

murlan

# Health Services Plan

for  
Proposed Private Hospital

1-8 Nield Avenue  
Greenwich NSW 2065

## 1.0 INTRODUCTION

This Health Services Plan (HSP) has been prepared for the proponent Waterbrook at Greenwich Pty Ltd to accompany an Environmental Assessment Report (EA) for a Part 3A application to the Department of Planning (Project Application MP07\_0167) relating to a proposed private hospital on a site on Nield Avenue Greenwich.

This HSP outlines the proposed professional health services to be provided in the operation of the private hospital at Nield Avenue, Greenwich. During determination of this proposal the proponent will commence detailed documentation of the Health Care Services and Operation Management Plan (OMP), part of which will result in the licensing and approvals to provide relevant health care services to the proposed facility.

On 23 April 2008 the Department of Planning issued revised Director General Requirements (DGR's) for the Part 3A Application in accordance with Section 75(f) of the EP and A Act. The DRG's reference amongst other things the following health services issues to be addressed in relation to ***Hospital Land Use***:-

- *Type of Health Care Facility Proposed (eg Private Hospital, Aged Care facility etc) identification of relevant regulatory jurisdictions and approvals required:*
- *Comment as to how the proposal differs from "residential care facilities" such as those defined in the Senior Housing SEPP:*
- *General Compliance with the 'Healthy Facilities Guidelines' including:*
  - *Role delineation and levels of service the facility is designed for;*
  - *Staff profiles;*
  - *Health Planning Units (HPU's) and schedule of accommodation:*  
*and*
  - *Functional relationship diagram.*
- *Funding arrangements and evidence of any applications/ approvals for funding:*
- *Confirmation the proposed building complies with Class 9A building requirements under Building Code of Australia;*
- *Any evidence of private bed allocation from NSW Health; and*
- *Staging/ timing of approvals process, building construction and operation and facility.*

Subsequent meetings and discussions with the Department of Planning resulted in further clarification that the proponent should respond to the following in their EA:-

- Clearly describe and include plans which delineate the hospital component and the residential aged care component;
- Provide additional information describing the process by which people will be admitted as registered in-patients to the hospital component; and
- Provide additional information on staff ratios for the health services proposed, accompanied by a floor plan that correlates to those staff ratios and services.

The HSP will address the matters noted above that relate to Health Care Services.

## **2.0 PROPOSED HEALTH CARE SERVICES**

The owners of 1-8 Nield Avenue, Greenwich (Waterbrook Greenwich Pty Ltd) have consulted extensively with health and aged care sector experts in recent months to ascertain appropriate health services to include in this hospital facility.

In summary the hospital facility will comprise of 147 patient care suites or beds distributed throughout one "U" shaped building. There will be 2 wards per floor over 5 floors, with between 8 to 16 suites or beds per ward. Each patient will have his or her own room and own ensuite bathroom (there will be one bed per room and no shared ensuites). On a separate floor is located a rehabilitation centre. An admissions clinic and medical consulting rooms are located on the upper garden floor. The ambulance area, staff facilities, commercial kitchen, café, family rooms, carparks and other ancillary facilities are distributed throughout the building. See "4.0 PROPOSED HEALTHCARE FACILITIES" for further details of the facilities proposed to be provided.

The proposed professional health care services to be provided to in-patients are to primarily be integrated rehabilitation, medical and high care health services at a sub-acute level. The proposed services to be provided to patients include:-

### **i. Rehabilitation Centre and wards**

A rehabilitation centre is proposed on the lower floor and will include a hydrotherapy pool, gymnasium, multiple use rooms to deal with Physiotherapy, Speech Therapy, Occupational Therapy, Diversional Therapy and other rehabilitation and post operative medical services.

39 beds are proposed to be dedicated to rehabilitation patients. These wards will include patients being treated for orthopaedic rehabilitation, leg fractures, hip/knee replacements, arthritic and spinal conditions, cardiac rehabilitation, neurological rehabilitation such as stroke, spinal, post-surgical, Parkinson's disease, Multiple Sclerosis, and Oncology patient rehabilitation.

### **ii. Medical Services wards**

A range of medical and health services are proposed for the remainder

of the hospital. The medical services described under this heading will be specific to approximately 39 beds.

The medical services will include:-

**a/** Post-operative / Post-acute services. Patients will be admitted to receive medical services in the recuperation period following their acute session. This would include post-surgery treatment including pain management, wound care management, medication management, nurse administered clinical procedures (eg care of peritoneal dialysis catheter site), Tracheotomy care. These services will support the acute medical and surgical services of nearby acute and surgical hospitals.

**b/** Chronic pain management and treatment.

**c/** Palliative care

**iii. Psycho-Geriatric and dementia wards**

Psychiatric services are to be provided to the lower level wards of the hospital, in particular psycho-geriatric assessment and behaviour planning, management and treatment and also dementia care services for the aged. There are 24 beds in total to this level. All patients will be admitted by qualified psychiatric medical practitioners.

**iv. High care for the aged and disabled Wards**

It is proposed that the remainder of the facility be dedicated to high-level health care services to the aged and the disabled of all ages. All of these patients will be dependent on the provision of nurse care, as directed by medical practitioners. All patients will require professional health care services, be it:-

- Technical nursing procedures/clinical care, including:-
  - maintaining skin integrity
  - eye care
  - care and fitting of prosthetics
  - care and fitting of callipers
  - applying anti-embolic stockings
  - wound care assessment and management

- care of peritoneal dialysis catheter site
- enteral feeding
- insulin dependent diabetics
- nebulisation
- O2 therapy
- supra pubic catheterisation
- colostomy care
- continuous Ambulatory Peritoneal Dialysis (CAPD)
- Tracheostomy care
- Speech assessment
- Pain management - general and for palliative care
- Medication management - dispensing and administering in accordance with Medical Officers prescription
- Palliative care
- Maintenance of skin care
- Assessment and management of oral and dental care
- Assessment and management of continence
- Assessment and maintenance of mobility programs through physiotherapy and mobility programs

The majority of the aged care patients are unlikely to be admitted via Commonwealth funding under the ACAT assessment system. This facility is targeted to high net wealth sector, many of whom are unlikely to be eligible for Commonwealth funding or require or desire a higher standard of care than can be provided under the funding levels proved by the Commonwealth.

Refer to “3.0 REGULATORY HEALTH CARE SERVICES REQUIREMENTS” for regulatory requirements for the health care functions.

## Indicative Schedule of Accommodation

The below schedule of accommodation summarises the ward arrangement and initial location of proposed healthcare services:-

		<b>Proposed Health Care Function</b>	<b>Total Suites / beds</b>	<b>Central Hospital facilities</b>
<b>Level 3</b> <b>RL 101.30</b>	Ward A	Disabled	12	Café, staff terrace
	Ward B	High care	8	
			<b>20</b>	
<b>Level 2</b> <b>RL 98.20</b>	Ward A	High Care	13	
	Ward B	High Care	12	
			<b>25</b>	
<b>Level 1</b> <b>RL 95.10</b>	Ward A	Medical services	13	
	Ward B	Medical services	14	
			<b>27</b>	
<b>Reception Level</b> <b>RL92.00</b>	Ward A	Medical services	12	Main Reception, Admin Offices, Meeting, Chapel, Drop off area
	Ward B	Rehabilitation	16	
			<b>28</b>	
<b>Upper Garden</b> <b>RL88.80</b>	Ward A	Rehabilitation	11	Admissions clinic, consultation rooms, ambulance, kitchen, loading dock, laundry collection, garbage storage, staff facilities.
	Ward B	Rehabilitation	12	
			<b>23</b>	
<b>Garden Floor</b> <b>RL85.80</b>	Ward A	Psycho-Geriatric	12	Counselling rooms, meeting rooms, carpark
	Ward B	Dementia	12	
			<b>24</b>	
<b>Lower ground Floor</b> <b>RL 82.50</b>			0	Café, staff terrace
			0	
			<b>0</b>	
<b>TOTAL</b>			<b>147</b>	

The health care services proposed in the above schedule are as per those covered in a letter from Murlan Consulting to NSW Health dated 12 September 2008.

## **Need for Facility**

The health care services will be finetuned prior to formally lodging the private hospital licence application with NSW Health. This includes how a number of the wards could be used as a spill-over facility while development activities at the Royal North Shore Hospital and other nearby hospitals are undertaken. The close proximity of this facility and timing of completion (due for completion in 2010) makes this an attractive proposition.

The facility will provide much needed health care services to the lower North Shore community, while complementing the acute level of health services provided by the nearby Royal North Shore public, North Shore Private and the Mater Hospitals and alleviating demand otherwise required to be serviced by those facilities.

The unique approach in providing integrated rehabilitation, medical and high care health services throughout the facility will be sought after as the future demand for health care services, particularly in an aging community, increases over the coming decades. It is considered the balance and quantity of health care functions proposed are such that will complement one another while generating sufficient economy of scale to make a facility of this nature economically viable. The current businesses operating environment of private hospitals necessitates the quantity of beds proposed.

## **Admittance & registration**

All patients will be admitted in a planned manner (not emergency admittance) A registered medical practitioner (Medical Doctor) will assess the patient, will prescribe the levels of health care services required for the patient while at the facility and will register the patient accordingly. This will occur with the assistance of appropriately qualified registered nurses and health care staff.

Patient admittance and registration will occur within the admissions clinic area to the upper garden level. This admittance clinic will have direct access to covered ambulance and patient drop-off and pick-up area.

All patients in the hospital are expected to be in-patients. All necessary in-patient admittance/ registration/ clinical record documentation will be completed in accordance with NSW Health guidelines and other relevant statutory requirements. All in-patients will be charged a fee for services.



## Staffing

Health care services staffing will include Specialist Consultants, Doctors, Registered Nurses, Nurses, Nurses Aides, Personal Care Assistants, Occupational & Diversional Therapists, physiotherapists and professional health carers.

Health carer staff ratios will be, as a minimum, in accordance with NSW Health guidelines and other relevant statutory requirements. The rehabilitation wards and centre will be staffed to comply also with Standards 2005 of the Adult Rehabilitation Medicine Services in public and private hospitals as prepared by the Royal Australasian College of Physicians.

Below is an indicative schedule of health care staff to the proposed facility. This staffing schedule is preliminary and as a part of the compiling of the Operations Management Plan (OMP) is subject to further review.

				Key Health Care Staff					
		Proposed Health Care Function	Total Suites / beds	GP's/ Medical Practioners	Registered nurses	Nurses & Carers		Diversional Therapist	Physio therapist & physio aids
						Day time	Night		
Level 3 RL 101.30	Ward A	Disabled	12	Shared -see below	Shared -see below	2.5 to 3	1 + shared float	2	Shared -see below
	Ward B	High care	8						
			20						
Level 2 RL 98.20	Ward A	High Care	13	Shared -see below	Shared -see below	4	1 + shared float	2	Shared -see below
	Ward B	High Care	12						
			25						
Level 1 RL 95.10	Ward A	Medical services	13	Shared -see below	Shared -see below	4	1 + shared float	2	Shared -see below
	Ward B	Medical services	14						
			27						
Reception Level RL92.00	Ward A	Medical services	12	Shared -see below	Shared -see below	4	1.5	2	Shared -see below
	Ward B	Rehabilitation	16						
			28						
Upper Garden RL88.80	Ward A	Rehabilitation	11	Shared -see below	Shared -see below	5	1.5 to 2	2	Shared -see below
	Ward B	Rehabilitation	12						
			23						
Garden Floor RL85.80	Ward A	Psycho-Geriatric	12	Shared -see below	Shared -see below	2	1	1	Shared -see below
	Ward B	Dementia	12						
			24						
Lower ground Floor RL 82.50			0 0 0					Shared -see below	Shared -see below
TOTAL			147	5	5 to 7	22	7	11	2 + 2

Notwithstanding the specialist nature of wards there will be a number of professional health staff that will be integrated through all wards, so that the varying needs of the patients during their stay can be met. This will be the case for therapists, nurses and carers and to some extent registered nurses. Doctors will generally be focused on the patients in wards relating to their specialist area of expertise. Though a number of patients located in a particular ward may require specialist advice from a number of specialist practitioners.

In addition to Health Services staff there will be approximately 18 support staff including management, administration, receptionists, kitchen and café staff, cleaning staff, maintenance and sub contractors. This will make for a total of around 65 to 68 staff daytime mid week.

### **3.0 REGULATORY HEALTH CARE SERVICES REQUIREMENTS**

There are a number of regulatory bodies and legislative requirements established to control the licensing and quality of operations of Private Hospitals and the provision of health care services in New South Wales. These regulatory bodies require consultation and legislation requires full appraisal from concept through to on-going operations of any health care facility. The proposed Private Hospital to Nield Avenue, Greenwich is no exception to this and the proponent has already commenced consultation with a number of departments of NSW Health as a part of the preparation of this HSP and also reviewed relevant health care legislation.

NSW Health were initially approached by Department of Planning in their compilation of the DGR's in early 2008. The proponent subsequently met with the strategic assessment branch of Northern Sydney region NSW Health to discuss how the proposed health care services to the proposed hospital to Nield Avenue, Greenwich will align with health care services provided by the Royal North Shore Public Hospital (RNS), particularly the Emergency Department, a matter NSW Health expressed concern on in correspondence to the Department of Health. A response to concerns NSW Health have with the proposed private hospital adding further demand on the Emergency Department to RNS is included in the EA documents in the form of Advice from Essence Consulting Group (refer to appendix 13a of EA).

The Private Health care branch of NSW Health was also consulted by the proponent as a precursor to the proponent applying for and obtaining

private hospital bed licenses from NSW Health. This resulted in Murlan Consulting on behalf of the proponent issuing a letter dated 12 September 2008 to NSW Health seeking clarification as to private hospital bed license application process. NSW Health issued a response letter on 30 September 2008 confirming private bed licenses will be required to a number of the beds to the proposed private hospital to Nield Avenue, Greenwich as required of the Private Hospitals and Day Procedures Act 1998. Both of these letters are included in the EA documents (appendix 12a & 12b) of EA.

Further consultation with health care providers, health care funds and specialist medical practitioners to ascertain the best balance of health care services and facilities to be provided. At all times the proponent will have particular regard to the regulatory requirements and health care services approvals required to be complied with both prior to and during on-going operation of the proposed health care facility.

This further consultation will result in the compilation of the Operations Management Plan and also the proponent or their agent applying to NSW Health for private bed licenses as required of the Private Hospitals and Day Procedures Centres Act 1998. It is anticipated that an application for at least 78 private hospital licensed beds will be made. The Health Planning Units (as covered in the Australian Health Facility Guidelines) that are relevant to the facility will be clearly defined in the OMP.

Legislative and regulatory requirements to be complied with for the design and construction and/or on-going operation of the proposed private hospital include but are not limited to:-

- Private Hospitals & Day Procedure Centres Act 1988
- Day Procedure Centres Regulation 1996
- Private Hospitals Regulation 1996
- Public Health Act 1991 (NSW)
- Private Health Care Facilities Bill 2007 – not in force as at October 2008
- Australian Healthy facility Guidelines (HFG)
- Aged Care Act 1997 (Cth)
- Mental Health Act 2007 (NSW) s.115 in conjunction with NSW Health Centre for Mental Health and Drugs and Alcohol for a psychiatric class hospital only.
- Australian Faculty of Rehabilitation Medicine Services in Public & Private Hospitals – Standards 2005
- The Building Code of Australia

## **4.0 PROPOSED HEALTHCARE FACILITIES**

In summary the proposed private hospital facility will comprise of 147 patient care suites or beds distributed throughout one "U" shaped building. There will be 2 wards per floor over 5 floors.

### **Wards**

Patient wards will have between 8 to 16 suites or beds per ward. Each patient will have their own room and their own ensuite bathroom (there will be one bed per room and no shared ensuite). The wards are designed to be interchangeable between health care functions, to enable flexibility as the pattern of demand between health services varies over the coming decades. Subject to the specific health services provided 16 beds per ward is an industry acknowledged optimal bed per ward number to enable economic staff to patient ratios. Wards that have limited bed numbers are regarded as becoming uneconomic to operate due to incorrect health care staff to patient ratios.

Each ward will have a nurse's station, treatment room and utility rooms located near the entrance to the ward, orientated for good visibility lines to suites and common spaces to each ward. Wards will also have common spaces in the form of dining and/ or sitting areas for patient and visitor interaction.

Each ward will have the ability to be physically secured from other wards and common spaces. Bedrooms and nurses stations will be equipped with the latest technological health care and patient services equipment.

### **Rehabilitation Centre**

A rehabilitation centre is proposed on the lower floor and will include a hydrotherapy pool, gymnasium, multiple use rooms to deal with physiotherapy, speech therapy, occupational therapy, diversional therapy and other rehabilitation and post-operative medical services. This facility will be available to all patients within the hospital. This centre may also be used by a limited number of outpatients.

### **Other ancillary facilities**

An admissions clinic and medical consulting rooms are located on the upper garden floor. This is located on the same floor as the ambulance and patient drop off and pick up area. The admissions clinic also includes a triage room, waiting area, meeting rooms, offices and public toilet facilities.

Adjoining the admissions clinic is the staff facilities including a multi use training/ break out room and changing rooms. Staff will also be able to access outside garden areas, the roof café and the roof terrace during break periods. The health care industry is known for difficulties in attracting and retaining quality human resources. Staff satisfaction is critical to their retention and a well considered work environment and staff facilities will assist in this crucial goal.

A central commercial kitchen to cater for patients and staff requirements is located on the upper garden floor while a café to the top level will cater to staff, patients, and their visitors. Adjoining the main reception is administration offices, meeting rooms and a chapel. Basement carpark facilities will cater for doctors, staff and visitors.

### **Design requirements**

The specific areas of functions of the hospital facility will be designed and constructed to the Australian Health Guidelines, the Private Hospitals Regulation 1996, Private Hospitals & Day Procedure Centres Act 1988, Mental Health Act 2007, the BCA and other relevant regulatory requirements.

## **5.0 ON-GOING FACILITY OPERATIONS & HEALTH CARE SERVICES**

As noted in “3.0 REGULATORY HEALTH CARE SERVICES REQUIREMENTS” in this HSP licensing and regulation of the professional health care services to be provided to the private hospital will require a high level of management and administration to firstly establish the facility and secondly to maintain compliance of the regulatory and licensing requirements during on-going operations of the proposed hospital to Nield Avenue Greenwich.

An initial requirement of the proponent and its appointed operator is to compile the Operations Management Plan (OMP). This OMP will cover all compliance and regulatory requirements relating to the on-going hospital activities including but not limited to:-

- Establish private hospital bed licensing and professional health care services standards requirements.
- Establish protocol for the formation and administration of the Medical advisory committee (MAC) for the hospital.
- Health providers and health fund and insurer compliance requirements
- Medicare and NSW Health compliance requirements.
- Establish protocol for the admission of patients and administration of their registration and clinical records.
- Staffing compliance requirements including staffing numbers, staffing quality, O,H&S, professional development and training.
- O,H & S compliance relating to patients and visitors.
- Establishment and review of standards in the preparation and provision of food and beverages within the facility.
- Establishment and review of Facility Management Plan (FMP) including medical equipment certification, maintenance & replacement schedule and fire safety certification.
- Waste management compliance requirements, including safe disposal of medical waste.
- Establishment and review of Quality Assurance system for all facets of the facilities operational activities.
- Establish Community liaison protocol in relation to reporting and actioning community and neighbour concerns relating to any operational activities.
- Other professional health care operations compliance requirements.

## **6.0 STATEMENT OF COMMITMENTS**

- The proponent will comply with all relevant regulatory requirements for the design and construction of the proposed private hospital.
- The proponent will comply with all relevant regulatory requirements for the on-going operations of the proposed private hospital.
- The proponent will obtain all necessary licenses and compliance certificates necessary for each of the proposed health care functions prior to providing those health care functions within the proposed facility.

## 7.0 RELEVANT DOCUMENTS

This HSP must be read in conjunction with the following documents included in the EA:-

- NSW Health letter dated 30 September 2007
- Australian Healthy facility Guidelines (HFG)  
<http://www.healthfacilityguidelines.com.au/>
- Private Hospitals & Day Procedure Centres Act 1988  
[http://www.austlii.edu.au/au/legis/nsw/consol\\_act/phadpca1988431/](http://www.austlii.edu.au/au/legis/nsw/consol_act/phadpca1988431/)
- Day Procedure Centres Regulation 1996
- Private Hospitals Regulation 1996  
[http://www.austlii.edu.au/au/legis/nsw/consol\\_reg/phr1996306.txt/cgi-bin/download.cgi/download/au/legis/nsw/consol\\_reg/phr1996306.rtf](http://www.austlii.edu.au/au/legis/nsw/consol_reg/phr1996306.txt/cgi-bin/download.cgi/download/au/legis/nsw/consol_reg/phr1996306.rtf)
- Public Health Act 1991 (NSW)  
[http://www.austlii.edu.au/au/legis/nsw/consol\\_act/pha1991126.txt](http://www.austlii.edu.au/au/legis/nsw/consol_act/pha1991126.txt)
- Private Health Care Facilities Bill 2007
- Aged Care Act 1997 (Cth)  
[http://www.austlii.edu.au/au/legis/cth/consol\\_act/aca199757/](http://www.austlii.edu.au/au/legis/cth/consol_act/aca199757/)
- Mental Health Act 2007 (NSW) s.115 in conjunction with NSW Health Centre for Mental Health and Drugs and Alcohol for a psychiatric class hospital only.
- Australian Faculty of Rehabilitation Medicine Services in Public & Private Hospitals – Standards 2005
- NSW Food Authority [www.foodauthority.nsw.gov.au.htm](http://www.foodauthority.nsw.gov.au.htm)
- Waste Management Plan prepared by Murlan.
- Energy Efficiency Assessment report prepared by Vipac