Condition of Tumut Hospital - 2006

The Tumut Health Service Plan states its condition is "very poor and has a direct influence on the ability of the health service to provide safe, efficient and accessible services. The Tumut District Hospital is currently in a state of serious disrepair, thus preventing the delivery of key services. In particular:

Age The original hospital was constructed in 1898 by the Tumut community. This hospital, which was deemed to be of excellent quality – the best in the region, has over the past 108 years been added to, renovated and refurbished to the "nth" degree.

The result is a rambling rabbit warren of long narrow corridors, makeshift rooms, outdoor areas converted to indoor areas, and odd angles often restricting line of sight and access to key areas such as emergency, and floors of varying levels.

The original building, however, still forms part of what is now Tumut District Hospital.

Maternity Sheahan House, a purpose built maternity ward built in the 1960's in the grounds of the hospital adjacent to the main hospital, was closed to maternity in the mid 1990's. It is now used for a variety of purposes related to community health. Some say it is under-utilised and inconvenient.

The maternity ward, which was relocated to a renovated section at the centre of the main hospital, has drawn much criticism from patients and the community. It is said to be noisy, lacks privacy, presents security risks, is cramped, lacks facilities for patients and visitors, and many believe poses the risk of cross infection from general wards.

The lack of an anaesthetist is a serious problem for maternity patients. Epidural pain relief and caesarean births cannot be offered. Women experiencing difficulty giving birth or requiring emergency surgery have to be transported (during the birthing process) to other hospitals in Canberra or Wagga Wagga, either by road ambulance or by helicopter.

This poses a danger to both mother and baby. It also turns what should be a happy event for the family into an anxious time, with family members separated and forced to travel large distances at short notice.

Accident and Emergency is severely criticised by the community and even the Tumut Health Service Plan admits it is "inadequate with no private space for dealing with mental health clients, resuscitation emergencies or distressed relatives."

There have been countless instances where patients have arrived at casualty to find no staff, and no response when the bell to call staff was pressed. Carers of accident victims and seriously ill patients have then had to leave their charge and go in search of staff, who are usually in wards attending to in patients, out of sight and hearing of the emergency ward or its bell.

This has resulted in emergency patients being unattended for up to 20 minutes. Emergency equipment has on occasions been deficient and doctors have commented that further equipment is needed.

General Wards General medical wards, in the opinion of patients, are severely cramped, lack privacy, present a high risk of cross infection, have substandard bathroom facilities, in some cases lack natural light and outlook and are poorly presented.

Non electronic beds are inconvenient and pose problems for both patients and staff. The control of air conditioning is apparently inadequate and needs to be more flexible. In some areas, doorways need to be wider. Storage for both patients and staff is inadequate.

No private rooms are available for patients. Lack of choice to have a private room often results in residents opting to go to hospitals in Wagga Wagga, Albury, Canberra and Sydney.

This causes much inconvenience to patients and their families, as well as increased costs. However, the desire for privacy has such a high cultural value to many that it outweighs the disincentives (for those who can afford to make that choice).

Segregation of patients into male and female rooms is also a highly valued cultural standard in Tumut.

Dialysis There is no provision for dialysis treatment at Tumut Hospital due to constraints on accommodation (the need for a sterile room) and trained staff. There are currently 3 patients on dialysis and 6 more who will probably need to go onto dialysis in the next 6 mths. Patients have three options.

- Travel to Wagga Wagga Base Hospital, if a placement can be secured, 3 days per week. This involves a minimum of 6 hrs per day (4+ hrs treatment + travel), a round trip of 200 kms, a total of 600 kms per week.
- Travel to Canberra – approximately 13 hrs per day, 3 days per week, a total of 1,200 kms per week.
- If available, have a dialysis machine (on loan from Canberra) at home. This involves the carer first undertaking a full time 6 week course in Canberra to learn how to operate and maintain the machine and sterile room. Conversion of a room involves considerable cost.

Decay of Building Structures Floorboards located in the main hospital building have collapsed recently as a result of significant rotting. Inspection following the collapse showed evidence of dry rot and copious unidentified white powdery and crystalline growth on the rotting wood. The affected area was adjacent to the 1898 structure and formed part of a conversion of an outdoor area, originally containing grass and large ferns, to an indoor area.

Asbestos is located in ceiling and wall cavities, in under floor areas and in roofing at Tumut Hospital.

Some rooves are made of decaying asbestos and generally not well maintained. PS This photo is printed the correct way round.

The entire roof of one building at the rear of the hospital is constructed of asbestos and is coated in dirt and lichen. Broken fibro can be seen in various locations.

During renovations carried out in the 1980's, asbestos in the form of lagging around pipes in wall and ceiling cavities, was found. At the time, nursing staff lodged a complaint with management and the Public Service Association about the amount of "fine white powder".

The powder was in such quantities that it coated all surfaces and was inhaled by patients and staff. Asbestos is a lethal substance which if inhaled or ingested, even in minute quantities, is well known to cause diseases such as asbestosis and mesothelioma.

Disturbance of asbestos, for instance during building demolition or renovations, poses acute danger to humans and animals.

Car park and road surface conditions are poor. Access to the two front car parks is dangerous. Vehicles crossing from the opposite side of the road do so in close proximity to the crest of a hill. Staff carports are in deplorable state of decay.

Access to the disabled parking at the rear of the Community Health building is at a sharp angle and presents a difficult reversing manoeuvre for elderly drivers, particularly if driving a 4WD or larger vehicle.

Leakage During heavy rain there can be significant leakage from roofing and ceilings. Water pours from ceilings down walls, necessitating the use of buckets, towels etc.

The mortuary is a particularly ugly, ill kept and poorly positioned building. Removing the sign has done nothing to improve any of the above.

Bathrooms were, until very recently, too small to accommodate walking frames or wheelchairs. Toilet and shower facilities were well below a reasonable standard. A grant of $250,000 was received in 2006 to carry out minor renovations. These bandaid solutions alterations to some bathrooms have now been carried out. This bandaid approach indicates no real commitment to replacing the entire hospital.

Cladding on external eaves is missing, exposing the interior roof to the elements and allowing access to vermin and air currents. Other external cladding is broken. Some external doors are obviously rotting.

Security The hotchpotch collection of buildings, (few of which are now used for their original purpose), and the warren-like nature of their interiors are a security nightmare.

Isolated buildings e.g. Sheahan House and Community Health, present an increased security risk after dark, as do the mortuary and boiler/maintenance rooms. Access from all car parks to the main hospital and other buildings, particularly after dark, also present a risk.

Recent attempts to improve security by altering entrance points have made access to the main building inconvenient.

Community Health Service Building "The condition of buildings is very poor… The Community Health Centre is poorly designed to meet the needs of community members and staff, and has very poor external access, particularly for people with disabilities."

The two storey red brick building, formerly nurses' quarters, is cramped, dim and at times smelly. There is no lift, thus access to the top floor is restricted to the able bodied. The building structure shows evidence of advanced decay and neglect: peeling paintwork, broken windows, holes in walls, external piping, small poorly positioned window mounted a/c units, makeshift awnings, rusted roofing, and broken fibro.

This pathway from the car park to Pathology has been needed for thirty years. Now it is the latest example of the "bandaid solutions" approach. Pathology is at the end of an undulating raised walkway in the old nurses home.

The Pathology Department, located at the furthest end of the Community Health building, is poorly positioned at some distance from the main hospital wards. Its present position is one of the many relocations of departments within the hospital made many years ago.

It is cramped, has insufficient laboratory and toilet facilities, insufficient office space, lacks storage, and the layout causes staff unnecessary inconvenience. Doorways and corridors are narrow.

This document prepared by "No more Bandaid Solutions Inc."
October 2006