

Building a Modern Health Facility for Tasmanians

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

Watch K-Block rise with a new time-lapse video showing construction during the first half of the year, along with drone photographs taken in early June, available online now.

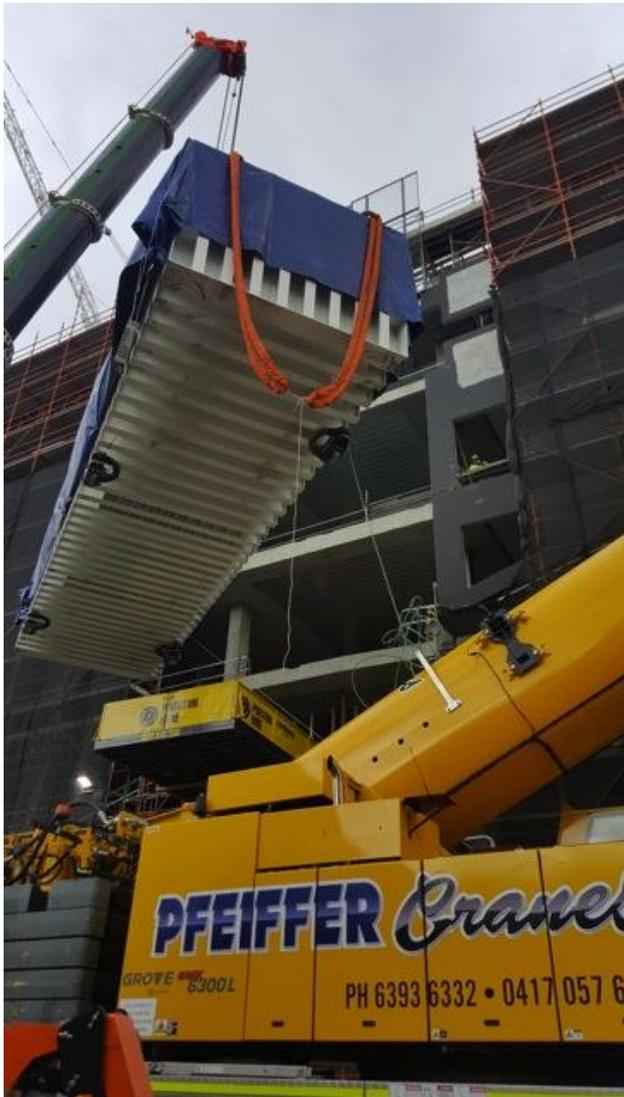
Construction is progressing well. The concrete pours for level 9 are underway.

During May, K-Block's new dual-capability, hyper/hypobaric chamber was installed on level 3. The 66 tonne, 14 metre long chamber was helped into place with a 300 and a 400 tonne mobile crane.

Good planning and team work ensured the chamber was installed safely and efficiently. Congratulations to the John Holland Fairbrother Joint Venture and their subcontractors for making a huge task look effortless.

For more information on construction progress including time-lapse videos and photographs visit the project's website -

http://www.rhhredevelopment.tas.gov.au/construction_progress



State-of-the-art hyper/hypobaric chamber being lifted into level 3 of K-Block in May 2018.

Quick K-Block Quiz

What do you know about K-Block? Try this quick quiz. Find the answers on the back page.

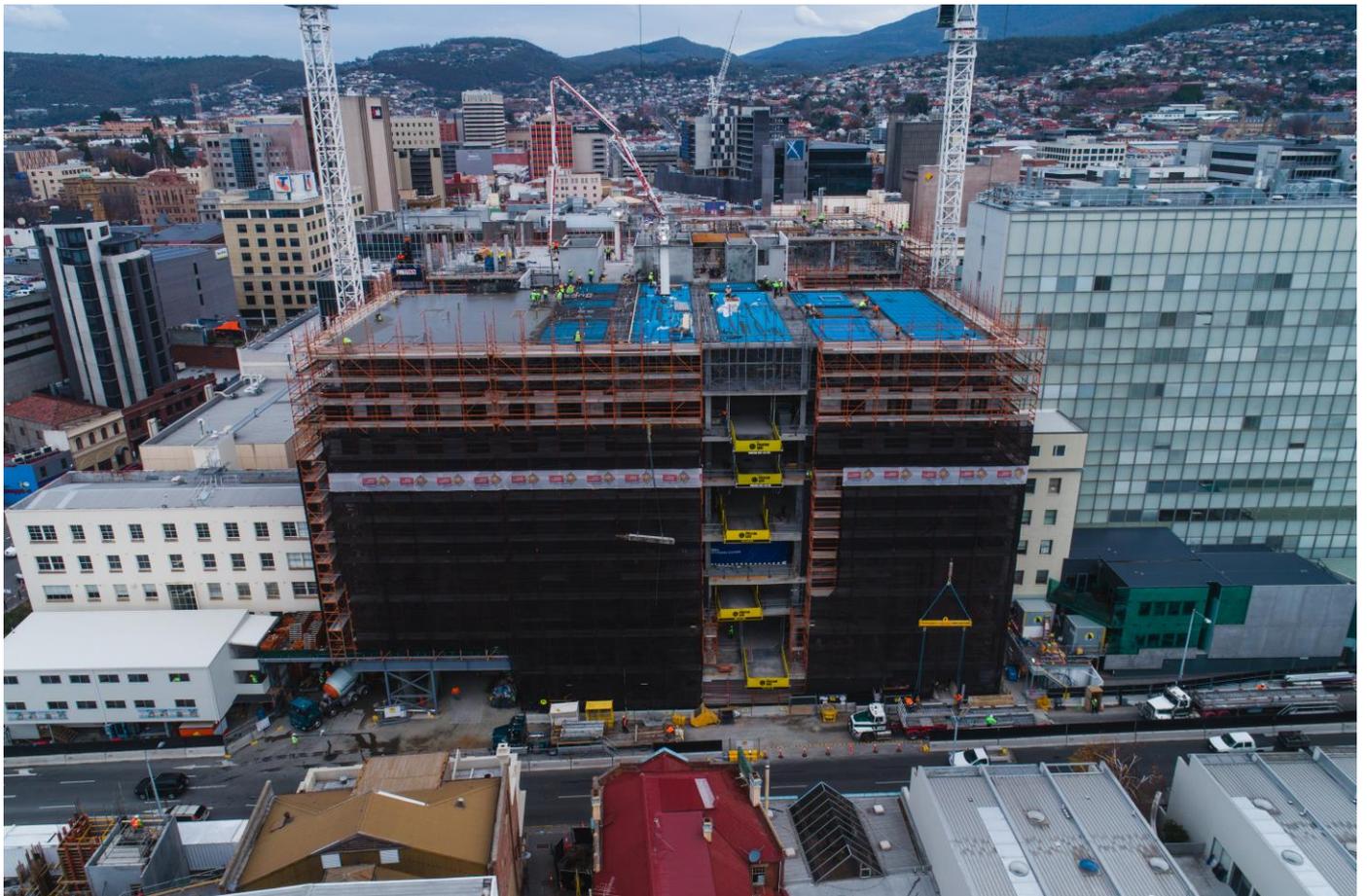
1. How many beds will K-Block have?
2. How many lifts will K-Block have?
3. Where does K-Block connect to the rest of the campus?
4. Why is there no level 1?
5. What new unit will be provided at the RHH for the first time?

Did you Know?

You will be able to walk into K-Block from the hospital's Liverpool Street entrance. Planned construction works will open up a section of the eastern corridor of C-Block, closest to the Liverpool Street entrance, and connect it to K-Block.

Unless you've been very unwell, you might not know that there is a lift that takes patients from the emergency department to inpatient wards.

A rear door will be installed in this lift so patients can be transported to fast 'back of house' lifts in K-Block, designated for patient services, and discretely moved to an allocated inpatient bed.



K-Block construction from Campbell Street, June 2018

When are we Moving?

With the rise and rise of K-Block, the question on everyone's lips is when will it open?

K-Block will deliver a state-of-the-art health facility for generations of Tasmanians to come; increasing bed capacity and operating and procedure rooms and providing a modern hospital.

Practical completion remains on track as scheduled for mid-2019 and operational commissioning will occur over the months to follow.

Words you might hear*

Practical completion: this is when all the project requirements are delivered and the Managing Contractor hands K-Block over to the RHH Redevelopment.

Decanting/ migration/ occupation: this is the relocation of services, including people, furnishings and equipment from one location to another, otherwise known as 'the move'.

Building commissioning: this is when the builder completes what is required in their contract. It includes installing furniture, fittings and equipment, and making sure the plant and equipment they're responsible for is working as it is meant to. It also includes repairing any defects that could impact on service delivery.

Operational commissioning: this is when the area is prepared for occupation. It includes an infection control review, stocking of supplies and making sure staff are familiar with their new area and can confidently provide the care patients need across the entire campus.

An example includes having all the right procedures in place to get a woman in labour from the birthing ward to the operating theatres if there is a complication or for getting a patient and trauma team from the helipad to the emergency department.

Scenario testing is needed so that staff are familiar with the new way of delivering services and that the new procedures are appropriate.

Phase I

The first step is to develop the operational commissioning framework that includes all the activities needed to ensure the safe, efficient and planned relocation of patients, staff and equipment to K-Block.

Occupying a new hospital is complex and requires a well-organised and agreed plan.

Cheryl Carr, Deputy Project Director has been meeting with representatives from the RHH leadership team and clinical leaders to identify the critical operational issues that will make sure that the move to K-Block is safe and efficient.

The RHH has started work reviewing and updating their 'clinical models of care'. A model of care describes how clinical services will be provided to patients in a particular setting or amenity. An example for K-Block will include how nursing care is provided for the use of the new birthing pools in the delivery unit.

What will the operational commissioning framework include?

Operational commissioning teams - members, roles, responsibilities and reporting requirements.

Stakeholder engagement – the different activities that will keep staff, patients and the public up-to-date with the move to K-Block.

Moving plan – the resources, sequencing and timeframes for the move to K-Block.

Decommissioning of the previous facilities – isolating services and securing wards until a decision about their future use.

Furniture, fitting and equipment activities – purchasing, testing, staff orientation and training.

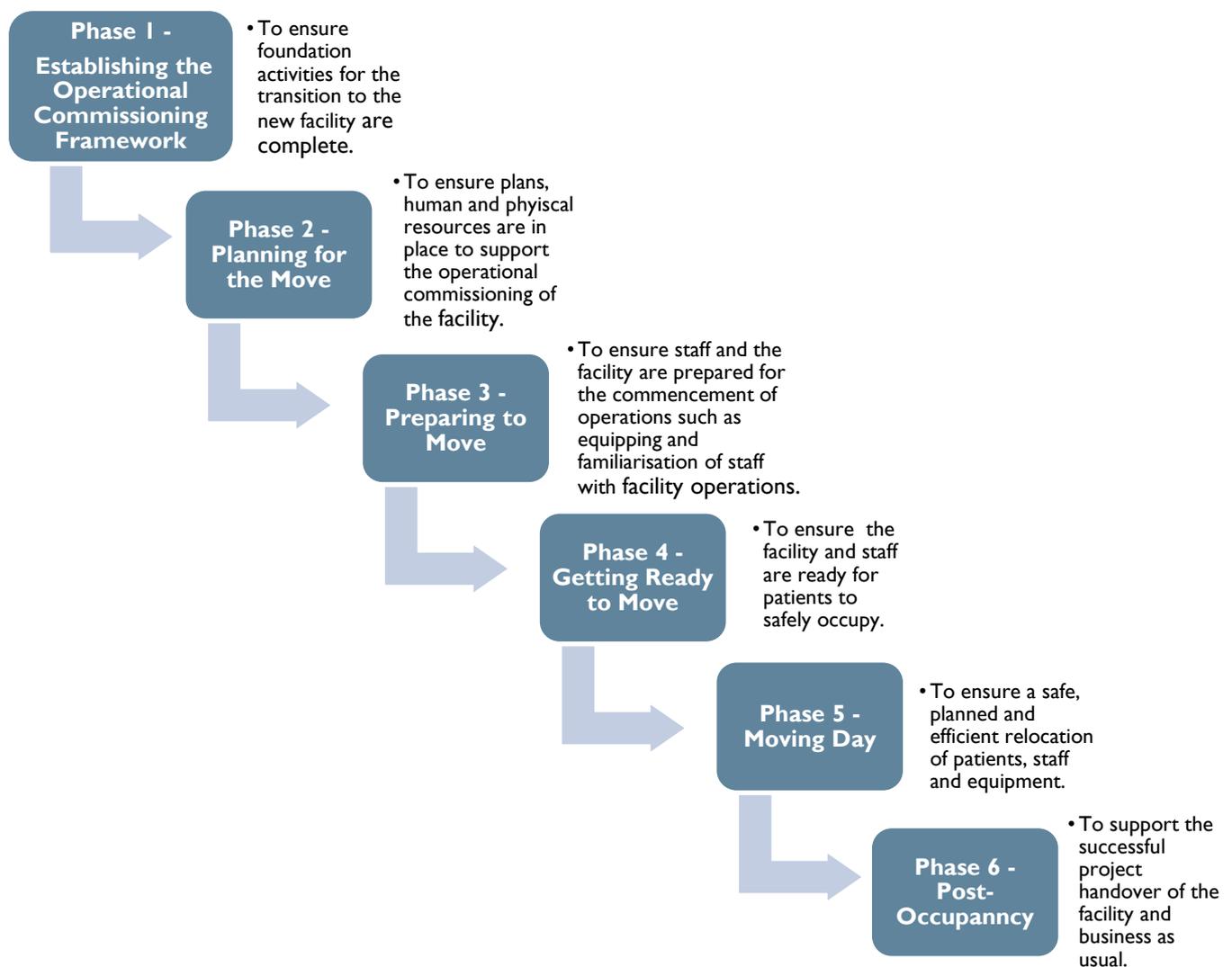
Occupation activities – cleaning, testing, fit out, relocation activities, stocking and commencement of operations.

See Figure 1 for more information on the phases of operational commissioning.

There will also be more information available to RHH staff once the operational commissioning framework is approved. Presentations to staff, information on wards and fact sheets will be rolled out over the months to come.

*Definitions and commissioning plan content are adapted from the Australian Health Facility Guidelines Revision 5.0, 1 March 2016.

Figure 1 Operational Commissioning Phases



Over a Century of Mothers and Babies Celebrated

The women who established and have continued to support Hobart's dedicated maternity service for more than a century will be honoured in the new women's, adolescents' and children's (WACS) precinct.

The Ladies Aid Association was established in 1902, to raise funds to build Hobart's first women's hospital. Their inaugural event was a Ball to commemorate the coronation of Edward VII and Alexandra of Denmark as King and Queen of the United Kingdom. The original Queen Alexandra Hospital (or the 'Alex' as it was colloquially known) was built in Hampden Road, Battery Point in 1905 and the Queen Alexandra Auxiliary (Q.A.A) was formed.



Q.A.A members, Elizabeth Clark and Robyn Beltz.

Before the Alex, women birthed in their own homes or in 'lying-in homes', a private house where they were assisted with their birthing.

"Forward-thinking women established the Auxiliary, stepping outside the expected role of a woman as a housewife in Hobart's establishment at the time," said Elizabeth Clark, a member for 25 years.

"They were the first to train midwifery students because up to that point there was no specific training."

The students paid 12 guineas to do the training over 12 months and were issued with a Certificate of Obstetrical Nursing.

Over the decades, the Q.A.A has continued to assist mothers and babies and to support the Alex.

"Government couldn't always provide the extras to give mothers and babies that little bit more," current President, Robyn Beltz said.

"We made toiletry packs for young mothers and their babies," Elizabeth said.

"We would recognise Christmas day babies, each getting a present from the Auxiliary."

"The committee purchased emergency trolleys, decorated rooms and provided other specific equipment as requested by staff," Robyn said.

"The Auxiliary established a room where fathers from the country could stay when their wives were in hospital for an extended stay," Elizabeth said.

Building a hospital and sustaining their operations for so many years is a testament to the commitment of its members to improving the lives of mothers and babies.

Anyone involved in fundraising and volunteering knows how much work it takes.

"Many members played the card game Bridge and every year they held a card game and lunch often making \$3 000 per event," Robyn said.

“It was an enormous amount of work that raised a lot of money. There were quite a lot of expectations about the following year’s event!” Elizabeth added.

After more than 100 years, the Q.A.A is calling it quits.

“The current committee recognised the changing of times and the current needs of hospitals and found that it was becoming harder to get volunteer members for fundraising,” Robyn said.

“As a legacy to 110 years of the voluntary contribution of the Auxiliary, we are preparing a professional history of the journey of the Queen Alexandra Hospital Auxiliary from 1902 until 2019,” Robyn said.

The level 7 foyer will host two walls of graphically-designed information panels showcasing both the history of birthing in Tasmania and recognising the contribution of the Q.A.A.

“Working to support mothers and babies along with many others, some who once were midwives or hospital employees, and interested ladies from the community, has been a pleasure and a privilege,” Robyn said.

“It’s a legacy. Right back to the beginning everyone has worked so hard for the mothers and babies of Hobart.”

“The Auxiliary was a way of working with people and volunteering to help others,” Elizabeth said.

“It felt like you were making a contribution and it had a social aspect, you made new friends,” Robyn said.

“It has been one of the most fascinating experiences of my life,” Elizabeth said.

In commemoration of the service of the Q.A.A, the maternity and birthing ward on level 7 of K-Block will be called the Queen Alexandra Women's Services.

Quiz Answers

1. K-Block will have 277 beds with capacity for 315.
2. K-Block will have six front-of-house and six back-of-house lifts. Front-of-house lifts are designated for the general public and the back-of-house lifts will ensure more privacy for patients and more efficient transport of staff. Two lifts will be locked when the helipad is in use to ensure the fastest possible transfer to theatres or the emergency department with emergency backup.
3. K-Block connects to C-, A- and D-Blocks on the ground floor and level 4. Access across level 4 will be available for staff serving the operating theatre precinct.
4. The ceiling heights and space for services vary across the RHH due to different building requirements at the time. With today’s building requirements, there was enough space between the ground floor and level 4 of K-Block for two levels. The loading dock will be located on the lower ground floor, patient and visitor services on the ground floor and clinical inpatient services start from level 2 and go to level 10. Level 1 has been excluded from the numbering system.
5. WACS will be able to deliver a specific service for adolescents in the new 16-bed ward on level 6.