

Delivering Tasmania's state of the art health facility

Welcome to the RHH Redevelopment project!

The RHH Redevelopment is delivering a state-of-the-art health facility for generations of Tasmanians to come.

RHH Redevelopment News provides information and updates on the project.

You can also find information about the project by visiting the website:

www.rhhredevelopment.tas.gov.au

Or email the project at:

redvelopment.rhh@dhhs.tas.gov.au

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Construction Close-up



The K-Block core – lift and stairwells under construction.

After the successful assembly of tower crane one, work continues on site with the demolition of redundant tunnels, removal of bricks from the D-Block façade, removal of sandstone near E-Block, ongoing footings and column construction, and backfilling behind the lift and stairwell core.

Works to prepare the site for the first concrete slab are also underway.



Tower crane 1 ready and raring to go.

Keep it Clean

Reusable medical instruments and equipment are collected, decontaminated, sterilised and distributed throughout the hospital all from the hospital's central sterilising department (CSD).

A new CSD will be located on level 5 of K-Block and it is expected to process around 100 000 trays of instruments each year.



Deputy project director, Cheryl Carr addresses participants with manager finance and ICT, Jason Mormon, and senior project officer FF&E, Kieran McDonald.

The RHH Redevelopment are currently tendering for CSD equipment including multiple instrument washers, sterilisers and workstations.

The requirements of the tender will also include installation and commissioning of the equipment, training, warranties and maintenance.

A pre-tender briefing was held for the CSD tender by the RHH Redevelopment team and the Managing Contractor in late July.

Tender briefings will be held for all major furniture, fittings and equipment packages managed by the RHH Redevelopment.

Meeting Personal Care Needs

Harry is a happy, social, eighteen-year-old young man. He goes for coffee most days and enjoys a spot of people watching at his local cafe. He goes bowling. He visits Mona. He also lives with Cerebral Palsy, relying on others to help with his personal care.



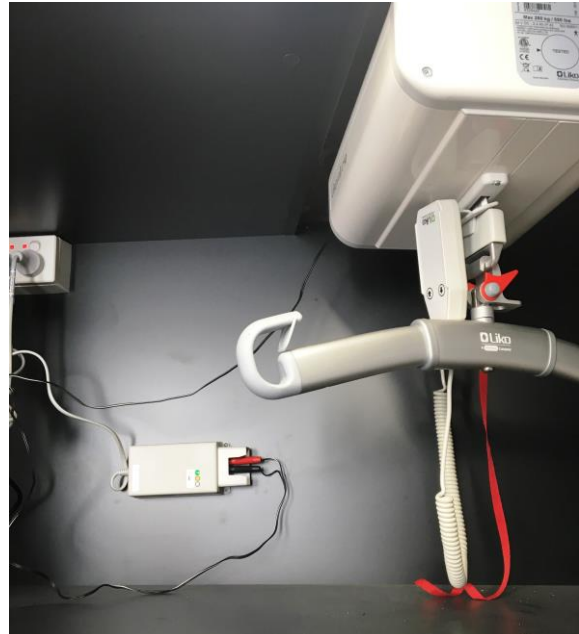
Changing Places will offer Harry Bolsch improved facilities.

Standard accessible toilets do not meet the needs of everyone living with a disability such as Harry. An improved bathroom design, called the Changing Places facilities, is creating a more inclusive community; one that provides greater dignity and independence to people living with a severe or profound disability.

Kelly, Harry's mum, knows firsthand the challenges of providing personal care without adequate facilities. Changing Places facilities are a welcome improvement to changing Harry on the floor of a public toilet or pulled over on the side of the road.

Each facility includes a toilet pan, an adult-sized adjustable changing table, a ceiling hoist, sufficient circulation space and a safe, clean environment.

A Changing Place facility has been included in the ground floor design of K-Block, thanks to ParaQuad Chairperson, David Cawthorn.



Hoist facilities as part of the Hobart City Council's facilities at Salamanca.

David is a passionate advocate for greater inclusivity and independence for people living with disabilities. He chairs the Minister for Human Service's Disability Advisory Committee and is a member of the Premier's Disability Advisory Council.

Changing Places facilities are becoming more prevalent but there are only a few in Tasmania to date and currently none in Hobart's central business district.



David Cawthorn, Paraquad Chair and changing places advocate.

Take a Tour of K-Block

Stand in K-Block's central foyer in front of reception and look over to the landscaped outdoor area and admissions.

Clear wayfinding immediately directs you to the lifts.



Ground floor, reception and cashier. Image by Lyons with Terroir

A deeper look into K-Block is available with improved panoramic designs from RHH Redevelopment's architects, Lyons with Terroir, on the online site and app called 'Roundme'.

Director of Lyons Architecture, Cameron Lyon said that programs like Roundme had the ability to turn a concept into reality for the viewer.

"As architects, the ability to use a digital interpretative program to help people visualise our design in three dimensions is very powerful," said Cameron.

"The updated virtual tours have more sophisticated three-dimensional features and a more nuanced use of colour."

A virtual tour of the birthing facilities shows its 'homely' feel with medical equipment concealed behind timber laminate. Birthing pools new to K-Block, are discretely located, and there is a built-in day bed for caregivers.

Have a look at a four-bed high dependency unit included to showcase the use of colour in the design which is both calming and non-clinical.

Ten of the views available have been updated.

The Roundme program transforms spherical panoramic images into 360 degree views.

For more information visit the project's website http://www.rhhredevelopment.tas.gov.au/project_information/other_project_information/take_a_virtual_tour_of_k-block or search RHH on Roundme.



Level 4 corridor view. Image by Lyons with Terroir

X-rays of Hearts and Blood Vessels

K-Block will include seven more operating and procedure rooms including cardiac ('cath lab') and vascular interventional suites.

But what are they and how do they help?

Vascular angiography helps show how well a patient's circulatory system is working, using digital subtracted angiography (DSA) and cardiac catheterisation does the same for the heart, using digital angiography (DA).

Blockages in the heart or major blood vessels can be detected by injecting an x-ray contrast into the blood stream that can be detected by x-rays. Procedures are conducted using catheters, wires, balloons and stents.

RHH Redevelopment News met with senior specialist radiographer for the angiography suite, Michelle Boutchard and specialist radiographer for the cath lab, Graham Skinner to find out more about their work.



Michelle Boutchard and Graham Skinner

"Most of our referrals are vascular and neurosurgical. Vascular is a group of people who may have a narrowing in their arteries because of a buildup of fatty material for example in the leg, they might have a gangrenous toe. So we're trying to open up the blood vessels and increase the supply of blood down the leg so we can save a toe, a foot, a leg, so the patient can avoid an amputation," Michelle said.

To do the procedure, a radiologist or vascular surgeon puts a needle into the artery followed by a plastic tube into which they feed a wire and a catheter.



"Think of it as a blocked hose, if you can get something through that blocked hose, you can then expand it. A balloon is used to expand the artery and if we need to hold it open with a scaffold we use a stent."

Michelle said that angiography patients are often older people or people with comorbidities and who may be smokers, have diabetes or hypertension for example.

"Another group of patients who come to the angiography suite are those whose arteries balloon out rather than close down. That's an aneurysm and you can get them in arteries in lots of places in the body. We put stents or coils in to seal up the aneurysm.

"The vascular surgeons use stent grafts to seal an aneurysm, for example in the abdominal aorta. These stent grafts are introduced via arteries in the groin, whilst the patient is under general anaesthetic.

"Typically a patient comes to hospital early in the morning, has the procedure, then after recovery goes to the ward overnight," she said.

They may be discharged home the next day, whilst a similar open procedure in theatre may require multiple nights in hospital with high dependency care.

“The neuro-intervention that occurs here is the treatment of aneurysms in the brain. Previously the only option would have been to have a bone flap removed from your skull.

“The neurosurgeon would go in with a microscope, dissect through the brain and would put a clip on the artery where the ballooning aneurysm was,” Michelle said.

“We can now come up through the artery at the groin with a wire and catheter up to the vessels in the head and put in a coil or a flow diverter to seal off the aneurysm.



The availability of procedures in the angiography suite can be the difference between a few hours in hospital (diagnostic procedure)/ or a one night stay (interventional procedure) versus a number of days in hospital, for an open procedure in theatre.

“So think about having a little hole in your artery that is closed at the end of the procedure as opposed to a flap of your skull, that’s the difference in the hours or days you stay in hospital.”

Some patients may only need to be in hospital a few hours, others go home the next day and some will require intensive care observation for a longer time.

Michelle explained that angiography has a wide application including vascular access work for patients needing chemotherapy and patients on dialysis that have fistulas.



Graham said that similar to angiography, the largest reason why people come to the cath lab is to increase blood flow in blocked arteries.

“The heart is a muscle and needs oxygen and if one of those arteries gets blocked then it starts causing problems like shortness of breath and chest pain.

“A number of tests are done in the emergency department, blood tests will show any enzymes which are released in distressed situations and the ECG will show a lot of information on the activity of the heart muscle. If any of those tests are positive the patient may be sent to the cath lab for x-ray imaging of their arteries. Some images can also show whether there are areas of the heart that aren’t working efficiently due to lack of blood supply.

“A cardiologist referring a patient for surgery to have a heart valve replaced will want to check to see if there are any diseased arteries which could be treated during the same operation. Cardiac catheterisation allows a quick assessment of the arteries and can prevent a patient spending months recovering only to find they need major surgery again,” Graham said.

“Every patient is different however. Generally, implanting a pacemaker or a defibrillator which are also procedures performed in our cath lab, takes about an hour.

“On the other hand, cardiac resynchronisation therapy, a procedure which gets both sides of the heart beating together and can alleviate a lot of symptoms, can take a fair bit longer.



“Patients are always interested when they see a before and after picture and see a stent in their heart. You might think it looks a bit like a biro spring.

“They vary in size being around 2-4 mm in diameter and 2-3 cm long depending on the nature of the blockage. They are put in place with a small balloon. The balloon stretches the stent up to the right size and is then removed leaving the stent in place to keep the artery open,” Graham said.

The RHH Redevelopment has advertised tenders for the supply of angiography and cardiac catheterisation imaging equipment for the new suites on level 4 of K-Block.

While the new equipment will be very similar to what is currently available, Michelle added that the new angiography suite will be an improvement because of advances in software technology.

“New software will allow us to do a scan of the brain of a very similar quality to the CT scanner. We also aim to reduce our radiation dose to both the patient and staff with the improved technology,” Michelle said.

The early procurement will provide the detailed information on the equipment to the builder so they can ensure the rooms include all the services and infrastructure needed to operate the equipment.

Meet the Team

Cheryl Carr is the deputy project director for the RHH Redevelopment. Here are five things about Cheryl:



Deputy project director, Cheryl Carr.

Number 1 – Cheryl joined the RHH Redevelopment in 2014, initially providing operational advice to the Rescue Taskforce and then as deputy project director.

Number 2 – On a day-to-day basis, she has responsibility for managing the RHH Redevelopment team and for managing the relationship with the hospital during construction and commissioning of K-Block.

Number 3 – Before joining the RHH Redevelopment, Cheryl was director of nursing perioperative services at the RHH and before that Calvary St Johns and Lenah Valley Operating Theatre Manager.

Number 4 – Cheryl loves being surrounded by family and she spends most of her spare time in the company of her parents, children and grandchildren, Lilly, Arrabella, Evie, Laylan, Levi, Zak, Charlie, Tyler, Sophia and Orlando.

Number 5 – Cheryl loves to cook big weekend roasts for her family and a few times a year she treats the RHH Redevelopment team to one of her delicious pavlovas piled high with cream and fresh berries.