

Building a Modern Health Facility for Tasmanians

Welcome to the new RHH Redevelopment project!

During 2014, the Rescue Taskforce was commissioned to resolve some outstanding issues facing the project so that a new health facility called K-Block could be constructed.

An improved K-Block will now be built, providing better clinical facilities for Tasmanians.

RHH Redevelopment Project News will provide updates on the project at key milestones.

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

www.rhhredevelopment.tas.gov.au

Or email the project at:

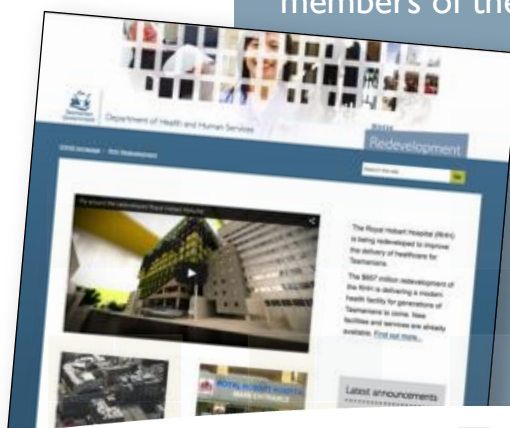
redvelopmentrhh@dhhs.tas.gov.au

In this issue...

In the May edition there are updates on the:

- refurbishment and decanting plan
- helipad and temporary facility
- mental health design and
- changes to traffic conditions in and around the RHH.

You also meet two members of the team!



Refurbishment and Decanting Plan

A great deal of the design work is now signed off by user groups including:

- orthopaedics, who will move to level 5, A-Block
- acute rehabilitation, who will move to level 2, Peacock building, Repatriation Centre
- ambulatory care centre, who will move to level 2, C-and D-Block
- high volume short stay unit (extended day surgery), who will move to level 4, C-Block
- inpatient mental health and medicine who will move to the temporary Liverpool Street forecourt facility
- endocrinology, neurology and neurophysiology offices, who will move to level 3, C-Block
- inpatient oncology, who will move to level 9, A-Block
- renal, who will move to lower ground, A-Block and
- the new helipad.



Marcus Skinner (THO-S), Cheryl Carr, Peter Bartlett and Sandy Zalstein with the final helipad design.

User groups have started meeting for the hyperbaric chamber and transit lounge.

Refurbishment and construction works packages have been advertised for Physiotherapy Orthopaedic Surgical Interventions (POSI) and Spinal Assessment Clinic (SAC), the temporary Liverpool Street forecourt facility, executive offices in F-Block and for the removal of hazardous materials.

The Rescue Taskforce has approved a new location for the Clozapine Clinic which will now move to level 2, E-Block. E-Block is close to RHH services, has enough space for current activities, and has a lot of natural light. It's a better location for the service.

A Refurbishment and Decanting Progress Chart can be found at the end of the newsletter.

There's also a new fact sheet on decanting available on the webpage:

www.rhhredevelopment.tas.gov.au

Helipad

In December last year, the Tasmanian Government announced that an improved K-Block would be built, providing better clinical facilities for Tasmanians.

This includes a helipad for critical aero-medical retrievals with an additional investment of around \$10.5 million.

A helipad facilitates early clinical management of patients who suffer serious health events, either through disease or injury.

A helipad on the roof of K-Block will mean the RHH can:

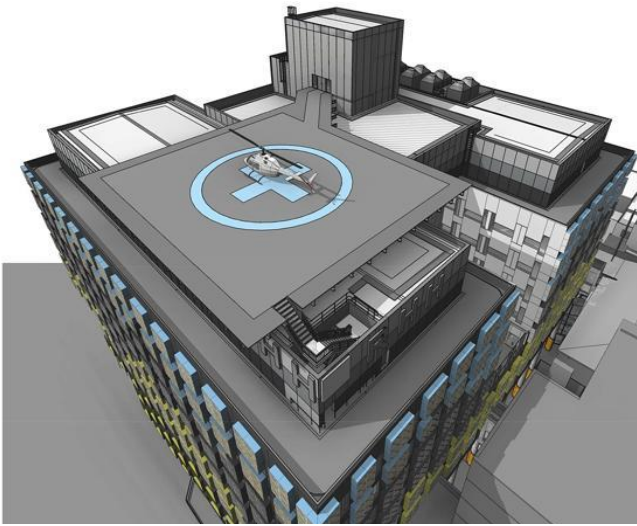
- respond to critical incidents faster
- deliver treatment to patients sooner and
- reduce preventable adverse outcomes from delays in transit.

Currently, helicopter transfers rely on additional movements by road ambulance after arrival of the helicopter at the domain (the cenotaph). This requires ambulances that would otherwise be used for ground retrievals. It also adds a minimum of 30 minutes to the retrieval.

A patient can be delivered to emergency or theatres within a few minutes of landing on a hospital campus-based helipad.

Design work, including updating plans and elevations, is being finalised in preparation for lodgment of a development application with the Hobart City Council.

Clinical Associate Professor Marcus Skinner was interviewed by *The Sunday Tasmanian* on the clinical importance of the helipad. You can find the story [here](#).



Concept drawing of the proposed helipad, Lyons with Terroir.

The Temporary Facility

Registrations of Interest have been advertised for contractors for the temporary facility's modules and enabling works.

Site works will commence in the coming months. Installation of the temporary facility is expected to be completed during December 2015 and services relocated during January 2016.

Privacy issues have been addressed in the design.

Windows will be fitted with interstitial venetian blinds (primarily to meet anti-ligature requirements) and their adjustment will be limited from fully closed to 45 degrees. This will maintain privacy while still providing natural light for mental health patients.

The distance between the temporary facility and A-Block where the paediatric ward is located is 15 metres.



Changes to Traffic Conditions

During June, the B-Block car park and loading dock will become a construction site area.

There will be no further pedestrian access to the area. Access to other areas on campus will be via internal routes or around the perimeter of the RHH.

Supply vehicles will make deliveries and collections at a temporary loading dock on the southern side of Campbell Street. Metered car parks on Campbell Street will be allocated for vehicles waiting to access the new loading dock.

Car parks in Argyle Street and the Liverpool Street forecourt will be used for those deliveries that are unable to occur through the temporary loading dock. Remaining spaces will be dedicated to disability access, set down and Ambulance transport as identified.

Mental Health

Designs for mental health inpatient areas on levels 2 and 3 of K-Block and the temporary facility have been signed off by user groups and the THO-South.

The redesign of mental health inpatient areas in K-Block has been made possible with an additional investment of \$2.4 million.



Reception and waiting area of a new inpatient facility designed by project architects Lyons with Terroir.

The redesign includes improvements such as:

- an increase in outdoor space from $\approx 20\text{m}^2$ to $\approx 120\text{m}^2$ across the two levels
- an increase in the number of single bed rooms and a reduction in two bed rooms
- swipe card access to rooms
- vulnerable patient rooms/area in the open ward
- a swing area with bed flexibility between high dependency and the secure units and
- in the high dependency unit, access to a family room, a sensory de-escalation space, flex room, improved staff and visitor toilet access and more interview space.

Additionally, bed occupancy modelling has been updated. As a result, an extra three beds will be provided in K-Block with a further investment of \$600 000.

Safety First

Managing Contractor, John Holland Fairbrother Joint Venture, has been holding induction sessions to prepare staff and contractors for areas of the hospital that will be refurbished.

Here are just five points that were included in the comprehensive training attended by the RHH Redevelopment team recently:

1. They have adopted many workplace safety standards that are leading edge in the construction industry. For example, mandatory personal protective equipment includes safety helmet, high-visibility work clothes, safety footwear, cut resistant gloves and protective eyewear.
2. All hoardings around construction zones are fully engineered to maximise safety.
3. Construction zones will feature ante-chambers at entrances which are airtight and have negative pressure.
4. Power tools are battery operated to minimise electrical lead usage, reducing electrical and trip hazards.
5. Cutting zones are isolated from other work to maximise safety and minimise disruption to patients, visitors and staff.

no
Harm

Meet the Team

Ben Moloney has joined the team as Project Director, and is the newest member. Louise Butterworth, Project Support Officer, is the longest standing team member. By way of introduction, here are five things about Ben and Louise.



Louise and Ben from the RHH Redevelopment project team

Ben Moloney

Number 1 - An engineer by trade, Ben has spent most of his career managing large scale Government infrastructure projects including several DHHS regional hospital redevelopments.

Number 2 - Ben's enthusiastic about working with the team to deliver the most complex and important public infrastructure project for Tasmania this decade.

Number 3 - His immediate priority is to successfully deliver early works like the refurbishments and build the confidence of hospital staff and the community in the project.

Number 4 - The biggest challenge for Ben is to ensure good communication and cooperation between everyone involved in the project so we can build K-Block on time, within budget, and to the agreed requirements.

Number 5 - Ben hails from North Queensland and moved to Tassie 11 years ago. He's married and has a three year old son.

Louise Butterworth

Number 1 - Louise has worked for the RHH for 12 years which includes five years on the Redevelopment team.

Number 2 - Louise is the decanting queen. She coordinates the relocation of hospital services and offices including wards, equipment, staff lockers, car parks and even plants! She is the single point of call for staff during moves.

Number 3 - Between 2013-14, Louise spent 170 days moving hospital services. That's over 70 per cent of her working year.

Number 4 - She says it's a tough call to say what has been the most difficult area to move. It's between the hundreds of boxes involved in moving Medical Records from Lower Ground A-Block (now APU) to AAA Storage, or the Wellington Centre Clinics, which involved many areas, many people and limited time so as to reduce the impact on outpatient appointments.

Number 5 - Louise is regularly seen eating chocolate and can't make a call on her favourite!

STOP PRESS

Work is scaling up on the refurbishment program and more tenders will be advertised in coming weeks.

So tender proponents can appropriately cost works, they need to see the job.

The RHH Redevelopment team will be conducting tender inspections to show contractors the areas that will be refurbished.

Every effort will be made to reduce disruption to patient areas.

Decanting Plan Progress Chart, May 2015

Service	Design Completed	Construction Completed	Decanting Completed	Progress
Acute Renal Dialysis	June 2015	January 2016	February 2016	
Ambulatory Care Centre (ACC)	April 2015	January 2016	February 2016	
Cardiac Rehabilitation Gym	May 2015	October 2015	November 2015	
Clozapine Clinic (outpatients)	September 2015	February 2016	March 2016	
Extended Day Surgery	May 2015	October 2015	November 2015	
General and Women's Surgical Inpatients	To be confirmed		February 2016	
General Medicine, Respiratory and Infectious Diseases Inpatients	June 2015	January 2016	February 2016	
Iodine Therapy Inpatients	July 2015	January 2016	February 2016	
Mental Health Services	June 2015	January 2016	March 2016	
Neurology and Neurophysiology Offices	May 2015	February 2016	March 2016	

Service	Design Completed	Construction Completed	Decanting Completed	Progress
Endocrinology Offices	June 2015	December 2015	January 2016	
Oncology Inpatient Unit	July 2015	January 2016	February 2016	
Orthopaedic Inpatients	June 2015	February 2016	March 2016	
Physiotherapy Orthopaedic Surgery Initiatives and Spinal Assessment Clinic	May 2015	November 2015	December 2015	
Q-Class Room	June 2015	December 2015	January 2016	
Rehabilitation Unit including the Rehabilitation Gym	May 2015	October 2015	November 2015	
Stomal Therapy	To be confirmed		March 2016	
Sub-Specialty Medicine Inpatients	October 2015	December 2015	January 2016	
Transit Lounge	July 2015	September 2015	October 2015	
Hyperbaric Chamber	To be confirmed		April 2016	

Notes:

Design completed means that documentation is ready for construction works to be procured.

Construction completed means that the area has been handed back from the contractor to the hospital and can be commissioned.

Decanting completed means that the service will have relocated to their new accommodation.