

The Case for a

# New Hospital

and an improved Health Services in

# Tumut

## Contents

Tumut is the centre of a mature plantation timber industry say Government Reports.	2
Development figures support government reports.	3
Growth Jeopardised by Deficient Infrastructure (Old Hospital)	4
Extracts from Greater Southern Area Health Service show hospital deficiencies.	5
Condition of Tumut Hospital - 2006 (NMBS)	7
How To Improve The Tumut Health Service (NMBS)	9
Make Tumut a Micro Regional Health Centre (NMBS)	14
Want More information? (NMBS website contains a lot more information)	14

Prepared by: No More Bandaid Solutions Incorporated,  
P O Box 491, Tumut, NSW 2720. October 2006

# Tumut: Is a Growing Concern

## Australian Government Reports

“*Socioeconomic Impacts of Plantation Forestry in the South West Slopes (NSW)*” and “*Socioeconomic Impacts of Plantation Forestry*” are two publications produced by the Australian Government (Forest and Wood Products Research Corporation) Bureau of Rural Sciences.

These two publications put forward a strong statistical and economic argument asserting that the South West Slopes of NSW (and Tumut in particular) is set for a bright future. A future that reverses the trend in many agriculturally based rural regions.

### The key points are:-

- A number of changes occurred in the SWS over the past two decades, one of which was the continued expansion of the plantation industry.
- A large scale, mature plantation industry has developed in the South West Slopes since the 1920s, and continues to expand.
- In 2003-04, the management, harvesting and processing of SWS plantations directly generated 1680 jobs. An estimated further 3250 jobs were indirectly generated.
- More than 90% of direct employment generated by management, harvesting and processing of SWS plantations is based in the region.
- The value of output produced per hectare rose from \$4270 in 1993-94 to \$5334 in 2002-03.
- Small towns with high levels of plantation sector employment experienced higher overall population growth, stronger growth in working age population, and more consistent growth in household income over 1996 to 2001 than other small towns in the region.
- Expansion of processing facilities led to higher numbers of new residents shifting to some parts of the region over the period from 1996 to 2001.
- The presence of a mature plantation industry in the SWS has been associated with higher than average growth in working age population and stable household income, both of which are good indicators for ongoing economic and population growth.
- It is important to plan ahead for the training, residential housing, transport, and community infrastructure to meet the needs of a growing plantation industry.
- With an increased diversification of its economic structure, and the stability afforded by having a strong manufacturing base, Tumut is now better able to withstand other detrimental forces e. g. exceptional droughts.



# Development figures support government reports.

## 1. Economic growth:

Extraordinary economic growth is generating pressing need for the hospital to be replaced immediately, rather than in 10 – 15 yrs.

## 2. Aging population:

Population is aging at an above normal rate, plus Tumut is set to have an influx of retirees from outside the shire (plans for 3 retirement villages are under development).

## 3. 108 yr old hospital past use-by date:

Built in 1898 by the local community, in 2006 the original building (still there) has been renovated and added to so many times it is now a hotchpotch collection of makeshift rooms connected by a warren of corridors. The layout is inefficient, ineffectual to the point of being dangerous. The structure is decaying. Further capital outlay on renovations or repairs is wasted money.

### Economic growth: Recent Economic Development in Tumut Shire

According to a recent summary, Tumut Shire Council reports a number of developments in the area that total more than **\$600 million dollars** in value added to the local community. These developments include:

- ◆ the **\$56 million** expansion of the Tumut timber mill by Weyerhaeuser Australia P/L. In addition to the cash injection to the local economy, this project has the potential to generate up to **60 jobs**.
- ◆ the **\$400+ million** expansion of the Tumut Pulp and Paper mill by Visy Pulp and Paper between 2007 and 2010. This project will help create up to **550 permanent jobs** in the region and up to **800 jobs** during the construction stage.
- ◆ the **\$100 million** upgrade of Snowy Hydro Ltd is due to be executed between 2006 and 2009.
- ◆ the **\$4.6 million** upgrade of the Amity Nursing home is now completed.
- ◆ the construction of a multi-million dollar 5 star fishing lodge and resort is due to be completed in 2006.
- ◆ a **\$500,000** state of the art apple juice plant in Batlow is due to begin production in Oct/Nov 2006. It will produce the highest quality apple juice in the country and boost the area's extensive orchard industry.
- ◆ significant investments have recently been made (2006) in the plantation of more than 50,000 hectares of pine trees which will aid in the creation and maintenance of more than **670 jobs** in the region.
- ◆ major retail expansion is expected in 2007 with a proposed new expanded Target Country store which has outperformed its current site.
- ◆ construction of an **\$11m** Adelong/Batlow MPS 24 bed hospital and aged care facility will begin early 2007 and is due for completion in Mar 2008.
- ◆ plans for two retirement village complexes totalling 79 units have been lodged with Tumut Shire Council. The feasibility of a third retirement village is under consideration by owners of land on the outskirts of Tumut. The total value of these developments is estimated to be in excess of **\$10 million**.
- ◆ a number of housing estates with an estimated total value of **\$32 million**, approved by Tumut Shire Council, are currently under development.

## Growth Jeopardised by Deficient Infrastructure (Old Hospital)

All of the economic development of the past decade and prospective development in the immediate future, however, could be placed in jeopardy because of an inadequate health service. In the words of Chairman of the Forests Industry Council, who wrote to the authors of this report in June 2006,

*“Experience has shown that for families to move and stay here, there are certain key requirements. These include: adequate hospital and health facilities..... The quality of hospital and health services in Tumut is therefore seen to be fundamental to the ongoing success of the timber industry.”*

Two applications for retirement villages with a total of 69 units were lodged with Tumut Council mid 2006. A third retirement complex is still being planned and yet a fourth has been lodged for units in Batlow. All of these developments require access to a modern, well equipped hospital with a range of health services appropriate for retirees. In its present state, Tumut Hospital and the Tumut Health Service do not meet the standards required to sustain these enterprises adequately.

Overall, a review of the Tumut Health Service is urgently required to allow for these trends. Commitment to the construction of a new hospital in the immediate future will be critical to the stability and sustained growth of the Tumut Shire's economy.

### Cutting Edge Technology Used to Control Pollution

As well as being attractive to manufacturing industries, the district is also a prime target for investors in the tourism, retirement and recreational industries following major advancements in pollution control in the Tumut Valley. Previously, the Tumut Valley was subject to trapped smoke emissions from industrial plants on the north western edge of the town's boundary.

The installation of a wet electrostatic precipitator (WESP) at one plant, and changes to the management of other manufacturing operations, has resulted in greatly improved air quality. These changes were brought about following a community consultation process. The WESP was the first to be installed on wood chip dryers in Australia

### The road trip from Tumut -

- to Sydney is 400km (5 hours)
- to Canberra is 200km (2 hr. 15 min.)
- to Albury is 200km (2 hr. 15 min.)
- to Wagga Wagga is 100km (1 hr. 15 min.)

### Manufacturing

Within the Tumut Shire are major timber mills, particle board, and paper manufacturers in addition to the largest apple cold storage facility in Australia.

### Ambulance

- Tumut Hospital has a helipad and is usually serviced from Canberra Hospital.
- Most land ambulance trips are to Wagga Wagga.

### Retail

- Tumut is the major town on the SWS and provides commercial services to the surrounding towns.
- Unlike many country towns, Tumut has not lost any bank branches.
- Both the major supermarkets thrive in the town as do the two major hardware chains.

### New Business Opportunities Created (Tourism, Recreation, Retirement, Tree Change)

The natural beauty of the area is outstanding. The topography ranges from snow-capped mountains of the national parks to open undulating farming country and pine forests, with two major dams and fast flowing rivers well stocked with fish. It is evident from the number of recent applications for developments in the tourism, recreation and retirement sectors that a trend towards strong economic growth is now (in 2006) occurring.

## Extracts from Greater Southern Area Health Service' Tumut Health Service Plan 2005, & Implementation Plan 2005-2008

### Tumut District Hospital

- “Tumut District Hospital is a 34-bed facility with 26 acute beds, 4 obstetric beds and 4 cots.
- Service provision at Tumut District Hospital meets level 3 role delineation, (NSW Health Role Delineation Guidelines, 3rd Edition 2002). This is consistent with its role as a District Hospital providing surgical and obstetric services.” *page 28*

### Services

- “The provision of effective emergency, mental health, allied health and maternity services is significantly affected by the poor facility condition at the Tumut District Hospital site. There is insufficient space in the emergency department to provide a suitable environment for emergency patients or mental health clients, and consumers identified concerns about the location of the maternity ward in the centre of the hospital, with consequent lack of privacy for all.” *page 37*
- “The local x-ray service is well supported and available free to public patients. However there is only a limited ultrasound service available in Tumut through a private provider – users raised concerns about the high costs involved in accessing this service. They also raised concerns about the lack of a public provider in Wagga Wagga – many patients have to travel to Wagga for more specialist ultrasound and found the up-front costs quite prohibitive.” *page 38*
- “Tumut District Hospital provides a level 3 emergency department service with support from local GP/VMOs. Patients are transferred to Wagga or the ACT if a higher level of care is needed.
- The service is affected by the physical environment at the site. There is only a single room in the ED with no separate room with resuscitation facilities. This means that in an emergency, patients and staff may have to work in a very compromised environment that provides no privacy for the patients or staff.
- The Hospital provides Level 3 intensive care and coronary care which means that suitable patients can receive increased nursing support in a designated high dependency area. Bedside monitoring can be provided for coronary care patients with supervision by local GP/VMOs.
- A draft Model of Future Health Service Requirements prepared by Essential Equity for NSW Health projects emergency department growth at 2.5% per annum on top of population growth and ageing. NSW Health projects one ED treatment space per 1,500 attendances which would suggest a requirement for 3 treatment spaces at Tumut District Hospital.
- The provision of effective emergency care is

directly affected by the poor physical infrastructure at Tumut District Hospital. This compromises the ability to provide a safe working environment and an appropriate level of confidentiality and privacy for clients and the ability to provide effective care for mental health clients.” *page 39*

- “Tumut Health Service does not provide any significant Rehabilitation program. The nearest acute rehabilitation program is at Wagga Base Hospital and geriatric evaluation and maintenance programs are provided at the Forrest Centre in Wagga Wagga and the Mercy Care Centre in Young.” *page 43*
- There are no dedicated mental health beds at Tumut District Hospital but some local mental health clients are admitted to the hospital for short periods to allow for stabilisation and support before discharge to the local community mental health team or to a higher level of in-patient service in Albury or Wagga Wagga.” *page 45*
- “Maternity - The population of Tumut is relatively stable although as stated in section 4.6 of this plan, there is a projected increase in job opportunities due to expansion of local industries and this is likely to increase the number of young families in the area. It is therefore assumed that the demand for obstetric services at Tumut Health Service will continue at the same or increasing levels.” *page 46*
- “Role delineation - Tumut Health Service will continue to provide services consistent with Level 3 as described in the NSW guide to role delineation. The only proposed change is an increase in local pharmacy services to increase the role delineation from level 1 to level 3 in order to provide adequate support for other clinical services.” *page 55*

### Population, Age, & Employment

- “Information from Tumut Shire Council suggests that this population growth has continued since 2001, with the estimated resident population in 2003 being 11,547 (a 2.8% increase from the 2001 census figure). The number of people on the electoral role increased by 3% in the 2 years to March 2005 (Electoral Office April 2005), and the labour force increased by 4% in the period March 2002 to December 2004 (Small Area Labour Markets Report, Dept of Employment & Workplace Relations April 2004.)” *page 18*
- “Information from Tumut Shire Council, suggests that the population is increasing and that this trend is likely to continue. There are a number of significant industry expansions planned for the next few years and this is likely to result in an increased workforce and increased population.
- The proposed expansions include: \$56 million expansion of the Weyerhaeuser Tumut mill with the

*(Continued on page 6)*

(Continued from page 5)

potential to create 30 direct and 12 indirect jobs, \$360 million expansion of the Tumut Visy Pulp & Paper Mill will double current capacity and, it is predicted, will result in 100 direct and 450 indirect jobs. Increase in pine plantations to cater for increased processor demands will also result in increased jobs (industry estimates are for between 670 and 1000 jobs in the region). Increases in tourism promotion and infrastructure will also increase employment opportunities. There are current projects for a \$750,000 expansion to a motel and for a multi million dollar fishing lodge next to the Tumut River. Tumut Council is currently planning to release close to 200 new building blocks on to the market to help to meet the growing demands due to job growth." *page 19*

- "The population of Tumut is also ageing with a predicted increasing proportion of people over 65. This may increase the demand for services to meet the needs of those with chronic and complex conditions and may also increase the demand for residential and community based aged care." *page 24*
- "In 2001, people over 65 made up 15% of the Tumut population while people over 75 accounted for 11% of the total population. Yet these age groups use a significant proportion of hospital services – in 2003/2004 35% of all admissions and 57% of all beddays were for people over 65." *page 43*
- "Chronic conditions are increasing in our communities as the population ages and the effects of lifestyle factors such as smoking and poor nutrition take hold. It is estimated that in the next 25 years, new cases of diabetes will increase by 127 %, the incidence of COPD will increase in females by 9%, and the incidence of chronic musculoskeletal disorders will increase by 79%." *page 42*

## Infrastructure Condition

- The emergency department is inadequate with no private space for dealing with mental health clients, resuscitation emergencies or distressed relatives.
- The location of the maternity wards in the middle of the hospital results in a lack of privacy for mothers and families and for other patients.
- 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.
- Tumut Health Service was identified as a priority for redevelopment by the former Greater Murray Area Health Service, but at this stage is not included on the NSW Health capital works program. It is likely therefore that any redevelopment project is some years away." *page 54*
- "The Tumut District Hospital Development Committee was established in May 1999 in response to a public meeting that raised concerns about the inadequacies of the current Tumut District Hospital to service its present and projected community.
- The committee consists of doctors, health professionals

and general community members.

- The objective of the committee is to ensure that the Tumut District Hospital is replaced by 2009 and has met with a number of key health service personnel over the past 5 years to lobby for inclusion of Tumut in the Area's capital works program.
- Most recently, the committee met with the then Deputy Administrator of Greater Southern Area Health Service, Dr Joe McGirr, in late 2004. The outcome of this meeting was an agreement to undertake a service plan and facility review as the first steps of a planning process for a new facility at Tumut." *page 16*
- "The provision of effective emergency care is directly affected by the poor physical infrastructure at Tumut District Hospital. This compromises the ability to provide a safe working environment and an appropriate level of confidentiality and privacy for clients and the ability to provide effective care for mental health clients." *page 39*
- (There is a need for) "The complete redevelopment of Tumut Health Service (and this) should be included on the NSW Health capital works program and planning for a new facility should commence within the next 3 -5 years." *page 54*

## Recommendation

*Implementation plan 2005-2008*

- "Include the complete redevelopment of Tumut Health Service on the NSW Health capital works program with planning to commence within the next 3-5 years"

*Action required* - GSAHS to confirm Tumut Health Service as a priority for redevelopment. Lobby NSW Health to identify Tumut Health Service as a priority and to include on its capital works program with planning to commence within 3-5 years.

## Desired Outcome

- "The Tumut Health service will have access to the necessary equipment and infrastructure to support the delivery of the services identified in its Service Plan."
- "Desired outcome - A new facility is completed for Tumut Health Service by 2012"

### NMBS Comment:

- **The Timeframe was to have the Facility Review of Tumut District Hospital completed by March 2006.**
- **Person(s) responsible - GSAHS Chief Executive, GSAHS Director Corporate Services, GSAHS Asset Manager.**
- **This review did not take place.**

# 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.

(Continued on page 8)

(Continued from page 7)

## **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.

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 carparks 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.

**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.



# 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.

## 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 in this report.

## 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.

## 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.

### 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.

## 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.

## 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.

## 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.

## 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.

## 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.

## 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.

## Imaging Equipment

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

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

### Include Ultrasound (Bulk Billed)

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 Tumberumba, 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.

### 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.

## 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.

## Include two Palliative Care/ Isolation Rooms

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.

## 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.

## Establish Hydrotherapy

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.

## 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.

## 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.

## Physiotherapy Clinic

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.

## 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 (Local Government Areas). 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.
- ◆ 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.

**Want More information?** [www.nomorebandaids.homestead.com](http://www.nomorebandaids.homestead.com)

- To access all the local newspaper articles written over the past two years about the Tumut & Batlow hospitals, and about other medical services such as radiology, go to our website. You can read them online or download the lot in a single, searchable pdf file.
- All the GSAHS reports on Tumut hospital (and NMBS comments) can also be found on our website.

**To contact "No More Bandaid Solutions Incorporated"**  
You can email us at :- [fixitnow.tpg.com.au](mailto:fixitnow.tpg.com.au)  
You can write to "NMBS", PO Box 491, Tumut NSW 2720.