

HOW TO IMPROVE THE TUMUT HEALTH SERVICE

(A No More Bandaid Solutions Inc. Report)

Build a New Tumut District Hospital - Now.

Tumut District Hospital, in 2006, is in a serious state of disrepair. It is unable to provide adequate health services to the region safely or efficiently without first being reconstructed.

A major factor for financial managers, government ministers, and health administrators to consider is the cost effectiveness of rebuilding Tumut Hospital.

Will capital spent on a new hospital:

- ◆ give a decent return on that investment?
- ◆ benefit other districts?
- ◆ expand the range of services able to be delivered?
- ◆ be cost effective?
- ◆ complement services in other areas?
- ◆ assist the social and economic stability & growth of the region?
- ◆ solve existing deficiencies in Tumut Health Service?

The short answer is a resounding “YES”.

Capital outlay on a new hospital at Tumut and the restoration of Tumut’s health infrastructure to a modernised, efficient service will have a substantial positive impact of the region’s economy. Key players in the manufacturing sector and many other investors will be reassured and given confidence to continue with their plans.

A decision to maintain the status quo, however, which puts a new hospital 10 years or more in the future, has the potential to unravel economic activity and destabilise Tumut’s economic base.

Establish Tumut Hospital as a Micro Regional Health Centre

Tumut is geographically well placed to become a **micro regional health centre** to provide facilities and services to three shires in all - Tumut, Gundagai, and Tumbarumba. The area covered would extend to the ACT and Victorian borders, but because of Tumut’s central location, travel from towns within these shires would be more convenient than travelling to Wagga Wagga to access health services. It would be more cost effective for everyone than the present arrangement.

A decision to finance a new hospital at Tumut, therefore, has the added attraction of having a positive flow-on effect to almost 20,000 people in surrounding shires.

At a time when rural NSW is facing the worst drought on record, and as governments and communities come to grips with the realities of global warming, it is important for financial managers and planners to identify where best to target finance for infrastructure. Tumut is an excellent target in the current economic climate.

It has been demonstrated that Tumut has changed its economic base away from a reliance on agriculture to a manufacturing base which is large enough to underpin its economy. This provides Tumut with the prospect of economic stability and the potential for growth. Building a new hospital now will not only strengthen Tumut’s economic and social stability but support the populations of at least two other smaller LGA’s. It will also have the effect of lessening pressure on medical facilities in Wagga Wagga which are already overstretched.

Rural NSW faces enormous long term economic challenges from possible permanent changes to land use as a result of climate change. Tumut, however, is now a NSW rural manufacturing centre, reliant on the timber industry, but also supported by a diversity of associated industry, tourism, retail and other minor economic activity. Surrounding LGA’s with smaller populations and a higher reliance on agriculture are likely to suffer more from these economic challenges and the effects of the present catastrophic drought. Funding infrastructure in unstable areas is always a difficult decision making process.

Social Benefits of a New Hospital

The social benefits of a new, purpose built hospital at Tumut are innumerable. The more obvious benefits are that structural deficiencies and the drawbacks of the “hotchpotch” effect of countless renovations and refurbishments would be eliminated.

There would be a modern, well laid out building purposely designed to match the needs of patients, staff, and the community in general. New facilities such as:

- ◆ a dialysis room,
- ◆ treatment rooms,

- ♦ accommodation for visiting specialists,
- ♦ a quiet room for distressed visitors,
- ♦ library/study room etc.

would greatly enhance the delivery of the health service.

A dialysis treatment room would remove the necessity for patients to travel to Wagga Wagga or Canberra 3 times per week, or to maintain a sterile room at home. It would also significantly reduce the cost for patients, especially for those without private health insurance. (As of April 2007, new Federal Government rules will mean that patients with dialysis machines at home will only be able to claim costs if they are privately insured.)

If some medical services e.g. ultrasound, dialysis, surgical procedures, specialist consultation etc. were able to be provided at a new hospital, the need to travel to regional centres and cities would be eliminated, or greatly reduced. This would have a significant social benefit, especially for the aged, disabled, and people on low incomes by eliminating or greatly reducing the cost and inconvenience of travel.

Site Attributes

The site of the hospital is an architect's dream and would allow scope to build an unusually attractive hospital. It is located on the crest of a hill in the centre of Tumut with panoramic views of the Tumut Valley, surrounding hills and distant mountain ranges. This aesthetic attribute would lend itself to aspects of health care such as palliative care, rehabilitation and mental health care.

The present buildings occupy only a tiny portion of the vacant land on the site available for hospital use, all of which is Crown Land under the trusteeship of Tumut Shire Council (1898). A helicopter pad is located adjacent to the hospital. There are access roads at the front and rear of the hospital and although not in use today, a designated access road is marked on the DP. The topography of the land would allow the construction of a two or three storey hospital with room for secure staff parking, maintenance, and storage underneath. There is ample land for external car parking and landscaped gardens.

Some specific requirements of a new hospital are described below.

Provide Staff/Visitor Accommodation

In order to assist visiting specialists, medical students, short and medium term locums and nursing staff, it is recommended that en suite motel style accommodation be provided within the hospital.

Include Ultrasound (Bulk Billed) in Medical Imaging Dept.

This report proposes that if a suitable ultrasound machine were to be provided by GSAHS at Tumut Hospital, it would be well able to service a catchment area of between 18,000 and 20,000 people within the three shires of Tumbarumba, Gundagai, and Tumut. To be sustainable, an ultrasound would need approximately 8-9 patients per day. If supported by medical practices in all three shires this would be feasible.

Staff Training - Radiography

An impediment to obtaining suitably qualified sonographers is the availability of training and training placements. Sonography is a 2 yr post graduate course comprising 4 subjects p.a. costing a total of approximately \$7,200 plus texts. The course can be undertaken by correspondence at universities in Adelaide, Wagga Wagga, Newcastle, and Perth. However, as part of the course requires practical experience in accredited training placements which are at present very limited, this presents a significant difficulty.

NMBS Inc. recommends that training options be further investigated for current and potential sonographers and radiographers in the Tumut region.

Ideally, it is suggested that a new medical imaging clinic comprise the following:

Imaging Equipment

CT Scanner \$9,000 - \$18,000 per month	\$108,000 - \$216,000 p.a. (lease)
CT Scanner service contract	\$100,000 p.a.
Ultrasound e.g. Philips HDII	\$140,000 – \$220,000
General X ray	\$105,000
CR	\$140,000

The prices quoted are rough estimates only and not intended to be used as an accurate guide. The feasibility of the inclusion of a CT scanner would depend on many factors, some relating to the type of surgery carried out at the hospital, the availability of trained staff, referrals from GP's in the region etc. The number of referrals for ultrasound will be affected by cost i.e. whether the service is bulk billed, (especially for pensioners) and the number of maternity referrals.

Install CR (Computerised Radiology) at Tumut Hospital

Medical imaging is undergoing a major change as new technology (teleradiology) is rapidly coming on-line. Teleradiology allows diagnostic imaging to be electronically recorded and then transmitted via a radiology information system (RIS), an electronic computerized system, thus doing away with the need for X ray film, the need for couriers and cumbersome filing of films.

Whilst the initial capital outlay for new technology would be a significant cost for a new hospital, the ongoing benefits both financially, medically, and socially would be great. Patients would not have to travel to access these essential diagnostic services, thus reducing travel claims to health insurance and IPTAS and causing considerably less disruption to families and workplaces. The test results would be available in a much shorter time frame than at present, the cost of courier services would be greatly reduced or eliminated and the choice of expert opinion to interpret the data would be unlimited. This in turn should result in reduced costs through the element of competition.

Locate Pathology in Main Hospital Building

The present Pathology Department is located at the extreme perimeter of the hospital in a two storied building which used to house the nurses' quarters and now houses Community Health Services and staff accommodation quarters. Its location is inconvenient as it is remote from the main hospital and main hospital office, and the accommodation is very cramped.

It is recommended that the Pathology Department be relocated to a position adjacent to the Medical Imaging Clinic. This would allow a waiting room and perhaps clerical staff to be shared. It would also put the Pathology Dept in easy reach of general wards for collection from in-patients and A & E.

Further recommendations are that:

- ♦ the laboratory be increased in size by at least 50% and
- ♦ fitted with at least 4 – 5 workstations.
- ♦ PC's be linked to A & E and nurses stations for access to current patient records at any time.
- ♦ A walk-in cool room, approximately 4m x 2m be located within the laboratory.
- ♦ Additional accommodation should include: - disabled access toilets,
- ♦ an adequately sized collection room,
- ♦ waiting room
- ♦ staff kitchenette.

- ♦ The entire accommodation should be air-conditioned.

Separate Maternity Ward from Medical Wards

There appears to be a divergence of opinion about the merits or otherwise of the present maternity ward. Nursing staff appear to be satisfied, on the whole, with current conditions, whereas the community have expressed dissatisfaction. The present method of surveying of patients appears to be ineffective with some patients commenting that they did not wish to make negative remarks about conditions because staff were so nice and had helped them.

The major issues of concern to the community seem to centre on the following:

- ♦ Lack of privacy
- ♦ Proximity to general wards - noise, risk of cross infection, security risks in certain circumstances
- ♦ Not enough space
- ♦ Not sufficient natural light
- ♦ Insufficient play area for visiting children
- ♦ Lack of self contained kitchenette
- ♦ Nursery security issues
- ♦ Lack of secure viewing area i.e. for visitors to view babies behind glass window
- ♦ Insufficient number of delivery rooms (there should be enough to accommodate 3 mothers giving birth simultaneously).
- ♦ Access to theatre for emergency surgical procedures
- ♦ No private rooms (causing many to choose to travel long distances to private hospitals)

A new maternity wing should be located in such a way as to allow easy access for nursing and medical staff, but at the same time be completely separated and at some distance from general wards. The visitors' entrance to the maternity ward would ideally be separate from the rest of the hospital and fitted with appropriate security systems.

Based on general comments from numerous sources, the following inclusions are suggested:

- ♦ 3 fully equipped delivery rooms, 1 as emergency
- ♦ 1 delivery room to include a range of modern birthing accessories e.g. bean bags, bath, shower etc.
- ♦ At least 2 private rooms
- ♦ Minimum of 6 beds
- ♦ En suites in all wards
- ♦ All beds to be electronic
- ♦ Spacious communal room and verandah for visitors and mothers

- ♦ Suitably spacious and secure play area for visiting children & siblings of newborns
- ♦ Secure nursery incorporating mother care facilities for bathing, changing etc. and viewing window allowing visitors to see babies without having access.
- ♦ Access to self-contained kitchenette
- ♦ Nurses' station needs to be conveniently located so as to allow easy access to other wards.

Provide Kidney Dialysis Treatment at Tumut Hospital

Community members identified access to kidney dialysis as a significant problem, again, because of the cost and inconvenience of having to travel vast distances to access treatment.

This report proposes the inclusion of at least one kidney dialysis treatment place in a new hospital at Tumut. This would have implications for staffing, staff training accommodation and capital outlay for equipment and ongoing maintenance. However, given the number of patients requiring kidney dialysis in recent years it is suggested that this facility be provided.

Cancer Treatment (Chemotherapy)

Many cancer patients currently travel to Wagga Wagga, Canberra and as far as Sydney for chemotherapy treatment. In some instances, local doctors are allowing some of this treatment to be administered in their surgeries which is not an ideal situation.

Include a Day Treatment Room at Tumut Hospital

The inclusion of a treatment room in a new hospital, capable of accommodating cancer patients who need ongoing chemotherapy treatment would be highly beneficial. This would require an appropriate level of staff training and accreditation and would perhaps raise other issues. However, if it can be arranged whilst addressing all safety issues for patient and staff, it would alleviate a significant problem.

Arthritis Treatment

The same treatment room or an additional treatment room be set aside for arthritis patients who require infusion of drugs every 6 – 8 weeks. This treatment is currently only available in Canberra and Sydney hospitals, requiring a round trip of 800 kms. Few arthritis patients are able to avail themselves of this form of treatment and are given older drugs. A pharmaceutical company is

considering organising mobile infusion units which could travel to country hospitals, however there would still be a need for suitable accommodation.

Include Palliative Care/Isolation Rooms (2)

A new hospital should include at least two rooms which could serve the dual purpose of palliative care and isolation. They would need to be single rooms fitted separate air conditioning units vented through an external wall. The location of these rooms would need to be well thought out to allow access to a central nurses' station, but at the same time be far enough from general wards to allow a quiet atmosphere and privacy. It is suggested that these rooms be oriented towards Tumut's magnificent mountain and valley scenery.

Children's/ Adolescent Ward

The lack of a children's ward is seen by the community as detrimental to family health care in a hospital setting. The location of children and adolescents in general wards is frowned upon by a large section of the community for many reasons including cultural, social and medical.

A new hospital should incorporate provision for a separate children's/adolescent ward with appropriate accommodation, decor, and equipment. This will have implications for staffing and staff training, requiring monitoring equipment, and raising numerous other issues e.g. access to other specialist medical services. However, it should be carefully considered and recognized as being a significant community issue and, if at all possible, incorporated into a new hospital.

Build a New Community Health Services Centre

The present accommodation for Community Health Services is cramped and non user-friendly.

The location and aspect of Community Health Services in a new hospital should be spacious, open, and easily accessible and designed in such a way as to invite community participation in its programs whilst giving appropriate privacy to clients where necessary. It is suggested that this Department be located in a separate building, surrounded by a veranda and landscaped gardens which incorporate a children's play area.

There should be adequate, purpose built accommodation for all aspects of Community Health service delivery and programs.

Establish a Hydrotherapy at Tumut Hospital.

Community requests for hydrotherapy have been numerous. There are many people in the district who suffer from various forms of arthritis and who would benefit greatly from having access to a hydrotherapy pool. The nearest hydrotherapy facility is in Wagga Wagga which is a round trip of 200+ kms. By the time patients have travelled from Tumut to Wagga Wagga and back, the benefits of the treatment are reduced.

Locate a Physiotherapy Clinic in Tumut Hospital

Physiotherapy is a much diminished service located in what used to be the maternity ward "Sheahan House", a building situated between the old nurses' quarters and the ambulance parking bay and hospital administration building. Office facilities for physiotherapists are remote and take up valuable time to access. Access during patient consultations requires the physiotherapist to leave the patient unattended.

The inclusion of a hydrotherapy pool and physiotherapy suite located adjacent to each other in the new hospital would be beneficial. Staff should be afforded easy access to office facilities.

General Inclusions for a New Tumut Hospital

The following are recommended inclusions in the general wards of a new hospital.

- ♦ A quiet room for grieving or distressed family and friends of patients.
- ♦ A stress release room for staff incorporating privacy and various avenues for stress release.
- ♦ All bathrooms to incorporate disabled access.
- ♦ Adequate provision of private rooms – many patients currently choose to go to private hospitals in Wagga Wagga, Canberra, Albury and Sydney specifically because Tumut does not have any private rooms. The provision of private rooms for patients with private health insurance would allow patients to be treated in their home town and also bring income to the hospital.
- ♦ A viewing room for relatives of deceased patients.
- ♦ A small chapel either inside the hospital building or in a small garden.
- ♦ No carpet in ward areas. This was a much repeated suggestion. Carpet in corridor and wards is regarded as hazardous and inappropriate for hygiene and maintenance reasons.

- ♦ Separate zone controls for air conditioning in each room to allow for individual adjustment.
- ♦ Every bed in every room to have piped oxygen and suction.
- ♦ Each bed to have at least 3m each side. Present conditions are too cramped.
- ♦ All ward doors to be wide enough to allow easy trolley and wheelchair access.
- ♦ Treatment room to be larger than the present one fitted with copious storage facilities.
- ♦ All wards to be segregated by gender. This was a cultural standard expressed by many in the community.

Provide consultation & Treatment Rooms for Specialists

The community needs access to regular visits from medical specialists e.g. ENT, cardiologist, dermatologist, ophthalmologist, paediatrician, rheumatologist, endocrinologist, gynaecologist, general and orthopaedic surgeons and anaesthetists. The community would like to have these services restored. NMBS Inc. recommends that suitable consultation and treatment rooms be provided for visiting specialists in the new Tumut District Hospital. Every effort should be made to secure these services for Tumut.

Improve Access to Services

As discussed, access to current specialist and other services is limited within the Tumut region. This typically requires patients to travel extensive distances in order to receive health services.

It will always be the case that country residents will need to travel to regional and city hospitals and centres for specialist treatment and surgery which cannot be provided in their home town. The current rates of rebate under IPTAS (Isolated Patients Travel Assistance Scheme) are regarded as inadequate.

NMBS Inc. recommends that

- ♦ The \$20 - \$40 contribution required by patients to access this service be abolished.
- ♦ The accommodation rebate be increased to at least \$35 per night.
- ♦ Petrol subsidies be increased to 63c per km, and subject to review in accordance with every rise in the Consumer Price Index.

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