

Parliamentary Standing Committee on Public Works

REPORT

relating to

CONSTRUCTION OF NEW WARD BLOCK AND OUTPATIENTS DEPARTMENT, REPATRIATION GENERAL HOSPITAL, HEIDELBERG, VICTORIA

(Thirteenth Report of 1985)



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

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AND OUTPATIENTS DEPARTMENT,
REPATRIATION GENERAL HOSPITAL,
HEIDELBERG, VIC.

(Thirteenth Report of 1985)

Canberra 1985

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(Twenty-Eighth Committee)

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EXTRACT FROM THE
VOTES AND PROCEEDINGS OF THE HOUSE OF REPRESENTATIVES
NO. 44 DATED 18 SEPTEMBER 1985

- 20 PUBLIC WORKS COMMITTEE - REFERENCE OF WORK - REPATRIATION
GENERAL HOSPITAL, HEIDELBERG, VIC. - CONSTRUCTION WORK:
Mr West (Minister for Housing and Construction),
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 consideration and
report: Construction of new ward block and outpatients
department, Repatriation General Hospital, Heidelberg,
Vic., for the Department of Veterans' Affairs.

Mr West presented plans in connection with the proposed
work.

Debate ensued.

Question - put and passed.

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

CONSTRUCTION OF NEW WARD BLOCK AND OUTPATIENTS DEPARTMENT,
REPATRIATION GENERAL HOSPITAL, HEIDELBERG, VIC.

R E P O R T

By resolution on 18 September 1985 the House of Representatives referred to the Parliamentary Standing Committee on Public Works for consideration and report the proposal to construct a new ward block and outpatients department for the Repatriation General Hospital, Heidelberg, Victoria.

The Committee has the honour to report as follows:

THE REFERENCE

1. The work proposed under this reference comprises the construction of a new four-storey ward block to provide 144 beds and a new single storey outpatients department. Some elements of the new disused nurses home No. 1 will be incorporated in the outpatient facility.
2. The estimated cost of these proposals at January 1985 prices is \$6.67 million for the Ward Block and \$3.17 million for the outpatients department.

THE COMMITTEE'S INVESTIGATION

3. The Committee received written submissions and plans from the Department of Veterans' Affairs (DVA) and the Department of Housing and Construction (DHC) and took evidence from their representatives at a public hearing held in Canberra on 29 October 1985.

4. Written submissions were received from a number of organisations with an interest in the proposal. These organisations are as follows:

- the Returned Services League - Victorian Branch;
- the Totally and Permanently Disabled Soldiers' Association of Victoria;
- the War Widows Guild of Victoria Ltd;
- Repatriation Department Medical Officers Association;
- Senior Medical Staff Association Repatriation General Hospital, Heidelberg;
- Austin and Repatriation Hospital Clinical School, University of Melbourne; and
- Council of the City of Heidelberg.

5. In anticipation of the reference the Committee inspected the existing outpatients department, a number of ward blocks and the proposed sites for the new outpatients department and ward block on 1 May 1985.

6. A list of witnesses who appeared at the public hearing and the organisations which they represented is at Appendix A.

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

BACKGROUND

8. Repatriation System For the purpose of this report it is worth describing how the medical treatment side of the repatriation system functions. Most veterans are treated initially by local medical officers (LMO's) residing in local communities. LMO's are private medical practitioners affiliated with DVA. When patients require specialist or acute care, they are referred to repatriation general hospitals where they are treated as outpatients (i.e., attending the outpatients department on an as required basis) or they are admitted as acute care patients. Use is made of the state hospital facilities whenever the type of treatment required cannot be met by repatriation general hospitals.

9. DVA is conscious of the need to rationalise health care services. To that end all major proposals are discussed with State health authorities to avoid duplication of certain high cost facilities. For example, should specialised equipment not be available at a repatriation general hospital, beneficiaries are referred to State hospitals having the equipment. State hospitals may refer their patients to repatriation hospitals subject to available capacity. These arrangements ensure that entitled beneficiaries have access to an adequate range of treatment facilities while containing the cost otherwise incurred in providing a complete range of services.

10. Patients from the general community may also be admitted to repatriation general hospitals subject to spare capacity after the needs of entitled beneficiaries have been met. For example,

during 1984/85, 16.5 per cent of occupied bed days at Repatriation General Hospital, Heidelberg, were utilised by community patients.

11. RGH Heidelberg Repatriation General Hospital, Heidelberg (RGH Heidelberg) is situated on a 21 hectare site 10 kilometres north east of the Melbourne Central Business District. The hospital was developed early in 1941 to cater for the needs of sick and wounded service personnel during the Second World War. Development initially comprised a central multi-storey acute block and numerous timber framed and brick pavilion wards and service buildings. Many of these buildings, constructed urgently as temporary accommodation during the war, remain in use today. The Repatriation Commission assumed responsibility for the hospital in May 1947.

12. The provision of a system of repatriation hospital forms an integral part of repatriation benefits which have been developed over some 60 years. Section 120D of the Repatriation Act empowers the Repatriation 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 service-related. The hospital is a teaching hospital affiliated with the University of Melbourne, and provides acute medical, surgical, rehabilitation and psychiatric services to entitled beneficiaries.

13. Since 1947 a number of building and refurbishment projects have been undertaken at the hospital. These include:

- the construction of a theatre/pathology/central sterile supply department block;
- kitchen and cafeteria;

- refurbishment of the multi-storey acute block and south wing boilers;
- modernisation of the radiology and relocation of the pharmacy department.

14. Capacity of the Hospital DVA advised that the hospital is resourced for 504 beds. At present 350 beds are available due to State-wide problems associated with the recruitment and retention of nursing staff. These problems are not confined to repatriation general hospitals. Heidelberg has an active recruitment program underway to attract nursing staff. It is understood that 33 nurses are being recruited overseas.

15. DVA advised that the distribution of beds at the hospital is as follows:

<u>Wards</u>	<u>Patient Capacity</u>
Medical	219
Surgical	210
Psychiatric	30
<u>Special Units*</u>	<u>45</u>
<u>TOTAL</u>	<u>504</u>

* Includes coronary care, intensive care and renal dialysis.

16. Workload Projections Table 1, below, summarises the size of the population, by age, entitled to repatriation benefits:

Table 1 - Forecasts of
Entitled Treatment Population by Age
Victoria (1984-2000)

Age Group	June 1984	June 1985	June 1990	June 1995	June 2000
Under 60	14,760	10,200	7,300	5,000	3,900
60-64	27,480	27,600	7,200	1,900	1,600
65-69	21,172	24,500	29,600	7,200	2,000
70-74	11,808	15,200	22,300	26,200	6,200
75 and over	13,278	14,300	19,900	30,200	39,700
TOTAL	88,498	91,800	86,300	70,500	53,400

NOTE: Includes War Widows and eligible dependents and Veterans with non-pensionable incapacities.

17. The above projects are based on current policies and demand would increase if treatment eligibility were extended. The population entitled to treatment will peak in 1985 and then decline steadily. However, due to the ages of beneficiaries, the projected demand for acute care beds will not peak until 1995, and in the year 2000 it will exceed the 1985 demand.

18. DVA stated that from 1978/79 to 1984/85 the number of admissions increased by 19 per cent, the average availability of beds decreased by 8 per cent and the average length of stay has decreased by 3.6 days. Outpatient attendances have increased by 18 per cent, reflecting hospital policy that wherever possible patients are treated as outpatients to provide the most efficient use of available beds.

19. Table 2, below, gives total projected demand for acute care beds in Melbourne to the year 2000. This demand will need to be satisfied by RGH Heidelberg and non-DVA hospitals.

Table 2 - Forecast Acute Daily Occupied Bed Demand
Entitled Treatment Beneficiaries
RGH Heidelberg and Non-departmental Hospitals

Age Group	June 1985	June 1990	June 1995	June 2000
Under 60	46	32	21	16
60-64	120	31	8	7
65-69	146	179	43	12
70-74	132	193	226	52
75 and over	249	341	520	681
TOTAL	693	776	818	768

20. The above projections indicate at present there is a demand for 700 beds for Victorian veterans and their dependents. Demand will peak at 818 in 1995 and slowly decline thereafter. DVA advised that a proportion of this demand will continue to be referred to non-departmental hospitals as has been the practice in the past. For example, in 1984/85, 41 per cent of acute bed demand for beneficiaries in Victoria was provided by non-DVA hospitals. Nevertheless, DVA maintained that as the demand for acute care treatment increases with patient age, the projected bed demand will place a significant demand on the hospital to the end of this century. The Committee agrees with this assessment.

21. Outpatients Attendances Projections of the number of outpatients requiring treatment at the hospital for the period 1985/86 to 1995/96 are as follows:

Table 3 - Outpatient Workload Projections
1985/85 - 1995/96

Year	85/86	86/87	87/88	88/89	89/90	90/91	92/93	93/94	94/95	95/96
No.										
00's	54.3	64.0	65.3	66.6	67.9	69.3	70.7	72.1	73.5	75.0

NOTE: These projections relate to the number of patients requiring treatment, not the annual number of outpatient attendances which will be significantly higher (e.g., in 1980/81 there were 155,840 outpatient attendances from a population of 43,328 patients, or roughly 3.6 attendances per patient per year).

THE NEED

22. Against the background of projections which indicate a continuing need for services to be provided by the hospital to eligible beneficiaries and their dependents, DVA submitted that there is a requirement to provide a new outpatients department and a new ward block.

23. Existing Outpatients Department Until the mid-1970s outpatient activities were carried out in the Chest Clinic, Building 32 and in Ward 16. Due to increasing workloads Ward 15 was converted for outpatient use in 1975, and the Edwin Street Clinic, also located in Building 32 in 1978. These outpatient facilities are now utilised to the maximum and a significant number of outpatients is seen in wards.

24. DVA pointed out that outpatient facilities:

- are geographically remote from one another and from central service areas;
- have serious space limitations which prevent expansion to meet current and future workloads;
- offer inadequate patient/doctor privacy; and
- have inadequate heating and cooling.

25. The submission to the Committee from the Senior Medical Staff Association at the hospital highlighted a number of operational inefficiencies and inadequacies in the level of service available to outpatients. The latter is directly attributable to the outdated nature of the buildings occupied by various elements of the outpatients department.

26. The Senior Medical Staff Association submitted that:

- accommodation in the outpatient area is overcrowded; for example, it is common for up to four patients and their families to be interviewed in one room by medical staff at any one time;
- there is no privacy and the noise level makes it difficult to carry out accurate and sympathetic case history taking;
- there is currently no air conditioning, the arrangement of toilets is inadequate; for example, patients, visitors and staff are required to walk through other patients' interviewing areas; and
- staff amenities are negligible.

27. The Association suggested that new outpatient facilities are urgently required to upgrade the standard of clinical care before the peak in the estimated workload is reached in 10 years time.

28. Committee's Conclusion Modern accommodation to house all elements of the existing outpatient department is required to meet increases in demand for outpatient treatment.

29. Wards Existing pavilion wards were constructed during the 1940s. Since then there have been significant changes in the mix of patients treated, the age structure, the types of illnesses treated and the standard of care and the types of equipment required. The pavilion wards were designed for the treatment of younger ambulant patients and are not suited to the care of acutely ill elderly patients. DVA submitted that the pavilion wards have served their purpose well but are now beyond their economic life and require regular and expensive maintenance. Deficiencies identified by DVA can be summarised as follows:

Inadequate

- storage areas
- ward control stations
- staff areas
- dining areas for patients
- facilities for infection control
- space for ADP equipment
- toilet facilities

Lacking

- privacy for patients visitors' waiting and interview areas
- seminar rooms
- air conditioning
- acoustic sound control

30. In addition, there are insufficient scrub-up facilities, it is impractical to accommodate male and female patients in the same ward and the buildings were not designed in accordance with contemporary standards for energy utilisation.

31. Committee's Conclusion Existing pavilion wards do not reflect contemporary requirements for patient care and should be refurbished or replaced.

THE PROPOSAL

32. It is proposed to construct a single-storey outpatient department and a four-storey ward block at the hospital. The new outpatient department will enable existing and projected future outpatient services to be provided at the hospital and to take over some services currently provided at the DVA Branch Office in Melbourne. The new ward block will replace six pavilion wards and will have a design capacity of 168 beds. Construction details for both elements of the proposal are at Appendix B.

33. Outpatients Department This building will be a horizontal extension to the former Nurses Home No. 1. The building will be a single-storey structure with a central reception and sub-waiting areas. (A ground floor plan and elevations of the proposed building are at Illustrations C-1 and C-2, Appendix C.)

34. The following functional areas will be provided in the building:

- combined medical consulting and examination rooms;
- surgical consulting rooms and separate examination cubicles;
- ear, nose and throat clinic;
- pathology specimen collection facilities;
- eye clinic;
- staff facilities;
- kiosk.

35. DVA advised that facilities for the dental and facio-maxillary clinic, which are provided in the existing outpatients department, were omitted from the proposal due to project budget constraints but can be added at a later stage at a cost of \$235,000.

36. The Committee understands that it is planned to retain the dental and facio-maxillary clinic at its present location. The number of dental and facio-maxillary outpatient attendances in 1984/85 was 87. In the same year there were 1,942 dental outpatient attendances. Inadequacies relating to the present outpatients department were described above. The Committee believes retaining the clinic at its present location would tend to perpetuate these inadequacies and inefficiencies to the detriment of patients and staff. Therefore, the work required for a new dental and facio-maxillary clinic should proceed in concert with the construction of other elements of the outpatients department.

37. Site The site for the proposed building will extend over a car park area and a memorial rose garden. The RSL advised the Committee that the Memorial is to the memory of the Australian nursing sisters who lost their lives in the 'Centaur' disaster and the massacre at Banka Island during the Second World War. The rose garden and the memorial plaque will be relocated to a more prominent position at the front of the main hospital building.

38. The site will be easily accessible by patients from an adjacent car park. A large undercover patient set-down and pick-up area will be provided for patients arriving and departing by taxis, Commonwealth cars or ambulance. The building will be provided with a direct link to adjacent pharmacy, pathology, medical records and radiology departments.

39. Upper floors of the former nurses home will be able to accommodate activities which should be in close proximity to an outpatients department, e.g., speech pathology, psychology, neurology and clinical photography.

40. Committee's Conclusion The design and location of the proposed outpatients department are satisfactory. The dental and facio-maxillary clinic should be constructed concurrent with the construction of the building.

41. Ward Block The proposed ward block will have a design capacity of 168 beds and will replace wards 9-14 which have a design capacity of 175 beds. DHC advised that this proposal was proceeded with after a study which compared the feasibility of refurbishing six pavilion wards with the construction of a new four-storey ward block. The study provided that a four-storey ward block is a more practical solution, would take less time to construct and could be constructed within the budget established for refurbishing.

42. The Committee was advised that the project budget will allow the outfitting and equipping of 140 beds only. DVA intend to outfit the balance of 28 beds, the equivalent of 50 per cent of an entire floor, as funds become available. The cost of outfitting the additional 28 beds is \$190,000. The Committee believes that the outfitting and equipping of the 168 beds should proceed as a single project to achieve immediate and maximum utilisation of the new facility upon completion.

43. Description and Design Wards will be located on the first, second and third floors. Services space, plant, lift and motor room and future patient-related facilities will be located on the ground floor. Provision has been made in the structural design for an additional two floors of wards to be added in the future should the need arise.

44. The design comprises a deep plan double corridor layout. Each 28 bed ward will consist of six 4-bed bays and four single rooms. Each bay or room will be provided with separate en suite toilet, shower and wash basin facilities. Both bays and rooms will have good visibility from the corridors and ward control areas. The Committee was advised in answer to questions about the hazards of cross infections being transmitted through the air conditioning system that the single bed rooms are arranged for possible barrier nursing of infectious cases.

45. The gross floor area of each ward floor will be 1905 square metres. The Central services core of the building will contain utility rooms, bathroom, stores, cleaners room and offices. The junction between two wards on each floor will accommodate three lifts, waiting and interview rooms, escape stairs, dining room, staff room, plant room, seminar rooms, paramedical therapy room and pantry.

46. A typical floor plan is at Illustration C-3, Appendix C. Elevations are shown at Illustration C-4.

47. On the ground floor 310 square metres will be occupied by circulation space, stairs, lifts lobby and plant rooms.

48. Site The building will occupy a site presently occupied by wards 11 and 12 which will need to be demolished. DHC advised that two other wards, 9 and 10, will be demolished when the new ward block is completed.

49. The site is close to the main ward block, kitchen, theatres and to the pathology block which contains the central chilled water plant.

50. Review of Repatriation Hospital System The Committee was advised that the July 1985 report on the review of the Repatriation Hospital System did not support the provision of

any additional beds at Heidelberg. No additional beds will be provided under this proposal. The intention is to close down and demolish an equivalent number of pavilion wards as new wards are commissioned.

51. Committee's Conclusion The location and design of the proposed ward block are satisfactory. The outfitting and equipping of 168 beds should proceed as a single project to achieve immediate and maximum utilisation of the new facility upon completion.

CAR PARKING

52. In a written submission to the Committee, Heidelberg City Council expressed concern about traffic and parking requirements likely to be generated by the proposed development. The Council pointed out that the Melbourne Metropolitan Planning Scheme car parking requirement for a major hospital is 1.3 parking spaces per bed. Based on a 600-bed capacity, there is a requirement for 780 parking spaces at the hospital. The Council stated that the hospital employs over 1500 staff and demand for parking spaces is probably well in excess of the planning scheme requirement.

53. DVA acknowledged that car parking problems are more related to the location of car parks at the hospital site rather than the number of parking spaces available. There are large car parking areas at the northern end of the site which have spare capacity. Parking areas to the south, which are closest to the major activity areas of the hospital are often heavily utilised. Heavy usage of these southern car parking areas will be increased with the construction of the outpatients department the site for which will take in part of an existing car parking area. The Council is concerned that staff who now use southern car parks may be averse to parking their cars in the northern car parks. They may be more inclined to park their cars in adjacent streets.

The Council maintained that southern off-street car parks operate at saturation levels and overflow parking is currently accommodated in four adjacent residential streets. Time limit restrictions are being imposed on parking in these streets.

54. The Committee understands that the carpark serving the outpatients department will have a capacity of about 148 cars. It is intended to restrict access to this area to vehicles involved with the outpatients department. The Committee believes the Hospital management and the Council should encourage staff to use the northern carparks by restricting access to the ones in the south to visitors wherever possible and deterring the use of streets adjacent to the hospital for parking by the rigorous enforcement of time zone restrictions.

LAUNDRY AT HEIDELBERG

55. During debate on the reference motion on 18 September 1985, the Member for Farrer, Mr Tim Fischer, drew attention to comments made by the Auditor-General about inadequacies in planning for the laundry at the hospital ('Report of the Auditor-General upon audits, examinations and inspections under the Audit and other Acts', September 1985, Parliamentary Paper No. 263/1985, pp.159-161.).

56. Auditor-General's Comments The following paragraphs are a summary of the Auditor-General's comments:

57. In late 1979 serious shortcomings in the existing laundry were identified by senior hospital management. Laundry equipment, which was considered to be old, obsolete and inadequate, required early replacement. Funds for the acquisition of new equipment were provided in the 1982/83 acquisition program and in September 1982 DHC was requested to provide new pipework and drainage at an estimated cost of \$24,500 for the new machines. Subsequent investigations by DHC revealed

that floor loadings, the existing pipework and electrical wiring in the laundry were inadequate. In March 1983 the cost of the necessary works was \$80,000 which was subsequently increased in November/December 1983 to \$185,000.

58. Changes to the scope of the works to provide air conditioning to the laundry area and epoxy floors throughout were requested by DVA in May 1984. In July 1984 the estimated cost was \$281,000; the lowest tender received for the construction of the work was \$436,000 (December 1984).

59. No decision to proceed with the work had been made although \$15,000 had been spent on portable laundry accommodation which had not been used.

60. The cost of retaining the existing laundry facility is about \$110,000 per annum required for extra preventative maintenance, repairs and salary costs.

61. DHC advised the Auditor-General that the reasons for the significant imbalance between the July 1984 estimated cost of \$281,000 and the lowest tender of \$436,000 was due to the non-competitiveness of the tender market and the scarcity of several key contract trades. It was decided not to proceed with tenders and investigate three alternatives:

- reduce the scope of the proposal to basic essentials - cost of building and service components \$425,000;
- remove existing equipment and install new equipment in present location \$330,000;
- construct extensions to house new laundry area while maintaining existing operations \$320,000 (the cost of new laundry equipment, constant for all options is \$370,000).

62. The Auditor-General was concerned '...at the apparent shortcomings in departmental administration revealed by the Heidelberg laundry case study'. The Auditor-General observed that although the lowest current estimate for the proposal is \$690,000 (\$320,000 for extensions and \$370,000 for new equipment), on the basis of potential cost savings of \$110,000 per annum (extra preventative maintenance, repairs and salary costs) new laundry facilities would have nearly paid for themselves if prompt action had been taken when the need for re-equipment was identified.

63. Ministerial Response The Committee understands that the Minister for Veterans' Affairs has written to Mr Fischer in response to his remarks about the laundry project. A copy of this letter was forwarded by the Minister to the Committee. Departmental witnesses were also questioned at the public hearing about the Auditor-General's report and the Minister's letter.

64. The Ministers letter states that this project is not typical of the record of project management by DVA and DHC. In 1979/80 the laundry project was never intended to be a major capital work - the intention was to replace outdated equipment. Funds for the replacement of the equipment were sought in 1979/80 and 1980/81 but were unable to be accommodated within the restricted funds made available for specialised equipment. With the allocation of funds in 1982/83 planning was able to proceed and tenders were invited in March 1983 (provision had been made for \$248,000 for equipment and \$80,000 for piping, wiring and service connections). Tenders did not meet specifications and the lowest tender was higher than funds estimated. The project was reviewed and DHC advised DVA that structural weaknesses in the existing building would not cope with the equipment proposed. The hospital management view was that a new building reconstruction program required a different approach from a re-equipment program and the nature of the project changed;

the cost of \$185,000, mentioned in the Auditor-General's report related to this totally revised approach. The inclusion of positive air treatment and non-slip flooring caused confusion between DVA and DHC. DVA believed these features were included in the \$185,000 estimate. It was subsequently discovered that they were not included and explain the increase in the estimate to \$281,000.

65. The lowest tender received for the building component in late 1984 was \$436,000. The reasons for the significantly higher costs are explained in DHC advice to the Auditor-General above.

66. The Minister maintains that annual cost savings on maintenance would not have been sufficient to pay for the project if prompt action had been taken when the need for re-equipment had first been identified. He also stated that delays in early years resulted from restrictions placed on specialised equipment funds and the more significant rebuilding project would have emerged in later years. A report is being prepared by a consultant from the Victorian system to review the project. The report is nearing completion. On the basis of the report tenders will be called with the aim of achieving a refurbished and re-equipped laundry which will provide efficient service through the 1990s and within current budget.

67. The Minister advised that the failures evident in co-ordination be addressed. A DHC architect will shortly take up an outposted position in the Head Office of DVA as part of these measures. In addition, procedures governing project planning are also being reviewed and new guidelines will be issued.

68. Whilst not coming within the Committee's purview in relation to this reference, we are satisfied with the explanations offered by the department and the Minister.

ENVIRONMENTAL CONSIDERATIONS

69. DHC advised that the proposed work will comprise:
- a low rise structure on the perimeter of the site - outpatients department; and
 - a medium rise block in the centre of the site - ward block.
70. Neither will have an adverse effect on adjoining residential areas.

71. DVA received advice from the Department of Arts, Heritage and Environment, on 29 November 1984 that no further action is required in respect of the proposed works under the environment protection Administrative Procedures. This advice was re-affirmed on 2 January 1985.

CONSULTATIONS

72. DVA advised that staff, ex-service organisations, the Victorian Health Department, Heidelberg Council and nearby public hospitals were consulted during the development of the proposal. Local residents were informed on the project by way of an article in the local newspaper.

COSTS AND TIMETABLE

73. The Limit of Cost estimates at January 1985 prices for the two elements of the proposed work are as follows:

	\$m
Outpatients Department	3.170
Ward Block	<u>6.670</u>
TOTAL	<u>9.840</u>

74. The Committee has recommended the inclusion of the dental and facio-maxillary clinic in the outpatients department building (\$235,000) and the outfitting and equipping of the balance of 28 beds in the new ward block (\$190,000).

75. The estimated cost of the two elements is \$3.405 million for the Outpatients Department and \$6.860 million for the ward block.

76. From the receipt of Parliamentary approval for the preparation of the main contract documents, a period of seven months will be needed for documentation prior to the calling and analysis of tenders. The Outpatients Department should be completed within 14 months and the Ward Block within 24 months from the acceptance of tenders.

77. Committee's Recommendation The Committee recommends construction of the work in this reference and the additional items referred to in paragraph 42 for the ward block and paragraph 36 for the outpatient department.

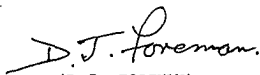
RECOMMENDATIONS AND CONCLUSIONS

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

	<u>Paragraph</u>
1. MODERN ACCOMMODATION TO HOUSE ALL ELEMENTS OF THE EXISTING OUTPATIENT DEPARTMENT IS REQUIRED TO MEET INCREASES IN DEMAND FOR OUTPATIENT TREATMENT.	28
2. EXISTING PAVILION WARDS DO NOT REFLECT CONTEMPORARY REQUIREMENTS FOR PATIENT CARE AND SHOULD BE REFURBISHED OR REPLACED.	31
3. THE DESIGN AND LOCATION OF THE PROPOSED OUTPATIENTS DEPARTMENT IS SATISFACTORY. THE DENTAL AND FACIO-MAXILLARY CLINIC SHOULD BE CONSTRUCTED CONCURRENT WITH THE CONSTRUCTION OF THE BUILDING.	40
4. THE LOCATION AND DESIGN OF THE PROPOSED WARD BLOCK ARE SATISFACTORY. THE OUTFITTING AND EQUIPMENT OF 168 BEDS SHOULD PROCEED AS A SINGLE PROJECT TO ACHIEVE IMMEDIATE AND MAXIMUM UTILISATION OF THE NEW FACILITY UPON COMPLETION.	51

Paragraph

5. THE ESTIMATED COST OF THE TWO ELEMENTS IS
\$3.405 MILLION FOR THE OUTPATIENTS DEPARTMENT
AND \$6.860 MILLION FOR THE WARD BLOCK. 75
6. THE COMMITTEE RECOMMENDS CONSTRUCTION OF THE
WORK IN THIS REFERENCE AND THE ADDITIONAL
ITEMS REFERRED TO IN PARAGRAPH 42 FOR THE
WARD BLOCK AND PARAGRAPH 36 FOR THE OUTPATIENT
DEPARTMENT. 77



(D.J. FOREMAN)

Chairman

Parliamentary Standing Committee
on Public Works
Parliament House
CANBERRA

14 November 1985

LIST OF WITNESSES

Bickerstaff, I.S., Esq., Associate Director (Projects),
Department of Housing and Construction, 239 Bourke Street,
Melbourne, Victoria

Godfrey, B., Esq., First Assistant Secretary (Management),
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Harrop, G.D., Esq., Project Manager (Major Projects),
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Osborne, Dr L.W., Executive Director, Repatriation General
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Scanlan, M.A., Esq., Assistant Secretary (Health and
Communications), Department of Housing and Construction,
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Trabinger, N., Esq., First Assistant Secretary (Treatment
Services), Department of Veterans' Affairs, P.O. Box 21,
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Whitehead, R.N., Esq., Architect, Department of Housing and
Construction, 239 Bourke Street, Melbourne, Victoria

CONSTRUCTION DETAILS

A. OUTPATIENTS DEPARTMENT

1. Structure The outpatients department will have reinforced concrete footings, floor slab on ground, and will be covered with a steel framed roofing system on steel columns.

2. Building Materials The building will have brick external panel walls, steel stud plasterboard sheeted internal partitions with acoustic tile ceilings and vinyl, seamless epoxy or carpeted floors.

3. Windows will be anodised aluminium with solar glazing and the roof covering will be a waterproof membrane with skylights to corridors, work areas and consulting/examination rooms. Walls in high traffic areas will have vinyl sheet protection and wet areas will be finished with plastic laminate.

4. Mechanical Services The following facilities will be provided:

- air conditioning to all functional areas; fan coil units will be used;
- reticulated medical gases to all treatment rooms;
- general exhaust from service areas;
- domestic hot water;
- chilled water from the existing central plant in the basement of the theatre/pathology block;

- steam from existing briquette-fired and boilers on the western side of the site;
- calorifier, pumps, heat exchanger and pipework to all plant and equipment.

5. Electrical Services The following electrical services will be provided:

- new substation;
- general light and power;
- conduits for computer system;
- emergency exit lighting;
- nurses call and staff call systems;
- public address and paging system;
- master and slave clock system;
- extension of PABX telephone system;
- fire and emergency evacuation system.

6. Fire Protection The new building will be protected by a fire sprinkler system in accordance with recommendations of the Commonwealth Fire Board. Provision will also be made for sprinklers to all roof lights and the first floor windows overlooking the ground floor extension. Fire hydrants, hose reels and portable extinguishers will be provided. The existing thermal alarm system on the upper floors of Nurses Home No. 1 will be retained.

7. Landscaping Landscaping will be provided around the outpatients department to maintain the existing facilities and environment. Particular emphasis will be placed upon the need to provide and maintain adjacent public open space.

8. Energy Conservation Measures Existing briquette fired boilers will be used as the source of heat and the upgraded central chilled water system located in the basement of the threatress/pathology block will provide cooling.

9. The building has been designed to minimise heat loads and energy consumption by the following features:

- minimal external glazing;
- high mass external walls;
- roof insulation;
- solar glazed and louvred skylights;
- air conditioning by individually controlled fan coil units with outside fresh air cycle for cooling;
- deep plan with service rooms on perimeter to lessen heat losses and gains.

B. WARD BLOCK

10. Structure The ward block will be a reinforced concrete framed structure with flat plate slabs at first, second, third floors and roof level and slab-on-ground at ground level functional areas. Columns will be supported on pad footings and brickwork on strip footings. Stair and lift shaft walls will be reinforced concrete.

11. Building Materials The building will have brick and pointed concrete external walls, metal deck roof over concrete slab, plastered brick internal partitions and acoustic tile and plasterboard ceilings.

12. Floors to utility ward areas will be vinyl sheeted with corridors, offices carpetted and wet areas finished with non-slip seamless epoxy coatings.

13. Windows will be anodised aluminium with solar glazing to north, east and west aspects. Walls in wet and high traffic areas will have vinyl sheeting protection.

14. Mechanical Services The following facilities will be provided in the new ward block:

- air conditioning to functional areas, including wards, corridors, and offices from an air-handling unit on each floor, fed from the central chilled water plant in the basement of the theatre/pathology block;
- general exhaust from central utility and service rooms, en suites and toilets;
- domestic hot water;
- steam from existing boilers;
- ground floor plant room to accommodate calorifier, heat exchanger and central vacuum cleaning system plant;
- suction and medical air reticulated to patient bays and rooms and treatment rooms from the existing plant in the basement of the theatre/pathology block;
- oxygen will be reticulated from the existing hospital bulk storage tank.

15. Electrical Services The following facilities will be provided:

- general light and power;
- conduits for computer system;
- emergency exit lighting;
- nurses call and staff call systems;
- public address and paging system;
- master and slave clock system;
- fire and emergency evacuation system;
- radio linkage to each bed from nurses stations;
- television antennae points to each bed;
- special power supply for specialised equipment;
- patient security and warning system.

16. Lifts The building will be serviced by one bank of three lifts. Each lift will accommodate patient beds with one lift designated as a service lift. The lift motor room will be located at ground level to allow for possible future vertical extension of the building.

17. Fire Protection The ward block will be protected by a fire sprinkler system in accordance with recommendations of the Commonwealth Fire Board. Fire hydrants, hose reels and portable extinguishers will be provided.

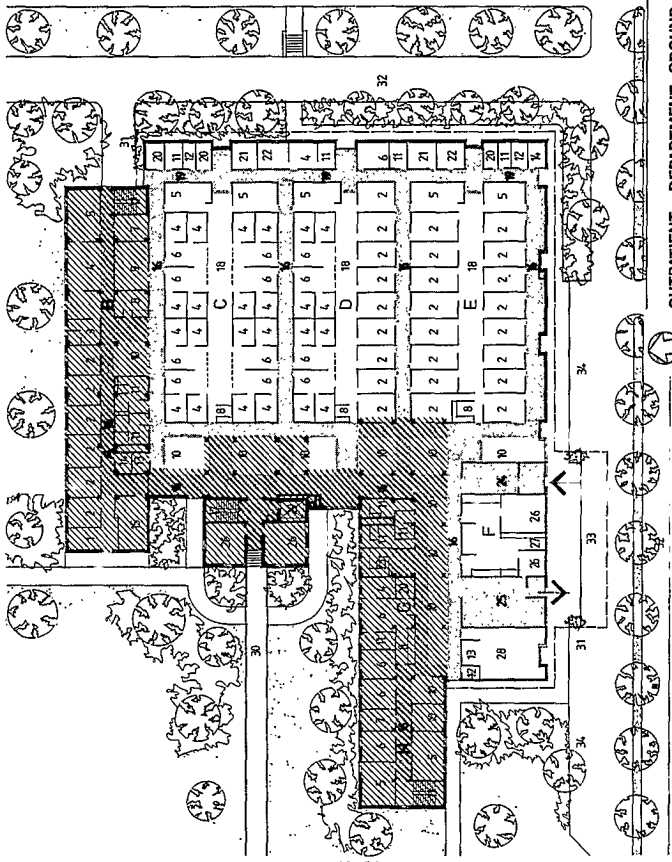
18. Hydraulic Services The cold water supply, fire service, sewerage and stormwater systems will be connected into the existing systems. Provision has been made for flusher and hot and cold water storage tanks in the roof space of the ward block.

19. Landscaping The open spaces between the pathology block and the ward block will be redeveloped to maintain the existing atmosphere and facilities with access from new covered way which will be at ground level.

20. Energy Conservation The ward has been designed to minimise heat loads and energy consumption despite the need for adequate external viewing windows in ward areas. The following features have been incorporated into the design:

- high mass external walls;
- solar glazing;
- zoned heating and cooling;
- air conditioning by individually controlled fan coil units with outside fresh air cycle for cooling;
- deep plan with low perimeter/area ratio;
- minimal glazing to east and west;
- use of sun screening to windows on the north, east and western elevations.

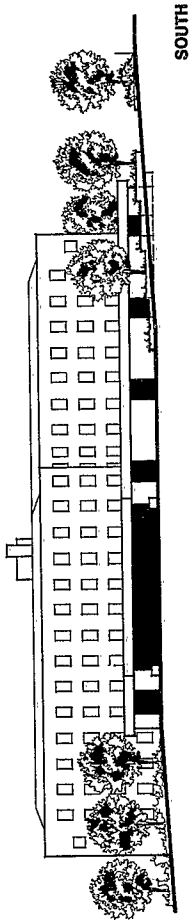
- LEGEND**
- A CHEST - CARDIOLOGY
 - B PHYSICIAN CLINIC
 - C SURGICAL - MEDICAL
 - D SURGICAL - MEDICAL
 - E MEDICAL
 - F LABORATORY
 - G RADIOLOGY
 - H EYE CLINIC
 - I SPOONFEETER & ECG
 - J CONSULTATION - COMPARISON
 - K AUDIO
 - L EXAMINATION
 - M CONSULTATION
 - N NURSES' WORK
 - O NURSE RECEPTION
 - P NURSE RECEPTION
 - Q NURSE RECEPTION
 - R NURSE RECEPTION
 - S PUBLIC - PATIENT TOILET
 - T STAFF TOILET
 - U CLEANER
 - V CONFERENCE & TEACHING ROOM
 - W PATIENTS' CORRIDOR
 - X WORK-CASE CORRIDOR
 - Y SERVICE CORRIDOR
 - Z CLEAN UTILITY ROOM
 - 1 DIRTY UTILITY ROOM
 - 2 KIOSK
 - 3 ARRIVAL WAITING
 - 4 ARRIVAL WAITING
 - 5 ARRIVAL WAITING
 - 6 TELEPHONE SWITCHBOARD
 - 7 STAFFROOM
 - 8 EXISTING COVERED WALKWAY
 - 9 AMBULANCE PARK
 - 10 NEW ROAD WALKWAY/CANOPY
 - 11 COMMUNITY HEALTH GARAGE
 - 12 EXISTING HOME ONE



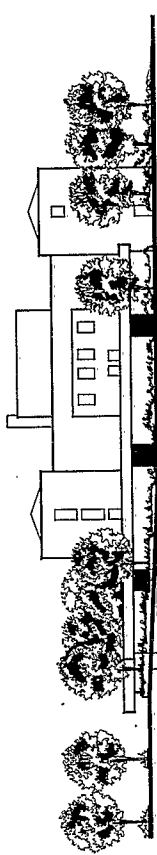
OUTPATIENT DEPARTMENT GROUND FLOOR PLAN

0 10 20m

(C-1)



SOUTH

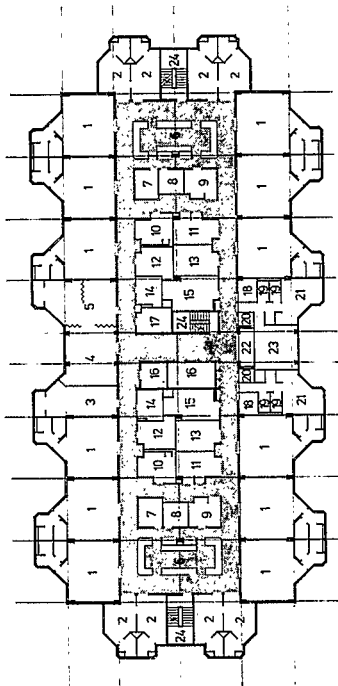


EAST

OUTPATIENT DEPARTMENT ELEVATIONS
0 10 20m

(C-2)

- LEGEND**
- 1 FOUR BED WARD
 - 2 TWO BED WARD
 - 3 PRICED PANA-HED
 - 4 DINING ROOM
 - 5 SERVING ROOM
 - 6 DOCTORS' ROOM
 - 8 CHARGE NURSES' ROOM
 - 9 MED. PREP. ROOM
 - 10 UTILITY ROOM
 - 11 CLEAN UTILITY ROOM
 - 12 BATHROOM
 - 13 PREPARATION ROOM
 - 14 EQUIPMENT STORE
 - 16 LIFTS
 - 17 PANTRY
 - 18 PANTRY ROOM
 - 19 STAFF W.C.
 - 20 PUBLIC W.C.
 - 21 STAFFING ROOM
 - 22 PLANT ROOM
 - 24 ESCAPE STAIR



(C-3)



WARD BLOCK TYPICAL FLOOR PLAN



WARD BLOCK ELEVATIONS