENTED	16 SEP 1982
<i>W. Cunningham</i>	
Officer in Charge	

REPLACEMENT OF OPERATING THEATRES AND REFURBISHMENT OF SURGICAL WARDS

at the

Repatriation General Hospital
Daw Park, South Australia

(Tenth Report of 1982)

1982
THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA
PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

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MEMBERS OF THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS
(Twenty-sixth Committee)

Malville Harold Bungey, Esq., M.P. (Chairman)
James Leslie McMahon, Esq., M.P. (Vice-Chairman) ⁵

Senate

Senator Dominic John Foreman ³
Senator Bernard Francis Kilgariff
Senator John Raymond Martyr ⁴
Senator Jean Isabel Melzer ¹
Senator Harold William Young ²

House of Representatives

David Bruce Cowan, Esq., M.P.
Benjamin Charles Humphreys, Esq., M.P.
Urquhart Edward Innes, Esq., M.P.
Murray Evan Sainsbury, Esq., M.P.

- ¹ Retired 30 June 1981.
- ² Ceased to be member on election as
President of the Senate on 18 August 1981.
- ³ Appointed 25 August 1981.
- ⁴ Appointed 25 August 1981.
- ⁵ Appointed Vice-Chairman 27 August 1981.

EXTRACT FROM
THE JOURNALS OF THE SENATE
NO. 105 DATED 19 MAY 1982

9 PUBLIC WORKS - JOINT STATUTORY COMMITTEE - REFERENCE
OF WORK: The Minister for Veterans' Affairs
(Senator Messner), 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
Committee on Public Works for consideration and
report:

Replacement of operating theatres and
refurbishment of the surgical wards at the
Repatriation General Hospital, Daw Park,
South Australia.

Paper: Senator Messner, pursuant to Statute, presented
plans in connection with the proposed work.

Question - put and passed.

WITNESSES

Anderson, Mrs. P.L., Secretary, Royal Australian Nursing Federation, South Australian Branch, Nurses Memorial Centre, 18 Dequetteville Terrace, Kent Town, South Australia

Barter, Dr. I.W., Deputy Medical Superintendent, Repatriation General Hospital, Daw Park, South Australia

Eddington, J.G., Esq., Project Manager, Department of Transport and Construction, City Mutual Centre, 10-20 Pulteney Street, Adelaide, South Australia

Hogben, Mrs. E.J., Honorary Secretary, War Widows' Guild (South Australia Inc.), 141 Fullarton Road, Rose Park, South Australia

Kehoe, Dr. M.M., Chief Director (Medical Services), Department of Veterans' Affairs, MLC Tower, Keltie Street, Phillip, Australian Capital Territory

Kinlough, Dr. M.A., Medical Superintendent, Repatriation General Hospital, Daw Park, South Australia

McGrath, P.M., Esq., First Assistant Secretary (Major Projects 3), Department of Transport and Construction, DTC House, 470 Northbourne Avenue, Dickson, Australian Capital Territory

Miller, G.T., Esq., First Assistant Secretary (Management Services), Department of Veterans' Affairs, MLC Tower, Keltie Street, Phillip, Australian Capital Territory

Neil, J.R., Esq., State President, Returned Services League of Australia (South Australian Branch) Incorporated, 27 Angas Street, Adelaide, South Australia

Osmon, C., Esq., State Vice-President, Vietnam Veterans Association of Australia (South Australian Branch), 27 Angas Street, Adelaide, South Australia

Scanlan, M.A., Esq., Chief Architect (Medical and Scientific), Department of Transport and Construction, DTC House, 470 Northbourne Avenue, Dickson, Australian Capital Territory

Siegloff, Mrs. L.M., President - Commonwealth Section, Royal Australian Nursing Federation, South Australian Branch, Nurses Memorial Centre, 18 Dequetteville Terrace, Kent Town, South Australia

Trabinger, N.T., Esq., First Assistant Secretary (Treatment Services), Department of Veterans' Affairs, MLC Tower, Keltie Street, Phillip, Australian Capital Territory

Tremethick, E.J., Esq., Secretary/Treasurer, The Totally and Permanently Disabled Soldiers' Association of Australia (South Australian Branch) Incorporated, 318 South Terrace, Adelaide, South Australia

Zwar, R.F., Esq., Senior Vice-President, Ex-Prisoners of War Association of South Australia Inc., 15 Russ Avenue, Seaton, South Australia

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

REPLACEMENT OF OPERATING THEATRES AND REFURBISHMENT
OF THE SURGICAL WARDS AT THE REPATRIATION GENERAL
HOSPITAL, DAW PARK, SOUTH AUSTRALIA

R E P O R T

By resolution on 19 May 1982, the Senate referred to the Parliamentary Standing Committee on Public Works for consideration and report, the proposal to replace the existing operating theatres and refurbish the surgical wards at the Repatriation General Hospital, Daw Park, South Australia.

The Committee has the honour to report as follows:

THE REFERENCE

1. The proposal referred to the Committee is for the construction of a new building to contain four operating theatres with theatre sterilising and support facilities, and for the refurbishment of, and extensions to, four surgical wards - Wards 5, 6, 7 and 8. The new theatres will replace existing sub-standard facilities and demolition of some condemned timber-framed buildings, dating from 1942, is required to make way for the new Operating Theatre Complex. The limit of cost of the proposal is \$6.5 million at April 1982 prices.

THE COMMITTEE'S INVESTIGATION

2. The Committee received written submissions and drawings from the Department of Veterans' Affairs and the Department of Transport and Construction, and took evidence

from their representatives at a public hearing in Adelaide on 10 August 1982. Written submissions and evidence were received from the Returned Services League of Australia (S.A. Branch) Incorporated, Vietnam Veterans' Association of Australia (S.A. Branch), Ex-Prisoners of War Association of South Australia Inc, War Widows' Guild of South Australia, Totally and Permanently Disabled Soldiers' Association (S.A. Branch), and the Royal Australian Nursing Federation (S.A. Branch). Written evidence was also received from the Air Force Association (S.A. Division), Thirtyniners' Association of Australia (S.A.), Limbless Soldiers' Association of South Australia, Rats of Tobruk Association (S.A. Branch), Legacy Club of Adelaide, Tubercular Soldiers' Aid Society of South Australia, and T.B. Sailors' Soldiers' and Airmen's Association of South Australia.

3. Prior to the public hearing, the Committee inspected the existing operating theatres and wards, and the site for the proposed new building.

4. The Committee's proceedings will be printed as Minutes of Evidence.

BACKGROUND

5. The Department of Veterans' Affairs is responsible for the administration of benefits available to eligible persons under the Repatriation Act and associated legislation. These benefits include medical and hospital treatment for approved service related disabilities and, in certain circumstances, other conditions. Serving members of the armed forces are admitted to Repatriation General Hospitals as required and patients from the general community may be accepted on certain conditions.

6. The Repatriation General Hospital, Daw Park, then known as the 105th Military Hospital, was completed in 1942 and was intended to provide acute medical and surgical facilities for serving and repatriated members of the armed forces. It became known as the Repatriation

General Hospital, Springbank, when it was taken over by the Repatriation Commission on 1 February 1947, and in 1967 the name was changed to the Repatriation General Hospital, Daw Park.

EXISTING FACILITIES

7. The hospital was further developed after its incorporation in the repatriation system in 1947, the most recent developments being:

- construction of a 43 bed psychiatric training unit (Wards 16 and 17) in 1963,
- new 30 and 31 bed general surgical wards (Wards 18 and 19) in 1965,
- the Repatriation Artificial Limb and Appliance Centre in 1968, and
- the Outpatients Department in 1968.

Except for the refurbishment of the kitchen in 1975 and air conditioning of Wards 1 to 8 in 1977, no major new work has been completed since 1968. However, a new 32 bed ward for general medical care is currently in the early stages of construction and is due for completion in 1983.

8. The hospital has three operating theatres and a minor procedures room. Two of the theatres are as old as the hospital, having been constructed in 1942. The third theatre was added, within the same building, in 1965. The standard of these theatres is now not appropriate to the needs of modern surgery and this proposal includes their replacement.

9. The hospital currently has 269 beds staffed and available for use, comprising:

- an Acute Surgical Ward Service of 110 beds,
- an Acute Medical Ward Service of 112 beds,
- an Intensive and Coronary Care Service of 8 beds,
- a Rehabilitation Studies Unit of 15 beds, and
- a Psychiatric Training Unit of 24 beds.

The proposal also includes refurbishment of the Acute Surgical Ward Service.

THE NEED

10. Rationalisation of Arrangements Toward the end of 1981, the Government reaffirmed its commitment to a separate Repatriation hospital system which would concentrate on the development of services appropriate to the needs of veterans, and to the continuation of rationalisation arrangements to avoid unnecessary duplication with State authorities. Veteran demand alone is not sufficient to justify the provision of certain high cost facilities in Repatriation hospitals, while veteran demand for other specific types of care has enabled the development of unique facilities and expertise in R.G.H.s, in areas of benefit to the community as a whole.

11. In South Australia, the D.V.A./S.A.H.C. (South Australian Health Commission) Consultative Committee, among other things, ensures that duplication and overlapping of State and Veterans' Affairs facilities are avoided where possible, and makes recommendations with regard to the use of the R.G.H. as a community and specialised health resource. Accordingly, rationalisation arrangements have been established whereby veterans have access to specialist services provided only at State public hospitals, and community patients have access to certain facilities at R.G.H.

12. Admitted community patients are entitled to treatment over the full range of services provided at R.G.H. Daw Park, but the main types of care and treatment provided under rationalisation arrangements, include:

- rehabilitation (R.G.H. accepts neurological patients from Flinders Medical Centre (F.M.C.) and other hospitals),
- rheumatology,
- pain clinic (patients accepted from F.M.C.), and
- head and neck surgery.

On the other hand, the Department of Veterans' Affairs makes use of State facilities for:

- radiology (C.A.T. scans, nuclear medicine scans, and coronary angiography at F.M.C.),
- radiotherapy (at Royal Adelaide Hospital),
- renal medicine (at F.M.C.), and
- some types of major surgery
 - . cardio-thoracic (at Royal Adelaide Hospital),
 - . neurosurgery (at Royal Adelaide Hospital and F.M.C.), and
 - . major thoracic (at F.M.C.) .

13. The Committee recognises the medical and economic advantages of rationalisation arrangements, and encourages the Department of Veterans' Affairs to continue to pursue rationalisation of services with the State hospital system, and in particular, with the Flinders Medical Centre.

14. Existing Conditions - Operating Theatres The standard of physical facilities throughout R.G.H. Daw Park is not high. Many areas of the hospital are obsolete and in need of upgrading. The three operating theatres and the minor procedures room are considered unsatisfactory and potentially dangerous due to their small size, poor layout, and general condition. These deficiencies have resulted in overcrowding of staff and equipment, restricted access, and a high risk of infection from inadequate air conditioning and dust collecting on suspended equipment. These conditions encourage the growth of bacteria. There is a risk of contamination and cross infection due to difficulty in separating "clean" and "dirty" traffic. Support facilities such as anaesthetic induction rooms, staff amenities, storage, office accommodation and teaching facilities, instrument and equipment sterilising are either non-existent or grossly inadequate. In general, the current operating facilities are inconsistent with modern operating theatre procedure and design.

15. Construction of four new theatres as proposed will alleviate the problems mentioned above, and provide modern facilities appropriate to advances in medicine and surgery.

16. When vacated, the existing Operating Theatre Building may be used for expansion of the technical support services area, which includes x-ray, pathology laboratories, and pharmacy.

17. Existing Conditions - Surgical Wards When constructed in 1942, R.G.H. Daw Park was designed for a younger age group of patients suffering from different disabilities than the older age group now eligible for treatment. The design of the ward accommodation is therefore now not generally appropriate for the typical patient within the hospital.

18. The majority of wards are located in pavilion-style buildings which are generally of brick construction. Although some wards have been progressively upgraded and air conditioned in recent years, their basic structure, although sound, has remained virtually unchanged since 1942. This ward accommodation is now regarded as sub-standard.

19. The "barn-like" layout of these wards result in many problems. There is considerable traffic through the wards which is noisy and disturbing; there is no privacy for patients to discuss intimate medical details with medical staff; an emergency is obvious to all patients and causes a lot of disturbance; the four bed bays are cramped and often patients in beds have to be moved to allow access to other patients - at all hours of the day; dying patients often must remain in the wards; and often bodies have to be prepared in the wards for the undertaker.

20. There is no treatment room in the wards and procedures such as bowel washouts and enemas have to be administered in the bathroom. Also there are insufficient toilets which at times can be stressful, and the layout of the ablutions area makes toileting and bathing a communal activity.

21. Furthermore, it is not now possible to accommodate patients of differing sexes within the same ward, or to separate patients in accordance with their respective treatment needs. Overall, the standard of accommodation is significantly inferior to that found in any modern acute-care hospital.

22. Wards 1 and 2 The Committee notes that Wards 1 and 2, being of the same age and in similar condition to Wards 5 to 8, are consequently also in urgent need of upgrading. Upgrading of Wards 1 and 2 was not included as part of this reference due to the Department of Veterans' Affairs objective of holding costs to an absolute minimum. Whilst the Department intends to take steps to have these wards upgraded as soon as possible after completion of the proposed work, the Committee believes that this work should be undertaken immediately after completion of the proposed work.

23. Committee's Conclusions The existing operating theatres and surgical wards are obsolete in design. The operating theatres are in urgent need of replacement and Wards 5 to 8 need upgrading.

24. Wards 1 and 2 also need upgrading and this work should be undertaken immediately after completion of the proposed work.

THE PROPOSED WORKS

25. The Proposal The proposal is for construction of a new building containing four operating theatres and associated support facilities and services, and for major extensions to, and complete refurbishment of, four acute surgical wards - Wards 5, 6, 7 and 8. The Operating Theatre Complex and the wards will be linked by a fully enclosed ventilated covered way.

26. The proposal has been developed from a series of upgrading options. The Department of Veterans' Affairs have chosen to refurbish existing wards rather than to construct new wards. The Committee agrees with this approach and believes that the design provides a better than satisfactory solution to the problem.

27. Extensive consultations took place between the Department of Veterans' Affairs and relevant individuals and groups in the planning process. As well as the Department's medical professionals, input was received from the State health authorities through the D.V.A./S.A.H.C. Consultative Committee, the Professor of Surgery at Flinders University, and relevant unions. Most importantly however, staff at all levels - from the most senior surgeons to the most junior domestic staff - were involved in the planning. The nursing staff in particular were deeply involved in advising needs for their areas within the theatres and wards.

28. The proposed upgrading will be a major step toward providing R.G.H. Daw Park with facilities comparable with modern hospital facilities elsewhere in the community, and will facilitate its rationalisation arrangements with other State public hospitals.

29. The development will be single story construction which will be compatible with the present appearance of the hospital and surrounding residential areas, and will conform with relevant building codes and acceptable principles of design. It will also make maximum use of the attractive garden setting of the hospital.

30. Operating Theatre Complex The Department of Veterans' Affairs is confident that it has developed a design for the operating theatres and support areas which incorporates the most modern features and facilities available. The design was developed in consultation with Dr David Gillette who has extensive experience in designing operating theatres for major hospitals elsewhere in Australia.

31. The Operating Theatre Complex will be orientated with its long axis east-west, to match the existing building pattern and to effect sun penetration control. Though only single story, the building will be taller than normal single story construction to provide above ceiling space for the air-handling plant, ducts, and access for maintenance. Access for building and engineering services will be provided under the ground floor slab.

32. The Committee notes that laminar flow air conditioning will be installed in only two of the new theatres because of cost considerations. These cost savings are in the order of \$120,000. The Committee would like to be assured that this compromise will not diminish the overall efficiency of the Operating Theatre Complex.

33. Surgical Wards In each pair of wards, one will be a mirror image of the other, and a small number of facilities will be shared. Two of the wards will contain 30 beds (seven four bed rooms and two single rooms), and the remaining two 28 beds (six four bed rooms and four single rooms). The long east-west axis of the surgical wards will remain fixed and this will enable most wards to take advantage of the desirable northerly aspect.

34. Construction For the wards, the new work will be brick with terracotta roofing tile to match the existing ward structures. However, although the existing brickwork is painted, it is not intended to paint the new work. The Operating Theatre Complex will be of brick with a steel deck roof. Brickwork will generally be of red bricks, which is the predominant colour in the area where bricks are left unpainted. Construction details are set out in Appendix A.

35. Planning has taken into account the need to minimise disruption to the normal functioning of the hospital during construction, and it is therefore intended that the wards will be refurbished in sequence.

36. Committee's Conclusion The design of the proposed new Operating Theatre Complex and for the refurbishment of Wards 5, 6, 7 and 8 is satisfactory.

SITE

37. The hospital is situated on 13.5 hectares of land about ten kilometres south of Adelaide, and the site for the proposed work is wholly contained within the existing boundaries. The main entrance, on the southern frontage, is from Daws Road with a rear entrance on the eastern boundary from Goodwood Road.

38. The site for the Operating Theatre Complex is currently occupied by old ward (9 to 16) buildings which are unsuitable and presently unused for ward accommodation. These buildings, which will be demolished, were constructed around 1942 and have no architectural or historical significance. The selected site for this building is centrally located with respect to the overall layout of the hospital.

39. The extensions to Wards 5 to 8 will encroach on approximately half of the garden space between each pair of wards, however adequate space will remain to preserve the garden setting of the hospital.

40. Committee's Conclusion The site selected is suitable.

OTHER OBSERVATIONS

41. Timing The Committee notes that the standard of facilities at R.G.H. Daw Park has been seriously deficient for a considerable length of time, and is critical of the Department of Veterans' Affairs

for allowing the facilities to run down to such an extent. It appears that serious medical and morale problems have only been overcome by the dedication of all staff of the hospital. The Committee commends the medical and nursing staff in particular for the high standard of care they have continued to provide at R.G.H. Daw Park, under difficult circumstances.

42. Staff Ceilings Following a 3 per cent reduction in staff ceilings applied to all Commonwealth departments last financial year, the staff numbers at R.G.H. Daw Park were reduced by 20. This resulted in the closure of the female ward (Ward 8) and affected patients are now referred to other hospitals for treatment at Department of Veterans' Affairs expense. The Department conceded that it would be more cost effective to keep Ward 8 open and to treat these patients in Daw Park.

43. Views of Ex-Service Organisations Expressions of support for the proposal, and for the retention of R.G.H. Daw Park as the primary facility for the treatment of veterans and war widows in Adelaide, were received from twelve ex-service and related organisations. The Committee was gratified to find such positive support from organisations representing the hospital's patients, and it interpreted this as a vote of confidence in the hospital's administration and satisfaction with the standard of care provided, despite the poor standard of accommodation that patients endure.

44. These organisations made other suggestions for the improvement of services and facilities at the hospital including the provision of convalescent care/nursing home accommodation on the site. They emphasised the need for a transitional stage where patients receive minimal care, e.g. changing of dressings, before returning home. In response the Department of Veterans' Affairs

advised that the Repatriation Commission is currently examining future planning needs, and that the question of hostel accommodation/convalescent care is being addressed in the study.

45. The ex-service organisations almost universally pointed out the inadequacy of car parking arrangements and the difficulties presented by the distance from car parks to treatment areas, for patients with mobility problems. Many groups suggested that an internal transportation system should be provided. The Department of Veterans' Affairs advised that internal transport was being considered, and special arrangements can be made for patients who need more convenient car parking. However, this did not seem to be well known.

46. The Rats of Tobruk Association also pointed out the long and tiresome wait often experienced by patients at the Admissions and Discharges Office. They suggested that procedures be reviewed to reduce the waiting time, and thereby improve patient comfort and convenience.

47. Committee's Conclusions The Committee notes that the standard of facilities at R.G.H. Daw Park has been seriously deficient for a considerable length of time, and is critical of the Department of Veterans' Affairs for not correcting these deficiencies earlier.

48. The Committee commends the medical and nursing staff for the high standard of care they have continued to provide at R.G.H. Daw Park, under difficult circumstances.

49. The Committee was gratified to find overwhelming support from ex-service organisations for the proposal, and for the retention of R.G.H. Daw Park as the primary facility for the treatment of veterans and war widows in Adelaide.

FUTURE REQUIREMENTS

50. Demand The 1980/81 acute daily bed demand at R.G.H. Daw Park was 217. Projections of surviving ex-service personnel and maintenance of current rates of treatment eligibility have generated a forecast acute daily bed demand that will peak at 280 in 1995 and will then decline to 269 by 2000.

51. To meet these requirements, the number of available beds will increase by 32 on completion of the new medical ward currently under construction, and further beds can be brought into service within existing wards if necessary.

52. The proposal will upgrade and maintain 116 acute surgical beds, which will be a reduction of 12 beds in Wards 5 to 8. It will therefore not contribute toward the increased number of beds that will be required by 1995.

53. Standard of Facilities Nevertheless, the upgrading of 116 acute surgical beds and the provision of four new operating theatres will provide R.G.H. Daw Park with a standard of surgical facilities comparable with modern hospitals in the general community.

54. Planning Strategy Planning and future development of R.G.H. Daw Park is taking place on the basis of a planning strategy, major components of which are the Master Development Plan and a five-year rolling works program. The Master Plan provides for the structuring of hospital services and facilities in functional zones, and the proposal conforms with that plan.

55. In accordance with the Master Plan, the Department of Veterans' Affairs have a step by step plan to gradually improve the hospital over the next ten years or so. They aim to develop a relatively modern hospital with a good standard of accommodation, which could eventually be integrated into the State hospital system if necessary.

LIMIT OF COST

56. The limit of cost of the work when referred to the Committee was \$6.5 million at April 1982 prices. The limit of cost comprises the following:

<u>Operating Theatre Building</u>			
	\$		
Building Works	1,095,000		
Mechanical/Electrical	1,185,000		
Hydraulics and Fire Protection	130,000		
	2,410,000	\$2,410,000	
<u>Surgical Wards</u>			
Building Works	310,000		
Mechanical/Electrical	255,000		
Hydraulics and Fire Protection	95,000		
4 wards at each	660,000	\$2,640,000	
Site works, Covered Ways, External Services and Centralised Energy System	1,450,000	\$1,450,000	
		\$6,500,000	

PROGRAM

57. Following approval for the work to proceed, it is estimated that documentation, calling, analysis and acceptance of tenders will take 12 months. An advance contract for demolition work and diversion of services would be arranged four months prior to the main contract. Construction time from acceptance of the main contract will be 18 months.

58. Committee's Conclusion The Committee recommends the construction of the work in this reference.

RECOMMENDATIONS AND CONCLUSIONS

59. A summary of the 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 EXISTING OPERATING THEATRES AND SURGICAL WARDS ARE OBSOLETE IN DESIGN. THE OPERATING THEATRES ARE IN URGENT NEED OF REPLACEMENT AND WARDS 5 TO 8 NEED UPGRADING.	23.
2.	WARDS 1 AND 2 ALSO NEED UPGRADING AND THIS WORK SHOULD BE UNDERTAKEN IMMEDIATELY AFTER COMPLETION OF THE PROPOSED WORK.	24.
3.	THE DESIGN OF THE PROPOSED NEW OPERATING THEATRE COMPLEX AND FOR THE REFURBISHMENT OF WARDS 5, 6, 7 AND 8 IS SATISFACTORY.	36.
4.	THE SITE SELECTED IS SUITABLE.	40.
5.	THE COMMITTEE NOTES THAT THE STANDARD OF FACILITIES AT R.G.H. DAW PARK HAS BEEN SERIOUSLY DEFICIENT FOR A CONSIDERABLE LENGTH OF TIME, AND IS CRITICAL OF THE DEPARTMENT OF VETERANS' AFFAIRS FOR NOT CORRECTING THESE DEFICIENCIES EARLIER.	47.
6.	THE COMMITTEE COMMENDS THE MEDICAL AND NURSING STAFF FOR THE HIGH STANDARD OF CARE THEY HAVE CONTINUED TO PROVIDE AT R.G.H. DAW PARK, UNDER DIFFICULT CIRCUMSTANCES.	48.

Paragraph

7. THE COMMITTEE WAS GRATIFIED TO FIND OVERWHELMING SUPPORT FROM EX-SERVICE ORGANISATIONS FOR THE PROPOSAL, AND FOR THE RETENTION OF R.G.H. DAW PARK AS THE PRIMARY FACILITY FOR THE TREATMENT OF VETERANS AND WAR WIDOWS IN ADELAIDE. 49.
8. THE LIMIT OF COST OF THE WORK WHEN REFERRED TO THE COMMITTEE WAS \$6.5 MILLION AT APRIL 1982 PRICES. 56.
9. THE COMMITTEE RECOMMENDS THE CONSTRUCTION OF THE WORK IN THIS REFERENCE. 58.


(M.H. BUNGEY)
Chairman

Parliamentary Standing Committee on Public Works,
Parliament House,
CANBERRA, ACT

9 September 1982.

APPENDIX A

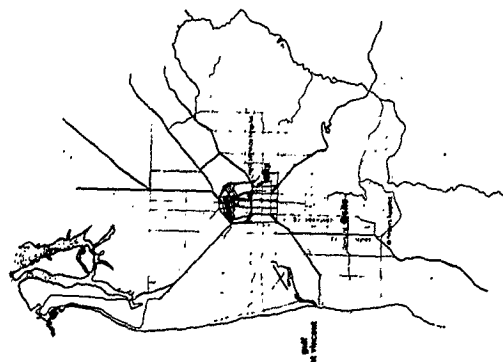
CONSTRUCTION

1. Structure For the wards, the above-ground structure will be of a domestic nature, involving load-bearing walls and gang-nail trusses. For the Operating Theatre Complex, there will be reinforced concrete columns externally and steel columns internally, all supporting steel trusses and steel beams.
2. All major footings will be of a concrete pier and beam system to cope with soil conditions occurring on the site.
3. External Finishes Walls will be face brickwork with window frames of anodised aluminium. The roof of the ward extensions will be terracotta tiles to match existing ward roofs. The roof of the Operating Theatre Complex will be metal decking, colour coated for corrosion protection.
4. Internal Finishes Walls will generally be of lightweight steel framed partitions lined with plasterboard and painted. For operating rooms and wet areas, they will be lined with low density fibreboard and faced with vinyl sheeting. The inside face of brick external walls will be plastered and painted.
5. Floors will be of anti-static vinyl in theatres, anaesthetic rooms and post operative bedrooms. All other floors will be of sheet vinyl or carpet.
6. Ceilings will be suspended metal pans in bedrooms and ward corridors, and suspended plasterboard in other areas.
7. Engineering Services These will comprise steam generation, chilled water (for air conditioning), air conditioning and mechanical ventilation, and special services and equipment.

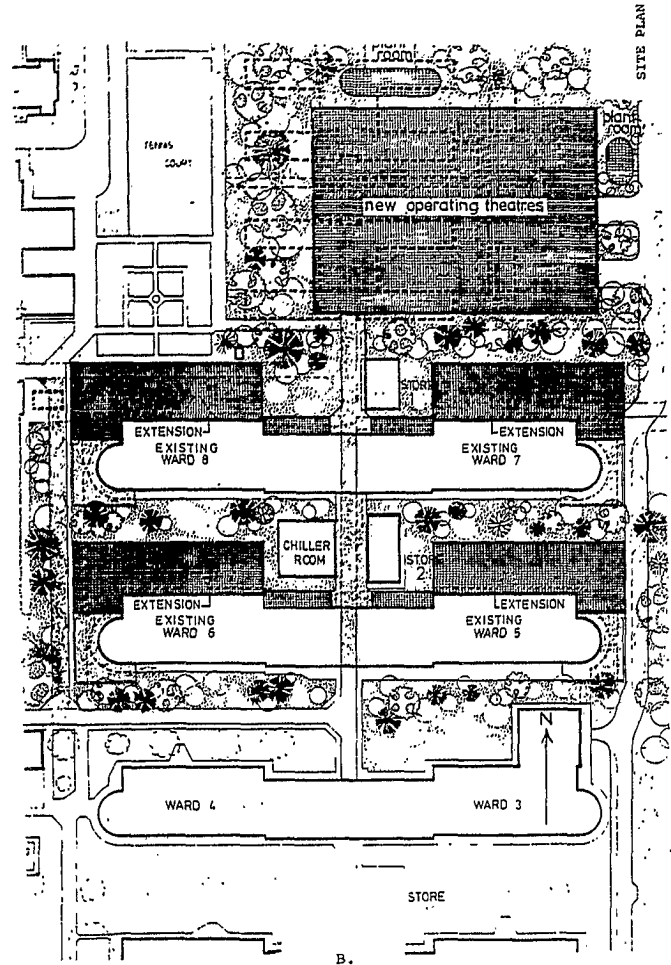
8. It is planned to use the existing steam raising plant, however two of the three boilers are oil fired, are nearly 40 years old, and in need of replacement. It is planned to replace them with new gas fired boilers, but this work is the subject of a separate and independent works proposal. The new installed boiler capacity will cater for the requirements of the proposed Operating Theatre Complex and the refurbished wards.
9. The hospital site is currently not serviced with a centralised chilled water system, and Wards 1 to 8 have a small chiller installation of insufficient capacity to cope with the requirements of the proposed development. The Operating Theatre Complex and refurbished Wards 7 and 8 will therefore be supplied from a chiller plant located in the eastern wing of the existing boiler house. Chilled water for Wards 1 to 4 inclusive and refurbished Wards 5 and 6 will be provided from the existing chiller installation.
10. In the refurbished wards the existing air handling units will be retained with minor modifications, and will be supplemented with additional ceiling located air handling plant. Exhaust systems will service ablation and utility areas. In the Operating Theatre Complex a regime of air pressurisation to maintain the integrity of "clean" and "dirty" areas will be provided. Two theatres will be equipped with "controlled laminar flow" air distribution systems, and the remaining two theatres with conventional air distribution systems. Supply air will be subject to high efficiency particulate air filtration, and temperature and humidity will be controlled by chilled water, steam produced hot water, and live steam injection.

11. Oxygen will be reticulated from the existing bulk oxygen cylinder, and nitrogen, medical air and nitrous oxide will be reticulated from local theatre plant room bottled manifolds. Compressed air and vacuum will be generated in the theatre plant room, and a wet and dry vacuum cleaning system will service the Operating Theatre Complex.
12. The following special equipment will also be provided:
- a theatre sterilising and supply unit comprising an ultrasonic instrument washer, dishwasher, instrument washer, anaesthetic equipment washer, drying cabinet, dry heat steriliser, and two pre-vac sterilisers,
 - one downward displacement steriliser for each clean up and anaesthetic equipment room, and
 - a bedpan flusher/steriliser, and a downward displacement steriliser for each ward dirty utility room.
13. Electrical The existing bulk power supply to the hospital is adequate but an additional electrical sub-station is required for the new Operating Theatre Complex and refurbished wards. An additional emergency generator set of 200 KVA is included in the proposal to cater for essential power loads under emergency conditions.
14. Hydraulics Existing sewerage and stormwater drains are not adequate for the new proposal. New drains will therefore be provided to connect into the Engineering and Water Supply Department's mains in Daws Road. The present water supply is adequate for the new proposal but a small independent water treatment plant is being provided for the operating theatres and refurbished wards.

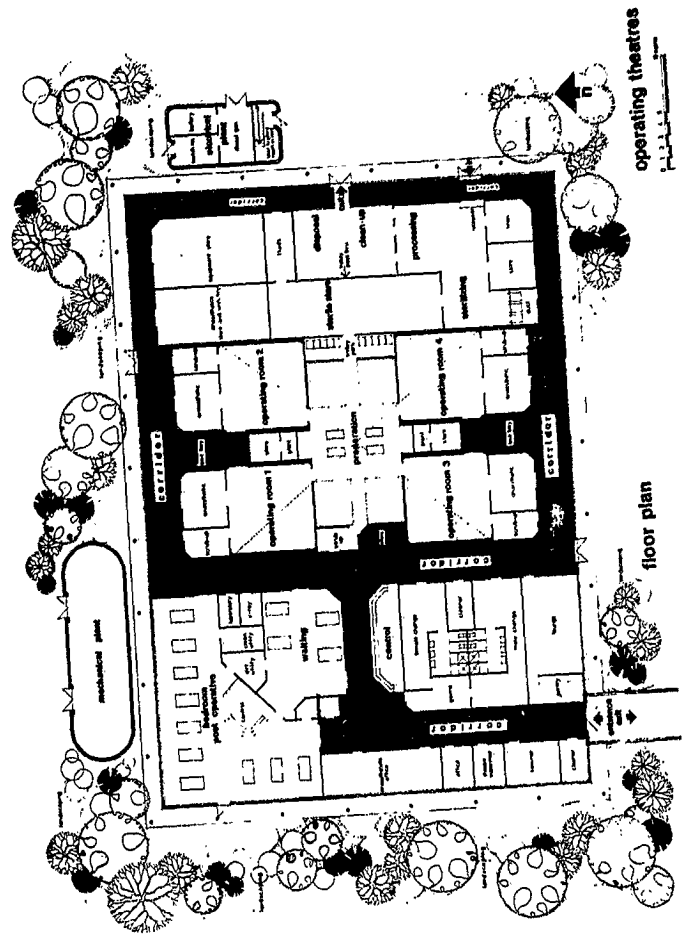
15. Roads The estimate allows for the deviation of the existing light vehicle access road at the eastern ends of the proposed Operating Theatre Complex and the refurbished wards. The road will be upgraded to permit access by Fire Brigade vehicles.
16. Fire Protection The design of the Operating Theatre Complex and the refurbished wards has incorporated fire isolated compartments in accordance with the requirements of the South Australian Health Commission. These buildings will all be fitted with smoke/thermal detectors and manual call stations. Portable fire extinguishers and internal hydrants and hose reels will be stored in strategic locations for first aid fire fighting. External hydrants will be retained or supplemented as appropriate.
17. Landscaping Areas in the immediate vicinity of the proposed works will be landscaped in keeping with the existing hospital grounds.
18. Liaison with Authorities The proposal has been developed in consultation with the South Australian Fire Brigades Boards, the Corporation of the City of Mitcham, the South Australian Health Commission, the Department of Transport and Construction, and the Department of Veterans' Affairs.



locality plan



B.



c.

