Parliamentary Standing Committee on Public Works

REPORT

relating to the

REDEVELOPMENT OF SURGICAL AND SUPPORT FACILITIES

at the

Repatriation General Hospital, Greenslopes, Queensland

(Ninth Report of 1984)

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA 1984

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(Twenty-Seventh Committee)

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PUBLIC WORKS COMMITTEE ACT 1969
ORDER UNDER SUB-SECTION 18(4)

I, Sir Ninian Martin Stephen, the Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, in pursuance of Sub-Section 18(4) of the Public Works Committee Act 1969, hereby, by this order, declare that the public work described in the schedule be referred to the Parliamentary Standing Committee on Public Works for consideration and report.

SCHEDULE

THE REDEVELOPMENT OF SURGICAL AND SUPPORT FACILITIES AT THE REPATRIATION GENERAL HOSPITAL GREENSLOPES, QUEENSLAND

L.S.

Given under my Hand and the Great Seal of Australia on 9 February 1984

N.M. STEPHEN

Governor-General

By His Excellency's Command

C.J. HURFORD

Minister of State for Housing and Construction

C O N T E N T S

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

THE REDEVELOPMENT OF SURGICAL AND SUPPORT FACILITIES AT THE REPATRIATION GENERAL HOSPITAL *GREENSLOPES, QUEENSLAND*

REPORT

On 9 February 1984, His Excellency the Governor-General in Council referred to the Parliamentary Standing Committee on Public Works for consideration and report to Parliament, the proposal for the redevelopment of surgical and support facilities at the Repatriation General Hospital Greenslopes, Queensland.

The Committee has the honour to report as follows:

THE REFERENCE

1. The proposal referred to the Committee is for the redevelopment of surgical and support facilities at the Repatriation General Hospital Greenslopes, Queensland.

2. The proposed work comprises:

. Construction of new facilities as follows:

- a suite of six Operating Theatres and Support Facilities;
- a Central Sterilising and Supply Department;
- an Intensive Therapy Unit of 12 beds;
- a Gastroenterology Unit comprising 3 procedure rooms;

- a medical and surgical Clinical Sciences Unit; and
- an Emergency and Accident Centre including critical assessment and treatment facilities.

. demolition of the existing gatehouse, nine timber framed buildings and associated covered ways on the Multi-Storeyed Ward terraced level, a timber framed Intensive Therapy Unit, and the existing ambulance admissions arrival bay.

. site works, engineering services and landscaping associated with the works.

The limit of cost of the proposed work is $13.2 million at December 1983 prices.

THE COMMITTEE'S INVESTIGATION

3. The Committee received written submissions and drawings from the Department of Veterans' Affairs and the Department of Housing and Construction, and a Sectional Committee took evidence from their representatives at a public hearing in Brisbane on 10 April 1984.

4. Written submissions and evidence were received from the Faculty of Medicine - University of Queensland, the Specialist Staff Association - RGH Greenslopes, the Returned Services League of Australia - Queensland Branch, the South Eastern District RSL, and the RSL (Qld) War Veterans' Homes Limited. Written evidence was also received from The Advisory Council of Ex-Servicemen and Women, and Email Limited - Electrical Engineering Division. A list of witnesses is at Appendix C.

5. Prior to the public hearing, the Sectional Committee inspected the existing facilities, including the Gastroenterology Unit, the Operating Suite, the Clinical Sciences Unit, the Intensive Therapy Unit, and the Central Sterilising and Supply Department; and the sites for the proposed work. On 17 May 1984 Mr Keogh returned to RGH Greenslopes and inspected the Admissions and Emergency Centre on behalf of the Committee.

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

BACKGROUND

7. Repatriation Hospitals The Repatriation Commission is responsible to the Minister for Veterans' Affairs for the administration of the Repatriation Act and associated legislation which form the basis for the treatment of entitled beneficiaries and their dependents.

8. The Repatriation Act also empowers the Commission to establish, control and administer hospitals and other institutions for the care and welfare of eligible beneficiaries and their dependents, and includes the provision of medical and hospital treatment for all disabilities accepted as being service related.

9. The Regulations under the Act provide that certain categories of Veteran may receive care and treatment at Departmental expense for other than service-related disabilities. Members of the armed forces may also be admitted to Repatriation hospitals.

10. In accordance with certain provisions of the Repatriation Act, patients from the general community may also be admitted to Repatriation hospitals, subject to:

- spare capacity being available after the needs of entitled patients have been met; and
- the facilities of the hospital being appropriate to the treatment required.

11. The presence of community patients is regarded as essential to maintain high medical standards for the treatment of Veterans, and the Repatriation Commission has determined that a limit of 20 per cent community patients should provide an adequate mix to maintain treatment standards and a professional interest.

12. Repatriation General Hospital, Greenslopes The Repatriation General Hospital, Greenslopes, is located on a site of 11.4 hectares, eight kilometres south-east of Brisbane, on the slopes of Mt Stephens. Originally constructed as a Base Hospital during the Second World War, it was known as the 112th (Brisbane) Military Hospital. The Repatriation Commission assumed responsibility for the hospital on 1 April 1947 renaming it the Repatriation General Hospital, Greenslopes.

13. RGH Greenslopes is a general hospital providing acute medical, surgical, rehabilitation and psychiatric services to Repatriation beneficiaries who are entitled to treatment under the Repatriation Regulations.

14. Patients from the general community are also admitted to RGH Greenslopes subject to the availability of spare capacity, and in 1983 some 20 per cent of occupied bed days at Greenslopes were utilised by the general community.

15. RGH Greenslopes presently has a patient capacity of 427 beds and 1139 full-time and 78 part-time staff. The distribution of beds at the hospital, by specialty, is as follows:

- Acute Surgical Ward	160
- Acute Medical Ward	153
- Acute Isolation Ward	16
- Intensive/Coronary Care	8
- Rehabilitation	60
- Acute Psychiatric	30
Total Beds	427

16. Other Hospitals The Repatriation Commission provides a smaller hospital service in Brisbane at the Repatriation Hospital, Kenmore. This hospital has 65 beds for nursing care, assessment, and interim accommodation for patients pending their placement in nursing homes or return to the community.

17. RGH Greenslopes and RH Kenmore provide the majority of hospital treatment for entitled Veterans and their dependents in Queensland. However certain beneficiaries may also be treated in State hospital facilities at Departmental expense, under rationalisation arrangements.

18. Rationalisation Arrangements Arrangements have been developed with State health authorities to avoid overlap and unnecessary duplication of expensive hospital facilities.

19. These arrangements ensure that entitled beneficiaries have access to an adequate range of treatment facilities while containing the costs of providing a complete range of services. 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 RGHs, in areas of benefit to the community as a whole.

20. In Queensland, 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 Greenslopes.

PROJECTED TREATMENT POPULATION

21. The projected daily demand by entitled beneficiaries for acute care beds in Queensland (RGH Greenslopes and non-Departmental hospitals), up to the year 2000, is as follows:

	June 1985	June 1990	June 1995	June 2000
Total Daily Bed Demand	490	510	457	387

22. These projections indicate that the entitled treatment population will peak between 1985 and 1990 and then decline steadily. Demand would increase if the Government extended treatment eligibility, however the forecast peak would still occur during the same time period.

23. As part of the hospital's rationalisation arrangements, and to provide the ageing entitled population with the convenience of treatment closer to their homes, it is expected that 43 per cent of eligible beneficiaries will be treated in non-Departmental hospitals - many in rural and regional parts of the State.

24. The existing bed capacity of RGH Greenslopes will continue to cater for the remaining 57 per cent of the Veteran bed demand which mainly comes from southeastern Queensland. The hospital will also have sufficient spare capacity for the treatment of community patients.

25. Based on a 20 per cent community patient component, the forecast average daily occupied beds at RGH Greenslopes, to the year 2000 is as follows:

	June 1985	June 1990	June 1995	June 2000
Entitled patients	294	308	276	233
Community patients	74	77	69	58
	368	385	345	291

26. Based on an occupancy level of 85 per cent the forecast available bed capacity at Greenslopes, up to the year 2000, is as follows:

	June 1985	June 1990	June 1995	June 2000
Forecast of Available bed Capacity*	443	453	406	342

* Available bed capacity denotes the number of beds staffed and available for use.

27. As the demand for acute care treatment increases with age (reflected by the increasing admission rates and length of stay), the Department of Veterans' Affairs expects that RGH Greenslopes will remain a busy hospital for entitled beneficiaries until at least the end of the century.

THE NEED

28. Existing Facilities RGH Greenslopes was built for the Army during the Second World War to meet the medical and surgical needs of wounded and sick servicemen. Although there has been considerable upgrading since that time, many of the buildings are now old and are no longer of an acceptable standard for a modern hospital. Specifically, the main inadequacies are as follows:

29. Operating Suite: The Operating Suite is located on the first floor of the main Administration building. In 1943-44 it consisted of two general operating rooms and one small Ear, Nose and Throat (ENT) operating room. A fourth room was constructed in 1965, and a fifth operating room was added in 1978. Only this room satisfies current standards for class A wiring of electromedical treatment areas.

30. The suite does not provide the physical, environmental and technical requirements essential to an area where acute and sophisticated surgical procedures are undertaken. There is the risk of infection because of inadequate air handling, and problems in cleaning. The general layout is outdated and imposes inefficient work flows for staff, patients, supplies and support activities.

31. Throughout 1982 and 1983 in excess of 4,900 surgical procedures were undertaken at Greenslopes. Average daily utilisation of the suite during this period exceeded 80 per cent, which is well above the accepted levels of 70-75 per cent.

32. Intensive Therapy Unit: An eight-bed Intensive Therapy Unit is located in the modified pavillion ward (Ward 3) originally constructed in 1944. Alterations to enclose, air condition and service the patient area were undertaken in 1968 with further work in 1978 to provide specialist teaching facilities.

33. There are serious deficiencies in space and layout, and in providing fire protection in this timber-framed and clad building. Also it is remote from other acute care areas of the hospital. Maintenance of required levels of cleanliness, and control of infection is difficult.

34. Gastroenterology Unit: The Gastroenterology Unit is located in a timber-framed pavillion ward (Ward 15) and includes part of the open space at the junction of this ward and Ward 16. The Unit was established on this site in 1978 when some alterations were made to part of Ward 15 to provide a basic procedure room. The layout causes severe difficulties because of the inadequate size and relationship of rooms, provision of patient toilets, and the use of a small office for the combined activities of administration, patient reception, and post-operative recovery.

35. Primarily due to the poor physical standard of the facilities, the hospital has experienced difficulties in recruiting medical staff to maintain the heavy procedural and consultative capacity of the Unit. Nevertheless, during 1982 and 1983 a workload in excess of 3,000 procedures per annum has been maintained.

36. Clinical Sciences Unit: Part of the proposed site for the project is presently occupied by nine temporary (mostly 1941 vintage) buildings housing the Clinical Sciences Unit of the Unversity of Queensland. Staff and student facilities are inadequate and the buildings are uneconomical to maintain. All of the buildings occupied by the Unit are sub-standard for teaching, clinical assessment and research, and most will be removed once the proposed new accommodation can be occupied.

37. **Admissions and Emergency Centre:** In its present location (along the main corridor of the ground floor wing of the Administration Building), the Admissions and Emergency Centre is restricted by the absence of examination and observation rooms. Trolleys are parked in the corridor open to the view of all passing staff and the public, thus aggravating the already anxious condition of the patient. This lack of privacy is compounded by the absence of interviewing rooms for patients. Movement of trolleys and wheelchairs within the area is cramped as doorways, corridors, toilets, etc. are not of dimensions suitable for use with modern mobile equipment.

38. During 1981/82 and 1982/83, in excess of 10,000 patients attended the Admissions and Emergency Centre for the purpose of obtaining primary medical attention. This involves clinical assessment and implementation of sometimes complex treatment regimes.

39. **Central Sterilising and Supply Department:** The Central Sterilising and Supply Department (CSSD), prepares over 2 million items of equipment and supplies annually for the Operating Suite, general hospital use, and Repatriation Hospital, Kenmore. Adequate standards require distinct and physically separate access for receipt and distribution of "clean" and "dirty" items. This cannot be provided economically or efficiently at present with a single entrance/exit and the proximity of the receipt and supply goods lift serving the existing Operating Suite. Sufficient storage is not available and the maintenance of high standards of cleanliness is not possible, particularly when sterilising equipment is being repaired or serviced.

40. Accommodation Requirements Totally new facilities are required for the Operating Suite, Intensive Therapy Unit, Gastroenterology Unit, Clinical Sciences Unit, Admissions and Emergency Centre and Central Sterilising and Supply Department. The existing facilities cannot be satisfactorily upgraded to the required standard.

41. **Operating Suite:** A new Operating Suite with six theatres is required. A new modern suite will fulfill the physical, environmental and technological requirements for sophisticated acute surgical procedures. In addition, a sixth operating room will add to the hospital's surgical capacity, relieve congestion in the Suite, and reduce the lengthy waiting times now experienced for many elective surgical procedures.

42. **Intensive Therapy Unit:** A new Unit with an expanded capacity of 12 beds will assist in overcoming the problems of returning patients to other wards of the hospital when still in need of intensive nursing care. Also, two dedicated isolation rooms are needed to provide a facility for barrier nursing.

43. **Gastroenterology Unit:** A new unit is required with an expanded capacity to take into account the steady increase in the projected workload brought about by the increasing age of the eligible treatment population, who exhibit a very high incidence of gastroenterological disorders. In future years a significant increase is also expected in the number of colonoscopy examinations.

44. **Clinical Sciences Unit:** New accommodation is required for the Clinical Sciences Unit, of a standard commensurate with other modern clinical sciences establishments throughout Australia.

45. **Admissions and Emergency Centre:** A new Admissions and Emergency Centre is required with additional capacity to relieve the overcrowding experienced at present, to improve privacy and thereby reduce the stresses upon patients, and to evaluate the condition of patients prior to admission or discharge.

46. **Central Sterilising and Supply Department:** A new CSSD is required with an improved layout and pattern of flow for incoming and outgoing equipment and supplies. Also, additional storage space is required. Demand for the services of CSSD will continue to grow with increases in the sophistication of medical science and sterilising technology.

47. Committee's Conclusions Existing accommodation for the Operating Suite, Intensive Therapy Unit, Gastroenterology Unit, Clinical Sciences Unit, Admissions and Emergency Centre and Central Sterilising and Supply Department is below standard, inadequate in area, and cannot be satisfactorily upgraded and expanded to meet present needs.

48. New accommodation is required for these facilities at Repatriation General Hospital, Greenslopes.

THE PROPOSED WORK

49. The Department of Veterans' Affairs proposes to replace the previously identified obsolete and inadequate facilities with a building designed to reflect modern medical technology and standards of accommodation. The proposal has been developed in accordance with the Master Development Plan for RGH Greenslopes.

50. The design consists of a deep-plan three storey block (as distinct from a narrow building plan), on site level 4, containing Operating Theatres, the Intensive Therapy Unit, the Central Sterilising and Supply Department and the Gastroenterology Unit, located at the functional hub of the hospital. An attached wing (on site level 3) provides for the Emergency and Accident Centre and the Clinical Sciences Unit. The new block will be strategically located for connection to the main circulation "street" for staff, patients, visitors and goods.

51. Operating Suite To meet the surgical demand of eligible treatment beneficiaries up to the year 2000 and to take account of the expected increase in the range and complexity of procedures, the proposed Suite will increase the hospital's operating room capacity from five to six. The Suite will comprise six new equally sized operating rooms, each supported by an anaesthetic induction room and scrub-up and gowning areas. It will also have a 12-bed post-operative recovery area.

52. The Operating Theatres will be located on the top floor of the deep-plan block to minimise the vertical movement of patients, and the design of the Suite will allow all modern surgical techniques to be undertaken in a safe and sterile environment. Particular attention has been paid to the satisfactory flow of patient, staff and supply traffic within the Suite.

53. Intensive Therapy Unit The proposed 12-bed Unit wi l be organised in three zones: intensive care, coronary care, and isolation.

54. The Unit will reflect the latest advances in intensive therapy design and technology. Special air handling capacity will be provided to the two isolation rooms to minimise the risk of cross infection, and each of the 12 beds in the Unit will be equipped with patient monitoring facilities connected to the central monitoring console in the nurse control station. Particular attention has been given to the electrical requirements of special life support equipment.

55. The Intensive Therapy Unit will be located on the floor below the Operating Suite and will have ready access to the Suite in the event of an emergency, and to the medical and surgical wards of the hospital.

56. Gastroenterology Unit The proposed new Gastroenterology Unit will be located on the lowest floor of the deep-plan block. The new Unit will provide significantly improved patient reception, and waiting and recovery areas, as well as improvements to clerical/administrative, teaching and staff amenity areas.

57. The major work-flow inadequacies of the existing Unit will be overcome, and the central location of the Unit within the hospital will provide easy access for out-patient treatment and consultation.

58. Clinical Sciences Unit The Clinical Sciences Unit will be located on the upper level of the new Emergency and Accident and Clinical Sciences Block. It will incorporate modern laboratory and research units consistent with modern university accommodation standards. It will also provide upgraded administrative support and lecture facilites, as well as improved student amenities.

59. Emergency and Accident Centre (Misleadingly referred to as "Admissions Centre" in the Departmental Submissions) The new Emergency and Accident Centre (a more correct title) will be on the lower floor of the Emergency and Accident and Clinical Sciences Block. It will have a capacity to evaluate initially and treat patients, and if necessary, to admit to other areas of the hospital. However, in the majority of cases treatment alone is sufficient and it is not necessary for patients to be admitted.

60. Facilities to be contained in the and Emergency and Accident Centre will provide improved patient treatment accommodation in a controlled and quiet environment. Patient privacy will be provided during consultation, treatment or periods of waiting.

61. The proposed Emergency and Accident Centre will be 825 square metres in area, however, concern has been expressed that this will be inadequate given the possible increase in patients due to Medicare. The Committee has since been advised by the Department of Veterans' Affairs that the final design of the area is not fixed and that there is sufficient flexibility in the new structure to provide an additional 100 square metres for the Centre if considered necessary.

62. Central Sterilising and Supply Department The new CSSD will be located on the floor below the Operating Suite in the deep-plan block. Work flow design will maintain the integrity of "clean" and "dirty" traffic during processing and provide additional capacity for the storage of items now located in various other centres throughout the hospital.

63. Particular emphasis has been given in the design of the area to the receipt and despatch of items. The Operating Suite, located on the floor above, will be serviced by a dumbwaiter/ lift.

64. Construction details are at Appendix A.

65. Committee's Conclusion The design of the proposed new facilities is satisfactory.

SITE

66. The Repatriation General Hospital, Greenslopes, has been positioned on the slope of a hill which has been terraced to provide level building sites. Terrace levels in the area of the proposed project are shown in the Site Plan as Site Levels 3-6 (see Appendix B-2).

67. The new facilities will be key elements of the hospital and will accordingly be centrally located on the Greenslopes site, adjacent to the main Administrative Building. The site of the new building is presently occupied by old buildings in poor condition, which presently accommodate the Clinical Sciences Unit and the Intensive Therapy Unit. These buildings will be demolished prior to commencement of construction.

68. The proposed siting is in accordance with the Master Development Plan for RGH Greenslopes, which designates all site levels, and provides a framework for the orderly development of hospital facilities and essential infrastructure; of vehicular and pedestrian circulation, parking and access, services and plant, buildings and landscape.

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

OPERATING THEATRE DESIGN

70. At the public hearing, the Committee received written evidence from Email Limited - Electrical Engineering Division concerning a new concept in operating theatre design. Mr G.A.J. Gibbs, Engineering Manager, presented this concept more fully at the public hearing into Redevelopment of Surgical and Diagnostic Facilities at the Repatriation General Hospital, Concord, New South Wales, in Sydney the following day.

71. Briefly, the concept is for an open plan operating theatre and attendant areas, incorporating horizontal laminar flow air circulation and clean room techniques. Mr Gibbs presented two examples of possible theatre layouts applying the new concept, that he developed (as a consulting engineer) in conjunction with a firm of architects in 1976.

72. The concept was based on proven clean room techniques used in pharmaceutical manufacturing, avionics and microelectronics, and it should be readily adaptable to operating theatres. Nevertheless, to achieve maximum benefit from its implementation, a total rethink of operating theatre design would be necessary, from each of the architectural, engineering and medical points of view.

73. The system of laminar flow enclosures and clean room techniques has been included in five major hospitals in Australia during the past 10 years. However most have been additions to conventionally designed operating theatres and some have been a late inclusion in the planning and design stage. A system has not yet been planned and installed in conjunction with operating theatres of totally new design.

74. Due to the technical nature of the scheme the Committee is unable to assess it fully and recommend either for or against its inclusion in this project. The Committee therefore recommends that a team of architectual, engineering, biological and medical experts be set up to evaluate the proposal. The team should also include representatives of the Departments of Health and Veterans' Affairs, and it should report to the Minister for Housing and Construction.

75. Committee's Conclusion The Committee recommends that a multi-disciplinary study team be established to evaluate the proposed operating theatre concept, put forward by Email Limited.

WARD ACCOMMODATION

76. While supporting the proposed facilities, the three ex-service organisations who gave evidence at the public hearing and the Specialist Staff Association, pointed out that there was no spare bed capacity at Greenslopes at the moment. As there are no plans to build new wards concurrent with the projected

increase in bed demand during the next 5 to 10 years, they believe that the hospital will not be able to cater for all entitled beneficiaries seeking admission.

77. The ex-service organisations claim that, at present, only 52 per cent* of entitled beneficiaries can be accommodated at Greenslopes. This shortage of accommodation seemed to be confirmed by the meagre statistics on refused admissions presented by the Department of Veterans' Affairs. The figures show that for two fortnightly periods in March 1984, 17 and 11 entitled beneficiaries respectively, were refused admission because there was not a bed available.

78. Subsequent to the public hearing, the Department of Veterans' Affairs has provided further information to clarify this matter. It pointed out that the reasons why entitled beneficiaries are not admitted to Greenslopes are as follows:

- 89 per cent are admitted to more convenient local hospitals in rural and regional centres; and
- 11 per cent are not admitted because the required facilities are not available at Greenslopes, or that adequate beds were not available in the appropriate classification at the time of need.

79. Nevertheless, there are several possible alternative means of providing additional bed capacity at RGH Greenslopes:

- At relatively short notice existing ward blocks can be reopened for use; and

* Based on figures in the initial Department of Veterans' Affairs submission. The revised submission indicates that the correct figure is 57 per cent.

- In the longer term, a new ward block could be constructed if it is considered necessary. The Master Development Plan identifies a site that could be used for a new ward block, or alternatively other facilities, depending on needs in future years.

80. The Committee understands that the reopening of Wards 4 and 6 is presently under consideration by the Department of Veterans' Affairs, and given the appropriate resources, this could increase bed capacity to 487 during 1984/85.

FUTURE DEVELOPMENT

81. The proposed Surgical and Support Facilities redevelopment is one of a series of projects designed to upgrade and redevelop facilities at RGH Greenslopes.

82. Work in the recent past has been the development of an Outpatient Clinic in 1976, a multi-storey Ward Block in 1981 (Committee's Twelfth Report of 1975 - Parliamentary Paper 299/75), and the Psychiatric Suite in 1983. Work to be carried out in the current financial year is modernisation of some Isolation and Rehabilitation Wards, air conditioning of these facilities and an Angiographic Suite, and redevelopment of the pharmaceutical area of the hospital.

83. Master Development Plan Future upgrading of the hospital will be carried out in accordance with the Master Development Plan. The Master Development Plan is not a rigid plan for the future but a strategy that will guide the orderly development of the hospital.

84. The Plan develops the following goals:

- the strengthening of north/south circulation and the improvement of vertical transportation;
- strategies for the replacement of obsolete facilities;
- improvement of the cohesion of the various hospital departments;
- improvement of the road network;
- the development of positive outdoor space and the developing of landscaping; and
- increasing, at all times, the operating efficiency of the hospital.

85. The Plan identifies three stages of development at Greenslopes:

- The Short Term (1984-87), which includes construction of the Surgical and Support Services Block in the first phase, and in the second, the bringing together of rehabilitation facilities and the new Geriatric Assessment Unit;

- The Medium Term (1987-92), which includes a major reorganising of those areas in the Administration Block vacated in the previous stage, and a review of all engineering services; and

- The Long Term (1992 and beyond), which includes the refurbishment of the central plant, a new Mortuary, and the completion of landscaping proposals.

86. Future Work Specific future projects envisaged in the short to medium term, subject to the availability of funds, are:

- Geriatric Assessment/Rehabilitation and Emergency Centre;
- a multi-storey car park;
- air conditioning of certain wards; and
- new storage facilities.

87. Car Parking One of the proposed future developments is a multi-storey car parking station. After completion of the proposed work, parking at RGH Greenslopes will still be limited to 420 cars on site, and a further 400 cars will therefore continue to park in neighbouring residential streets. (The proposed work will only increase the number of parking spaces at Greenslopes by 20.)

88. The parking arrangements in the vicinity of Greenslopes cause considerable inconvenience to neighbouring residents who do not have free access to their properties. The Committee believes that this is unsatisfactory and that adequate on-site parking should be quickly provided at Greenslopes in accordance with the normal requirements of the Brisbane City Council (as would be a condition on any private developer of a complex of this nature in a residential area).

89. Accordingly, the Committee recommends that the proposed multi-storey car park provided for in the Master Development Plan, should be brought forward and constructed concurrently with the works in this reference.

90. The Department of Veterans' Affairs has expressed a desire to be a good neighbour at Greenslopes, and this is specifically expressed as an objective in the document RGH Greenslopes - Corporate Strategy. Although there have been no recorded complaints to date from neighbouring residents about parking

problems in the area, the Committee believes that this objective could best be achieved by expeditiously providing adequate on-site car parking at RGH Greenslopes.

91. Long Term Planning The Committee notes that the Master Development Plan was developed concurrently with the proposed work. The Committee believes such a plan is indispensible in assessing capital works proposals of this nature and recommends continuing efforts be made in critically evaluating, refining and developing the Master Plan as a basis for assessing Hospital development options.

92. Committee's Conclusions Construction of the proposed multi-storey car park, provided for in the Master Development Plan, should proceed at the same time as the works proposed in this reference. This would solve the long standing car parking problems of the hospital, and ensure unrestricted access of local residents to their own properties.

93. The Committee recommends that a Standing Committee consisting of senior Commonwealth and State officials, and others co-opted as necessary, be established in each State, charged with the responsibility to recommend long term policy and planning for the Repatriation General Hospital in each State towards and beyond the year 2000. It is suggested that consideration be given to such Committees in the context of the present inquiry into the future of Repatriation General Hospitals announced recently by the Minister for Veterans' Affairs.

LIMIT OF COST

94. The limit of cost of the project when referred to the Committee was $13.2 million at December 1983 prices.

PROGRAM

95. It is estimated that tenders for demolition works and site preparation will be invited in April 1985, and tenders for the main contract in July 1985. The estimated construction time is twenty-four months and the work should therefore be completed in late 1987.

96. Committee's Conclusion The Committee recommends construction of the work in this refence.

RECOMMENDATIONS AND CONCLUSIONS

97. The recommendations and conclusions of the Committee and the paragraph in the report to which each refers are set out below:

		Paragraph
1.	EXISTING ACCOMMODATION FOR THE OPERATING SUITE, INTENSIVE THERAPY UNIT, GASTROENTEROLOGY UNIT, CLINICAL SCIENCES UNIT, ADMISSIONS AND EMERGENCY CENTRE, AND CENTRAL STERILISING AND SUPPLY DEPARTMENT IS BELOW STANDARD, INADEQUATE IN AREA, AND CANNOT BE EASILY UPGRADED AND EXPANDED TO MEET PRESENT NEEDS.	47
2.	NEW ACCOMMODATION IS REQUIRED FOR THESE FACILITIES AT REPATRIATION GENERAL HOSPITAL, GREENSLOPES.	48
3.	THE DESIGN OF THE PROPOSED NEW FACILITIES IS SATISFACTORY.	65

		Paragraph
4.	THE SITE SELECTED IS SUITABLE.	69
5.	THE COMMITTEE RECOMMENDS THAT A MULTI-DISCIPLINARY STUDY TEAM BE ESTABLISHED TO EVALUATE THE PROPOSED OPERATING THEATRE CONCEPT, PUT FORWARD BY EMAIL LIMITED.	75
6.	CONSTRUCTION OF THE PROPOSED MULTI-STOREY CAR PARK, PROVIDED FOR IN THE MASTER DEVELOPMENT PLAN, SHOULD PROCEED AT THE SAME TIME AS THE WORKS PROPOSED IN THIS REFERENCE. THIS WOULD SOLVE THE LONG STANDING CAR PARKING PROBLEMS OF THE HOSPITAL, AND ENSURE UNRESTRICTED ACCESS OF LOCAL RESIDENTS TO THEIR OWN PROPERTIES.	92
7.	THE COMMITTEE RECOMMENDS THAT A STANDING COMMITTEE CONSISTING OF SENIOR COMMONWEALTH AND STATE OFFICIALS, AND OTHERS CO-OPTED AS NECESSARY, BE ESTABLISHED IN EACH STATE, CHARGED WITH THE RESPONSIBILITY TO RECOMMEND LONG TERM POLICY AND PLANNING FOR THE REPATRIATION GENERAL HOSPITAL IN EACH STATE TOWARDS AND BEYOND THE YEAR 2000. IT IS SUGGESTED THAT CONSIDERATION BE GIVEN TO SUCH COMMITTEES IN THE CONTEXT OF THE PRESENT INQUIRY INTO THE FUTURE OF REPATRIATION GENERAL HOSPITALS ANNOUNCED RECENTLY BY THE MINISTER FOR VETERANS' AFFAIRS.	93

		Paragraph
8.	THE LIMIT OF COST OF THE PROJECT WHEN REFERRED TO THE COMMITTEE WAS $13.2 MILLION AT DECEMBER 1983 PRICES.	94
9.	THE COMMITTEE RECOMMENDS CONSTRUCTION OF THE WORK IN THIS REFERENCE.	96

(D.J. FOREMAN)
Chairman

Parliamentary Standing Committee
on Public Works
Parliament House
CANBERRA

3 May 1984

CONSTRUCTION

1. Structure and Foundations The footing system for the new works will be bored pier and beam construction. Some reinforced concrete retaining walls will be necessary.

2. The building structural system will be a reinforced concrete frame of columns beams and floor slabs. Roof plant rooms will be steel framed.

3. External Finishes Building materials will be masonary and metal cladding incorporating sun screening, and windows will be anodised aluminium with tinted glass. Roofs will be prefinished and insulated profiled metal decking.

4. Internal Finishes Walls will be plasterboard or cement render, painted or tiled as appropriate, and protected by rails, skirtings, and vinyl sheeting in high useage areas.

5. Ceilings will be plaster or metal suspended acoustic panels. Floors will be carpet, ceramic tiled or sheet vinyl as appropriate.

6. Energy Conservation Energy conservation measures have been incorporated to the maximum extent, in the form of passive energy conserving design (building shape, external wall materials, the design of shading, etc.), as well as efficiency in the air conditioning systems, lighting and heat generating equipment.

7. Specifically, by minimising the external wall area of the deep-plan block, heat losses, and more importantly heat gains, will be minimised.

8. All windows will be shaded. The external walls and reinforced concrete structure will ensure that there is sufficient mass to reduce peak loads from solar absorption and fluctuations in outside temperature.

9. Air conditioning energy consumption will be minimised by the use of outside air for cooling and also by the use of variable volume air distribution in specific areas.

10. Mechanical Services The site is presently served by a centrally located steam and refrigeration plant. Additional cooling capacity will be provided by a new centrifugal chiller to be installed in the Central Energy Building.

11. The building will be fully air conditioned but cooling loads will be kept to a minimum to ensure economic energy useage.

12. Separate air handling plants will be provided to serve the differing occupancy areas of the new Block.

13. Comprehensive sterlising plant is to be provided in all required areas. High Pre-Vacumm, Dry Heat, Ethylene Oxide and Chemical/Gas decontamination sterilisation will be provided in the Central Sterilising and Supply Department. Flash sterilisation will be provided in the Operating Theatres and Emergency and Accident Centre.

14. Medical gas systems comprising medical air, oxygen and vacuum will be provided to bedhead panels, theatre gas rooms, service pendants and anaesthetic panels.

15. A hot water system will be provided throughout the new building using steam from the central energy plant.

16. Fire Protection The new building will be fully protected by a sprinkler system. In addition, fire hydrants, hose reels and portable extinguishers will be installed. Smoke detectors will be installed in air conditioning plants.

17. Electrical Services The site is serviced by an underground high voltage ring main system which has sufficient capacity for the proposed building.

18. A new sub-station is planned to transform the high voltage to low voltage for the new building.

19. In addition, a diesel driven alternator is proposed, to supplement the existing centralised alternate power supply which is located in the Central Energy Building.

20. The light and power installation will be in accordance with current hospital design.

21. Each operating theatre will be provided with an uninterruptable power supply to ensure that theatre lights and other essential services are not interrupted in the event of power failure.

22. Lifts Two new banks each of two lifts will be provided to serve the new Block. Each lift will serve three levels.

23. In addition, two banks of two service lifts will link the theatres to the CSSD. These lifts will not carry passengers.

24. The three existing lifts in the existing Administration Building will be refurbished.

25. Roads and Car Parks Traffic flow through the hospital complex will be improved by the modification of parking in front of the present Administration Building and by providing a new two way road from Newdegate Street to link with the existing road between the multi-storey block and the paramedical building.

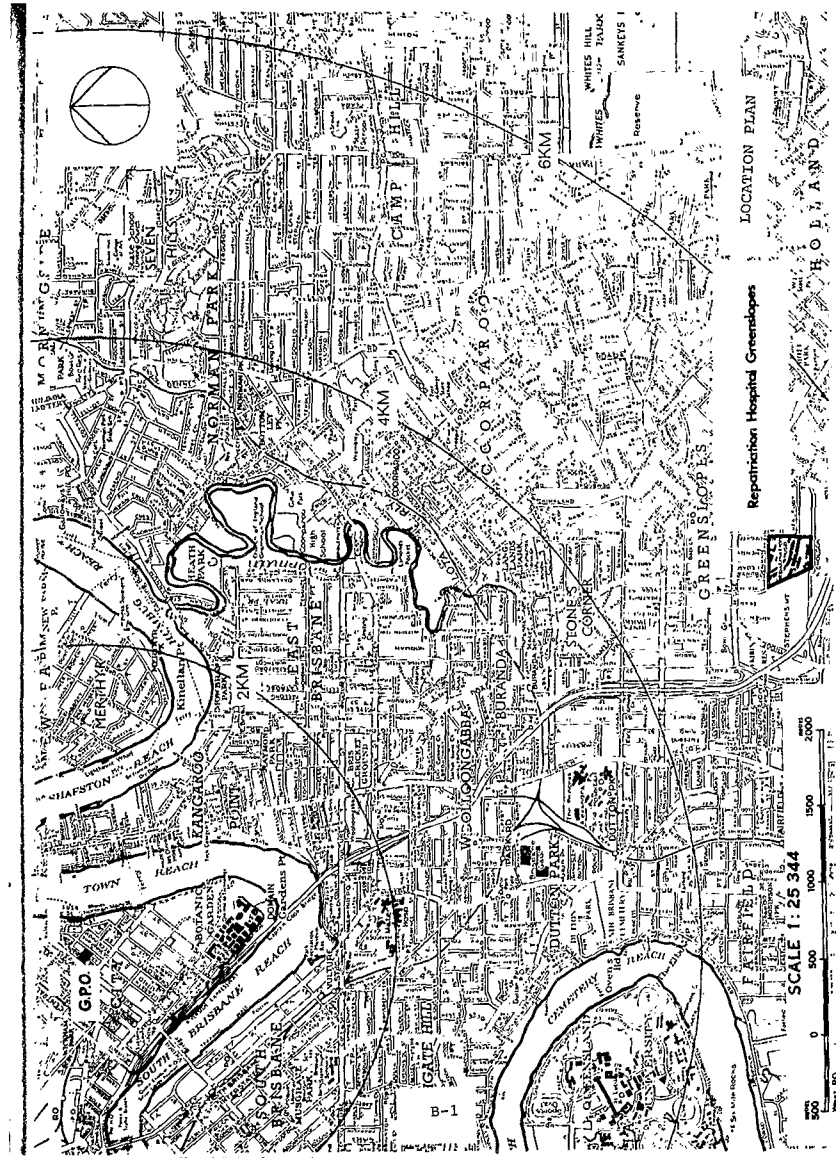
26. The existing main entrance from Newdegate Street will be redesigned and signposted as the main Public/Patient entry to the hospital.

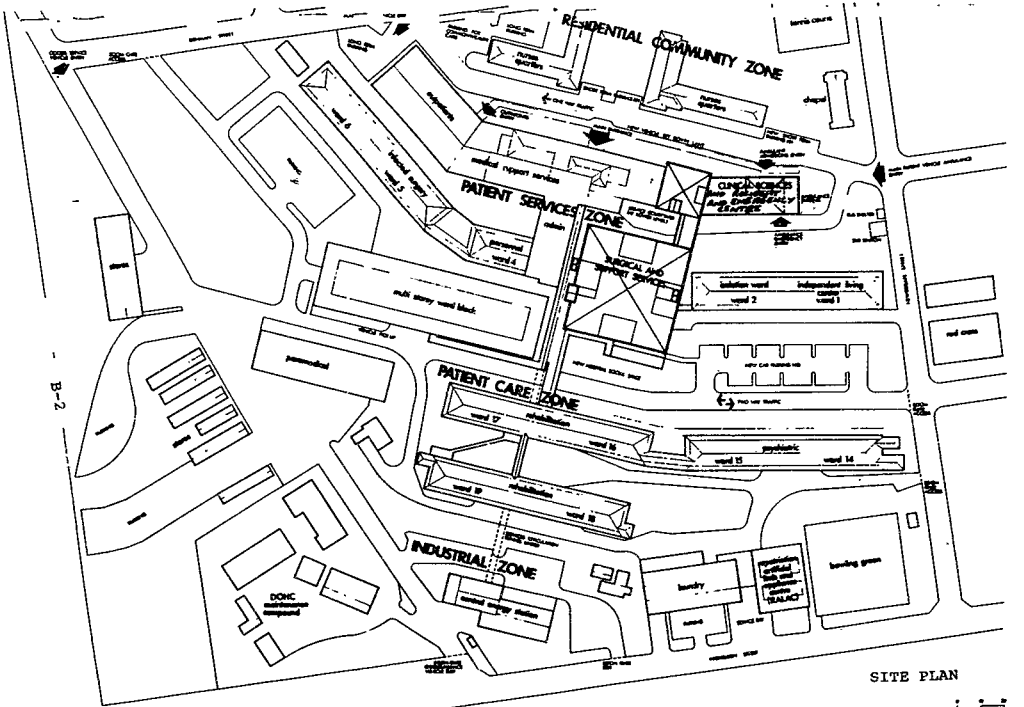
27. A new car park will be provided adjacent to the new Block, to accommodate an additional twenty cars on the site.

28. Landscaping Areas adjacent to the new buildings will be landscaped.

29. Consultations The design of the proposed works has been discussed with the following authorities:

- Brisbane City Council;
- Department of Home Affairs and Environment;
- South East Queensland Electricity Board;
- Telecom Australia; and
- Queensland Employment and Labour Relations Department and Division of Occupational Safety.

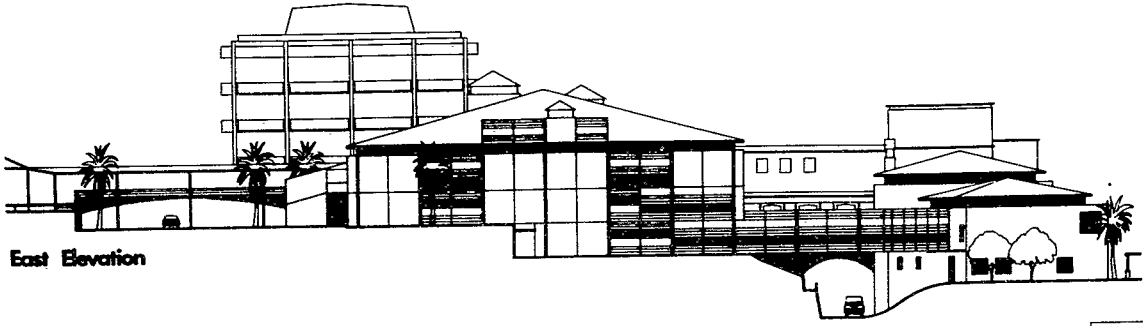




SITE PLAN

January 1984 scale

Repatriation Hospital Greenslopes



East Elevation

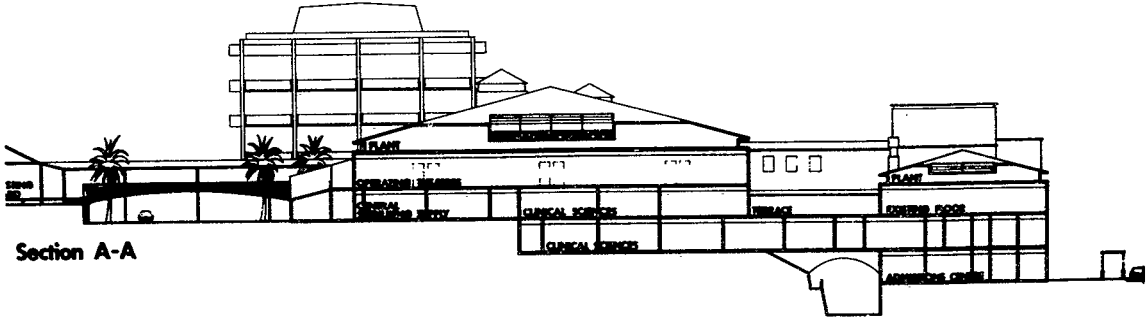
B-3

North Elevation to Admissions Building

Elevations

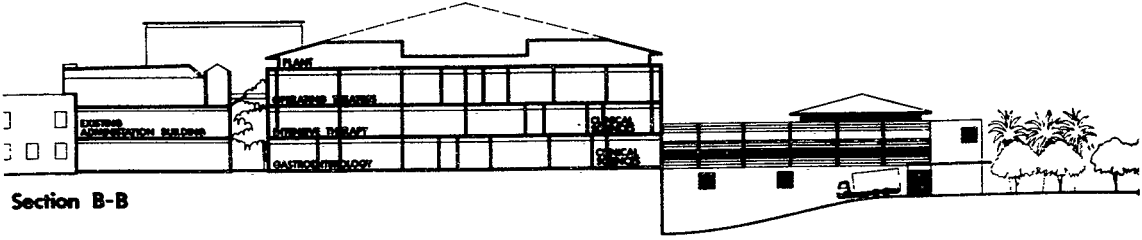
January 1984

Repatriation Hospital Greenslopes



Section A-A

B-4



Section B-B

Sections

January 1964

scale

Repatriation Hospital Greenslopes

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