GOSFORD DISTRICT HOSPITAL DEVELOPMENT

INCEPTION & FEASIBILITY REPORT
GOSFORD DISTRICT HOSPITAL
DEVELOPMENT

INCEPTION & FEASIBILITY
REPORT

Chairman ........................................ MR. R. M. VAUGHAN, M.B.E.
Hospitals Commission Representative .................. MR. A. PASFIELD
Chief Executive Officer ................................ MR. N. R. BOYCE
Medical Superintendent .................................. DR. D. BLISS
Architect ................................................ MR. J. GOODINGS

13th April, 1970.
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</tbody>
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INCEPTION AND FEASIBILITY REPORT

Project Team: Regional Administrative Officer, Mr. A. Pasfield, the Chairman of the Board of Directors, Mr. R. M. Vaughan, M.B.E., Architects Leighton Irwin and Co., represented by Mr. John Goodings, Medical Superintendent, Dr. D. Bliss and Chief Executive Officer, Mr. N. Boyce.

The Board of Directors of Gosford District Hospital, at the Meeting on 22nd December, 1969, resolved that in accordance with the Hospitals Commission's instructions, a Hospital Development Planning Sub-Committee be formed and that this Sub-Committee have power to act. The Sub-Committee consisted of those who attended the first planning Sub-Committee Meeting.

The Planning Sub-Committee resolved to follow the direction of the Hospitals Commission of New South Wales in the programming of hospital building projects, recently issued to Hospitals in New South Wales. The Hospitals Commission of New South Wales' procedure for the conception, design, cost control and execution of Hospital building projects will be the basis of this Planning Sub-Committee.

STAGE 1 — INCEPTION.

The following were points considered in Stage 1 — Inception:

a) The need to build.
b) The type and size of hospital or department to be provided.
c) The area to serve.
d) Other Hospitals and community health services.
e) Choice of site.
f) Sub-Committees.
g) Assessment of urgency and preparation of preliminary programme.
h) Prepare preliminary assessment.

STAGE 2 — FEASIBILITY.

The form in which the project is to proceed was determined as follows:

a) The extent and nature of activities to be undertaken.
b) The number of in-patient beds and out-patient sessions.
c) The need for special diagnostic and treatment Departments.
d) Supporting Supply and Service Departments.
e) Residential accommodation for staff.
f) Main engineering services.
g) Assess suitability of available site.
h) Preliminary estimates of staffing.
i) Functional brief and general schedule of accommodation of the whole hospital.
j) Future organisation and operational policies for the hospital as a whole.
k) Prepare a Development Plan and determine phasing of building work.
l) Preliminary assessment of the cost of the whole development.
m) Present a formal report to the Hospital Commission and seek approval to proceed to Stage 3.

Before Stage 1 Inception and Stage 2 Feasibility are fully outlined the following was background information for the Committee, based on the Board's discussions with the Minister for Health and the Hospitals Commission of New South Wales on the future development of Gosford District Hospital, and the site at Woy Woy held by the Board of the Gosford District Hospital.

Interview with Dr. Selle and the Minister for Health, the Hon. A. H. Jago, Nov. 1967.

Rehabilitation Unit — Attached to the Gosford District Hospital provide a rehabilitation unit with all the necessary facilities required.

Woy Woy Ward Unit — At Woy Woy provide a Ward Unit of the Gosford District Hospital to house patients who require rehabilitation and patients on transfer from the Gosford District Hospital. The development of the Woy Woy site to be administered by the Board of the Gosford District Hospital. This was agreed upon during discussions with the Minister for Health and Dr. Selle.
Aged Units — The Committee working for the proposed hospital at Woy Woy to utilize the funds of approximately $30,000 to construct aged units, obtaining 2 for 1 capital construction subsidy from the Commonwealth. A special management committee to be formed to administer these units. Some representation of the Hospital Board is planned for this Committee. With the Hospitals Commission's approval approximately four acres to be leased to this management committee.

The Minister for Health suggested during this interview that any further developments at the Gosford District Hospital be discussed between the Board of the Gosford District Hospital and the Hospitals Commission of New South Wales.

Correspondence from Hospitals Commission of New South Wales on Development of Gosford District Hospital and Woy Woy Site.

14-5-68 — Letter from Chairman of Hospitals Commission of New South Wales, enclosing a plan of the proposed Woy Woy Hospital to contain 34 beds, ancillary services, kitchen, stores, linen supply areas and minor out-patient facilities, change and lunch rooms for nursing and living out staff and flat accommodation for sister-in-charge and resident medical officer.

This letter stated that sterile stock would be provided from Gosford District Hospital. Laundry services will be provided also from Gosford.

This letter also notes that approximately four acres of the hospital site at Woy Woy will be allocated for senior citizens' homes.

Report on Interview with Dr. Selle — 3-7-69.

The following agreement was reached at a Conference attended by representatives of Gosford District Hospital and Dr. Selle at the Hospitals Commission of New South Wales.

1. Approval for theatre block to be commenced in 1969-70.
2. Approval received to commence in early 1969-70 the 34 bed hospital at Woy Woy.
3. Architects Leighton Irwin and Co. had prepared feasibility plans to increase the bed capacity of Gosford District Hospital to 500 beds.

Dr. Selle stated that in the light of the ever-increasing demand on beds at the Gosford District Hospital and in the light of recent statistics, the Hospitals Commission will have to proceed and do all in its power to expedite this multi-storey extension.

This multi-storey block feasibility plan, apart from additional beds, will provide new ancillary services to cope with expanding population of the Central Coast and to provide facilities to bring this hospital to the level of a balanced 500 bed hospital.

Letters from the Hospitals Commission.

10-12-69 — Copy of preliminary plans of proposed rehabilitation centre forwarded.

Approval given in this letter for the Hospital to authorise Architects to prepare revised drawings for ward block, laundry, boiler house, nurses' home and to prepare plans for a geriatric day hospital as a separate building.

23-12-69 — Funds will be available for the commencement of the operating theatre block in the current financial year and tenders to be called in March, 1970. Woy Woy project to be reviewed early in the 1970-71 financial year. The Hospitals Commission will be pleased to join the Hospital in a planning committee for the proposed rehabilitation unit and further development proposals, such as the proposed ward block.

Letter from the Minister for Health.

31-12-69 — Stated that the Minister for Health and the Hospitals Commission are well aware of the needs of the Gosford District Hospital and have included the number of projects in the Commission's planning programme. These are the operating theatre block, Woy Woy Annex, Day Rehabilitation Unit and additional general ward accommodation.
PROGRAMME OF BUILDING DEVELOPMENTS

STAGE 1 — INCEPTION

The need to build.

1.1 The need to build is urgent. The Hospital has 146 beds which include 17 verandah beds. The break-up of these 146 beds is as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>16</td>
</tr>
<tr>
<td>Maternity</td>
<td>30</td>
</tr>
<tr>
<td>Male Surgical</td>
<td>12</td>
</tr>
<tr>
<td>Female Surgical</td>
<td>26</td>
</tr>
<tr>
<td>Male Medical</td>
<td>31</td>
</tr>
<tr>
<td>Female Medical</td>
<td>31</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>146</strong></td>
</tr>
</tbody>
</table>

1.2 The present daily average is approximately 135 and the adjusted daily average 165. The daily stay of patients is now 7 days and the bed usage rate is approximately 95%. The tremendous growth of the Central Coast Area can be shown with the past, present and future population figures supplied by Dr. Selle at an interview on 3-7-69.

1.3 These figures are issued by the State Planning Authority.

<table>
<thead>
<tr>
<th>Year</th>
<th>Gosford Shire</th>
<th>Wyong Shire</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>42,870</td>
<td>24,600</td>
<td>67,470</td>
</tr>
<tr>
<td>1970</td>
<td>53,000</td>
<td>30,000</td>
<td>83,000</td>
</tr>
<tr>
<td>1975</td>
<td>60,000</td>
<td>40,000</td>
<td>100,000</td>
</tr>
<tr>
<td>1980</td>
<td>80,000</td>
<td>55,000</td>
<td>135,000</td>
</tr>
</tbody>
</table>

The above population requiring hospital facilities is sometimes doubled with the spectacular seasonal increase by holiday makers, for four months of the year. Added to this tourist figure is the high traffic flow along the Pacific Highway, Tollway and Expressway. The accident rate, as is well known, is excessively high and the demand for services from this Hospital for such cases throws a heavy additional load on our facilities, making our requirements for surgical beds greatly in excess of the average.

1.4 The present available beds represent approximately 1 bed per 1,000 of population during 8 months of the year and when the tourist activity is at its height it would represent less than one bed per thousand of population. The actual number of beds to cope with these figures will be detailed later in this report.

1.5 Because of the desperate need for beds in the area the potential of the Honorary Medical Staff is not fully utilised. As an example out-patient activities are greatly curtailed and medical services available by these means are not being provided for the people of the District, although adequate staff is offering. Many patients are still treated in other hospitals as the hospital is not able to cope with the demands for admission from all the medical officers on the Central Coast. This is causing problems in these Hospitals and because of their bed shortages and difficulties with admissions our patients are denied prompt attention. In addition this causes great inconvenience to their relatives and business associates. We have restricted our medical services inasmuch that we have refused appointments to the Classified Medical Staff of some very skilled men. As an example in this district with its inordinately high motor vehicle accident rate we have NO Resident Orthopaedic Surgeon.

1.6 The present maternity bed allocation is 30. Eight of these are verandah beds. Last year approximately 1,000 babies were born and this year it would appear that 1,100 babies will be born. At certain times we experience peak months in which we must cater during the month for deliveries equivalent to an average yearly rate of 1,400 births per year. The figure of the anticipated 1,100 births is below recognised births per thousand for the population.

The present 30 bed maternity ward is inadequate and many more beds will be required before this planned multi-storied development is completed. The State Planning Authority has stated that there will be tremen-
dous growth on the Central Coast and it is the responsibility of the Board of Directors of the Gosford District Hospital to match this progress with hospital beds.

The Type and Size of Hospital or Department to be provided.

1.7 The suggested break-up of beds supplied per 1,000 of population is as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Bed Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>3.3</td>
</tr>
<tr>
<td>Obstetric</td>
<td>0.7</td>
</tr>
<tr>
<td>Geriatric</td>
<td>1.4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td><strong>5.4</strong></td>
</tr>
</tbody>
</table>

Bed Distribution Requirements on Available Figures.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Acute</th>
<th>Obstetric</th>
<th>Geriatric</th>
<th>Sub-Total</th>
<th>Psychiatric</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>83,000</td>
<td>274</td>
<td>58</td>
<td>116</td>
<td>448</td>
<td>149</td>
<td>597</td>
</tr>
<tr>
<td>1975</td>
<td>100,000</td>
<td>330</td>
<td>70</td>
<td>140</td>
<td>540</td>
<td>180</td>
<td>720</td>
</tr>
<tr>
<td>1980</td>
<td>135,000</td>
<td>445</td>
<td>95</td>
<td>189</td>
<td>729</td>
<td>243</td>
<td>972</td>
</tr>
</tbody>
</table>

It must be considered in looking at these figures that we take into consideration the beds at present at Gosford District Hospital and those proposed at Woy Woy and any proposal for expansion in that area, and the future needs of the Wyong Shire. It would appear that proposed building programme, after planning was commenced in the 1971-72 financial year, would be planned to meet a population of approximately 100,000 people in 1975. Disregarding psychiatric beds and using the theoretical figure for this population of 100,000, 540 beds will be needed on the Central Coast, taking into consideration the proposed 34 beds at Woy Woy, it is necessary to plan for 500 beds at Gosford District Hospital. By the year 1980, again disregarding psychiatric beds, and using the theoretical figure of 6.4 per 1,000 of population, approximately 700 beds would be needed on the Central Coast. Assuming that Woy Woy Hospital will be built this year, then the aim of this Committee in planning for the population of 100,000 in 1975 would be to add 350 beds to the Gosford District Hospital. This committee by reducing the Geriatric content will plan for 270 additional beds in Stage 1.

1.8 This can be accomplished by a multi-storied development above the kitchen block, on the western side of the ward blocks. We have referred to the report on the survey of the metropolitan hospitals printed on 9th September, 1969, in determining the number of beds required at Gosford District Hospital. Planning will be required for new ancillary departments and associated facilities to make this a balanced hospital.

1.9 The survey of the metropolitan hospitals' recommendation on Page 10 is that district hospital casualty units be built up at Gosford. This recommendation to be taken into consideration when detailed planning of the multi-storied ward block is progressing.

The area to serve.

1.10 The Hospital will serve the area known as the Central Coast. This covers an area from the Hawkesbury bridge in the south, west to Wiseman's Ferry, east to the coast and as far north in the Wyong Shire as covered by the medical practitioners wishing to refer patients to the Gosford District Hospital. A guide to the northern boundary would be that area now served by the District Nursing Service from this Hospital. Gwandalan is the most northern point of contact for our District Nurse. The area north of this point would most likely be served by the Belmont Hospital. The Hospital area to the south of the Hawkesbury Bridge would be served by the Hornsby Hospital.

1.11 The survey of the metropolitan hospitals couples the shires of Gosford and Wyong with their present population figures and their estimated population figures to 1980. This Hospital will be required to serve that population less a small percentage of the northern area of the Wyong Shire, which may find it more accessible to go to Belmont.
Other Hospital and Community Health Services.

1.12 Gosford District Hospital, by its location some 30 odd miles from Hornsby and somewhat of the same distance or more to Belmont is so located as a central point between two other hospital developments. Looking to the future when development takes place at Wyong and further development at Woy Woy, this Hospital will be considered the base hospital of the central coast area and as previously has been determined by the Hospitals Commission of New South Wales, this Hospital will administer all hospital development within the central coast area and the relationship of this Hospital to community health services will be one of encouragement and support.

1.13 The present District Nursing Service based at this Hospital has a staff strength now of ten and carries out approximately 40,000 home visits per year. It is envisaged that as the Hospital develops, so will the services associated with this District Nursing Service. It is planned that this service will be backed up by visiting physiotherapists and other teams of rehabilitation medicine. The Hospital at present is co-operating with Meals on Wheels and it is presently supplying 40 meals per day. It would appear that Government policy will dictate that any further development of community health services will be sponsored from this Hospital.

1.14 The survey of the metropolitan hospitals also defines some relationships between district hospitals and teaching hospitals. This particular report recommends that our hospital maintain a District Casualty unit and that the central accident unit be established at Royal North Shore Hospital. The report also recommends that within regions, transfer of patients between hospitals should be facilitated by con-joint appointments of honorary and full-time medical staff and the regional administrations should be capable of co-ordination of all services to be provided throughout its own system. This Hospital at present has several consultants on its staff who are associated with Royal Prince Alfred Hospital. An arrangement presently exists with Royal Prince Alfred that senior residents are attached to this Hospital on a three monthly period. It is hoped that with the growth of this Hospital and the recognition of this Hospital by the College of Surgeons for both surgery and anaesthetics, the College of Obstetricians and Gynaecologists that we may be able to obtain Registrars from Royal Prince Alfred or from other teaching hospitals in these fields.

Choice of Site.

1.15 The present Hospital site bounded by Beane, Holden, Etna and Stephen Streets consists of approximately eight acres. The Hospital is negotiating with the Department of Army for further land and when this purchase is complete it is planned to re-route Stephen Street and consolidate the site. The area of the Hospital then will be approximately 16 acres. The choice of the site for this present planned development will be on the west of the existing building between the ward block constructed in 1966 and Stephen Street. Sufficient area is available on this site for this multi-storied development of ward blocks and ancillary services, extension to nurses' home, provision of day rehabilitation centre and any other required extension to enable a 500 bed hospital to be provided. There is no worry of insufficient land for future development at Gosford District Hospital.

Sub-Committees.

1.16 Besides the project team which has power to act, other sub-committees have been formed such as medical committees in obstetrics, medicine, surgery and ancillary services. The project team is co-operating with the honorary medical board and on these medical sub-committees are representatives from the specialist field and general practitioner field. The nursing staff has been invited to nominate personnel to these committees and heads of departments have been invited on ancillary committees. Other departmental heads, such as engineering, catering and laundry will also be invited to participate and provide on-the-job experience for planning by the project team.

Assessment of urgency and preparation of preliminary programme.

1.17 The survey of the metropolitan hospitals recommends that the bed and service deficiencies in the region be gradually corrected in a systematic and staged programme of development and that large district hospitals should be developed in growing population areas. Because of lack of finance complete correction of deficiencies may not be possible until some time in the future. A study of table 17 page 25 of this report bears out the degree of urgency for development at Gosford District Hospital. A closer examin-
ation of this table shows that between the years 1970 and 1980 this Hospital will be required to serve an additional 52,000 people.

1.18 Planning of this multi-storied development will have to proceed as quickly as possible, otherwise the service now provided by this Hospital will grind to a halt because of the ever-increasing pressures that will be applied to the system.

Preliminary Programme for Project Team.

1.19 (a) As stated previously with reference to the survey of metropolitan hospitals and using 3.3 beds per 1,000 for acute admission, 0.7 for obstetrics, and 1.4 for geriatrics, by the year 1975, with a population of 100,000, 540 beds will be required. Subtracting the present bed situation, and proposed development at Woy Woy, the project team will plan for 380 beds. The actual split up of these beds between medical, surgical and children will be later determined after consultation with the specialists within the various fields, and the degree of capability and the type of specialist that will be attracted to the area.

(b) The Hospitals Commission has authorised the project team to plan as a separate building a rehabilitation and geriatric day centre. This, we understand, is on the present estimates at the Hospitals Commission and staff of this building will need to be given immediate attention. The provision of this centre will in itself aid in improving our bed situation as combined with our District Nursing Service and local social services it will enable elderly patients to be managed at home, thus releasing Hospital beds for acute cases. The type and size of this unit should be soon determined as a sketch plan has been forwarded by the Hospitals Commission of New South Wales for the comment of the Board of Directors. A specialist in rehabilitation is at present on the staff and the running of this unit would cause no problem.

(c) Ancillary services to be planned in the multi-storied development are:

(i) X-ray.
(ii) Pathology.
(iii) Physiotherapy.
(iv) Pharmacy.
(v) Public Outpatient Clinic Area.
(vi) Social Work.
(vii) Speech Therapy.
(viii) Chest Clinic.
(ix) Dental Clinic.
(x) Medical Records Department.

(d) Intensive Care.

(e) Coronary Unit.

(f) Administration, for general administration, medical and nursing administration.

(g) Supporting services to be enlarged or constructed:

(i) Staff facilities for all living-out staff including change, lunch rooms, etc. for nursing, domestic, clerical, maintenance, technical, medical and laundry.

(ii) Stores.
(iii) Kitchen.
(iv) Cafeteria.
(v) Laundry.
(vi) Boiler House.
(vii) Mortuary.
(viii) Nurse Education centre, considering midwifery training.
(ix) District Nursing Control area.

(h) Residential accommodation for live-in nursing staff and resident medical officers.

Preliminary Assessment.

1.20 Rehabilitation and day centre ($210,000), Laundry Extensions ($110,000), Boiler House extensions ($170,500), Nurses' Home extensions ($630,000), Ward Block ($3,900,000) the estimation to add approximately 270 beds with ancillary medical services, kitchen, cafeteria and store facilities, this figure will need to be proportionately increased with the additional 75 beds to take it up to the 350 beds required. It must be emphasised that these figures are only preliminary and do not take into consideration resident medical quarters, and equipment to the whole building extensions. The total of these preliminary estimates is $5,110,000.00. These figures current as at 18th March, 1970.
STAGE 2 — FEASIBILITY

The purpose of Stage 2 is to provide the Hospitals Commission with an appraisal and recommendation so that it may determine the form in which the project is to proceed, ensuring that it is feasible, functionally, technically and financially.

The extent and the nature of activities to be undertaken.

2.1 The nature of activities to be undertaken will be that of a general hospital, to include obstetrics, surgery, medical and geriatric. Psychiatric services are not being considered in this report. Ancillary services, as outlined later in this report to be included. This hospital, as a registered training school, will continue the training of general trained nurses, nurses' aides and proposes at a later date to include the training of midwifery nurses. Resident training will be conducted at our hospital, including post-graduate training.

2.2 Surgery at this hospital will include major general surgery, orthopaedic surgery, E. N. and T., Eye, Urology, Plastic. Medicine to provide full general medical care including intensive care, coronary care, respiratory care, as well as a comprehensive rehabilitation medical service to include physiotherapy, speech therapy, occupational therapy, social work and full training of aids to daily living. This unit to be run by a specialist in the field of rehabilitation medicine already on the staff of the Gosford District Hospital.

2.3 The Home Nursing Service which at present includes ten District Nurses and carries out approximately 40,000 home visits per year will be supported by domiciliary medical and para medical services.

2.4 The extent of the services is to provide a full cover for the population of the Central Coast district as outlined above. The number of beds, again as outlined above, has been calculated with reference to the report on the metropolitan hospitals. This report outlines the present and future population of the central coast and tables have been previously included.

The Number of Inpatient Beds and Outpatient Sessions.

2.5 The Hospital at present has 146 beds, made up as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>16</td>
</tr>
<tr>
<td>Maternity</td>
<td>30</td>
</tr>
<tr>
<td>Male Surgical</td>
<td>12</td>
</tr>
<tr>
<td>Female Surgical</td>
<td>26</td>
</tr>
<tr>
<td>Male Medical</td>
<td>31</td>
</tr>
<tr>
<td>Female Medical</td>
<td>31</td>
</tr>
</tbody>
</table>

Giving a total of 146 beds. A study of the feasibility plan submitted by Leighton Irwin and Co. indicates that there will be lower basement level, basement level, lower ground level, ground level. Patient accommodation will commence at the ground level and for the required number of beds it would appear that accommodation will be required on ground, first, second, third and fourth floors. Taking into consideration our existing ground and first floor levels of the hospital and adding to this the proposed extensions, the numbers capable of being nursed on each floor of the complete hospital are as follows:

(a) Obstetric and Paediatric Accommodation — 103 beds (made up of 40 children (2 units of 20) and 63 obstetric beds).

The suggestion here is that the proposed feasibility plans indicate 32 beds and if the present 'C' Ward's accommodation of 31 beds is added to this then 63 obstetric beds will be available. The present 'A' Ward and Children's Ward could be converted to 40 children's beds. This would use the Ground floor accommodation of 103 beds. Nursery and Delivery Rooms will be in the western wing of the new block.

(b) Surgical Accommodation — On the first floor 137 surgical beds would be available. These beds comprise 64 beds in the new wing, the conversion of the present 30 bed maternity ward to surgical, the present 12 bed surgical ward opposite the operating theatre block and the 31 beds of 'D' Ward. From the second floor onwards the beds will consist only of those in the proposed new wing. It appears that a floor is capable of 64 beds.
(c) **Medical Accommodation** — It is proposed to construct an intensive care unit of 9 beds, together with a coronary care unit of 6 beds. In addition to this we would require a further 160 Medical Beds some of which would be used for longer stay medical patients requiring rehabilitation or subsequent placement from the Social point of view.

2.6 Total bed requirements Stage 1:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric</td>
<td>40</td>
</tr>
<tr>
<td>Obstetric</td>
<td>63</td>
</tr>
<tr>
<td>Surgical</td>
<td>137</td>
</tr>
<tr>
<td>Coronary Care Unit</td>
<td>6</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>9</td>
</tr>
<tr>
<td>Medical</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>415</td>
</tr>
</tbody>
</table>

Add to this the proposed 34 beds at Woy Woy. This would then give 450 beds as follows:

| Beds now available at Gosford District Hospital | 146 |
| Beds proposed at Woy Woy                        | 34  |
| Beds planned in this report at Gosford          | 270 |
|                                               | 450 |

**Outpatients Services.**

2.7 The number of outpatient services will grow with the increase of specialisation and increased inpatient accommodation. Clinics are presently operating in General Surgery, Obstetrics, Gynaecology, Ophthalmology and Dermatology. A Psychiatry Clinic has been operating here for some considerable time, but at the present stage the Psychiatrist operating this Clinic is doing further studies. A medical Clinic commenced in late March. The increased demand on Outpatients' Services will cause our present Clinics to expand. It is likely that the following Clinics will be added to those already operating:

- Diabetic, Ear Nose and Throat, Medical, Orthopaedic and Fracture, Paediatric, Rheumatology and Urology. The nature of the population in our area which includes about double the state average of old age people means that the demand on the services in the outpatient department will be ever-increasing. In planning the department sufficient space will be necessary to allow two clinics to operate simultaneously.

**The Need for Special Diagnostic and Treatment Departments.**

2.8 The survey of the metropolitan hospitals makes a recommendation on Page 10 that the District Hospital Casualty Unit at Gosford be built up. Consideration will be necessary in planning to allow for future expansion of the Casualty Department. The Special Diagnostic Departments would be X-ray, Pathology, including the full range of Histopathology, Biochemistry, Bacteriology, Haematology, E.C.G. and E.E.G. facilities, treatment facilities, including operating theatres and recovery, Physiotherapy, Rehabilitation, Chest (T.B. Clinic), Speech Therapy, Dental, Occupational Therapy, Intensive Care and Coronary Care.

(a) **Additional X-ray Equipment required for New X-ray Department.**

There has been a remarkable increase in the number of X-ray examinations over the last two years and it is expected that by 1980 and when the new 600 bed hospital is fully occupied, that at least 40,000 examinations will be carried out annually. In addition to inpatients at the Gosford District Hospital it is expected that patients will be referred from private hospitals (where X-ray facilities are not available) and from 'satellite' hospitals for special X-ray techniques requiring a radiologist.

In order to meet the needs of the Central Coast with its rapidly growing population the purchase of the following additional X-ray equipment is advised for new rooms making a total of 4 operating X-ray rooms. These will be:
(i) **Special Procedure Room.**

Facilities should be available for:
- myelography,
- cysto-urethrography,
- peripheral angiography and neurography,
- percutaneous hepato cholangiography,
- right heart catheterisation.

**Installation required:**

a) Three phase generator.
b) Image intensifier with closed circuit T.V.
c) 90/90 X-ray table with ceiling suspended image intensifier and overhead X-ray tube.
d) Rapid serial changer.

(ii) **Main Fluoroscopic Room.**

a) Three phase generator.
b) Image intensifier with closed circuit T.V.
c) 90/30 X-ray table with ceiling suspended image intensifier and overhead X-ray tube.

(iii) **Auxiliary Fluoroscopic Room.**

Similar equipment but purchase of image intensifier and closed circuit T.V. could be deferred until a later date.

(iv) A Mobile 100/100 X-ray unit.

(v) A routine X-ray room will be required however, this can be operated with the existing X-ray machine and the Bucky Table recently acquired.

(vi) Automatic processing machines.

(vii) Facilities for wet processing in emergencies.

The project team realises that the X-ray Committee of the Public works Department is the authority on X-ray Development, but offers the above as minimal standard.

(b) Other special and diagnostic departments will be detailed at length during this report but the following are several comments that we feel should be included at this stage.

(i) In the design of the operating theatre block we understand if need arises an additional two major operating theatres can be provided on the present site, and the ground floor could be utilized for additional blood bank space if necessary.

(ii) Chest Clinic — The Hospitals Commission is aware that a temporary chest clinic was provided at the Gosford District Hospital at the Commonwealth's expense on the understanding that when future planning is carried out on the multi-storied block a chest clinic area will be provided in this development.

(iii) Dental Clinic — A report forwarded to the Hospitals Commission a couple of years ago outlined the need for a dental clinic at the Gosford District Hospital. The aged population of the area creates a demand for dental services and the provision of dentures.

This year an estimated $60,000 will be paid to local dentists for the provision of dentures to necessitous persons.

**Supporting supply and service departments.**

2.9 Supporting supply and service departments will include Pharmacy, Social Work, Medical Records, Catering, Laundry, Central Sterilizing Department, Blood Bank, Stores, Administration including General, Medical and Nursing Administration and Mortuary Facilities.

**Pharmacy**

2.10 We understand the Hospitals Commission of New South Wales has appointed to its staff pharmacy consultants. This pharmacy team is at present investigating the pharmacy services of certain metropolitan and country hospitals. This hospital has received a visit from the team. Our present pharmacy department consists of one room approximately 14'x8' which is grossly inadequate for our present 146 beds. The pharmacy storerooms are some distance from the departments. One store-
room being the Honorary Consultant’s room where clinics are conducted. This is totally unsatisfactory for the storage of drugs. A new department is essential and will be planned in the future development. Its location should be close to the Outpatients Clinic areas within easy reach of the patients visiting these areas. Sufficient work room space will need to be planned in this department and in all other departments to cater for an eventual 600 bed hospital. The present policy of this hospital is that the pharmacy department is responsible for all the fluids, the storing of and the distribution throughout the hospital.

Social Work.

2.11 The Social Work Department is an administrative supporting department as well as a medical supporting department. The social work department will need its own typing section and a ratio of two social workers to one typist is considered reasonable. With the construction of the rehabilitation day centre and the predominance of the aged population of the area the successful district nursing service will make this department a very active section of the administration of this hospital. Our location, some 50 miles from Sydney is attracting many unmarried mothers to this hospital. The adoption numbers over the years have been increased and we can see this increasing rather than decreasing. The present Obstetric Outpatient Clinic has a very high attendance rate. Many social problems exist within this category and these will multiply as the population of the Central Coast grows.

Medical Records.

2.12 The Hospital Commission’s requirements on the handling of medical records has made this department an information bureau, not only to the administrative, medical and nursing sections of the hospital, but as a referral centre to the local honorary medical officers. A complete new department will be planned in the future extensions. It should be so located near administration and outpatients for easy access. The medical records of a hospital grow in number with admissions, and it is essential, apart from providing a department capable of holding the records for patients for some years, to have an area in the basement of the building or the foundations of a building that in future years can be utilized for storing of medical records. This is not only applicable to medical records but other records of the hospital, including X-rays.

Catering.

2.13 The kitchen and cafeteria area of the present hospital is new and adequate for the size of our present hospital. Planning is necessary to increase the size of both these areas to cope with the increasing hospital. The centralized food service now operating, is satisfactory, and it is suggested that this centralized service be maintained. With the greater number of patients and staff meals required the serving and distribution will need to be speeded up to meet the demands. Cool room areas, dry goods areas will necessarily be increased. The present policy of the hospital will need to be examined in determining the size of the cafeteria. The cafeteria is presently being used by all staff of the hospital other than domestic and maintenance staff. If this policy is to be maintained then sufficient lunch room facilities will be needed to be provided for this other staff. We understand that the size of the cafeteria will depend upon the staff of the hospital. We understand that a square area of between 13 and 18 square feet per person is recommended to allow for the seating and traffic flow of staff.

Laundry.

2.14 In March, 1960 Architects, Leighton Irwin and Co, prepared a report to the Hospitals Commission of New South Wales on the future development of Gosford District Hospital laundry services. This report was based on Stage 1 Development, including Woy Woy to 472 beds and Stage 2 Development, including Woy Woy to 697 beds.

This report made the following proposals:—

Scheme a) The existing building to be modified with two shift operation.

Scheme b) Existing building modified on a 1 shift basis.

Scheme c) A new laundry on a one shift basis.
The recommendation from this report was that if a two shift work is acceptable then Scheme (a) is recommended, and if this is not possible, Scheme (c) should be adopted. The Committee will consider this report at a later date in Stage 1.

Psychiatric Service.

2.15 The Committee examined Psychiatric Services to support the area and considered that sufficient space and services were available to support a day and Psychiatric Unit. No provision has been made for Psychiatric beds in this report.

Central Sterilising Department.

2.16 Tenders closed March, 1970 for the provision of new theatres on the top floor, central sterilizing department and blood bank on the ground floor. Planning of the central sterilizing department will allow for 600 beds. Any further expansion to this department will be most difficult because of its location near the roadways. The Hospitals Commission’s policy will be that the central sterilizing department at Gosford District Hospital will provide services initially at Woy Woy and for any other expansion on the Central Coast.

Blood Bank.

2.17 The blood bank is being relocated in this theatre block extension to provide a Two Sister Blood Bank. At the present stage we are bleeding between 180 and 200 donors per month with a yearly average of some 2,000 donors being bled. With a Two Sister Blood Bank this can be more than doubled. It is also planned when the subsidiary unit is built at Woy Woy that blood will be collected at this hospital by appointment from residents in the Woy Woy-Ettalong area. This will increase the blood donor panel as some difficulty is met now with transport to the Gosford District Hospital. The new Blood Bank designed at Gosford District Hospital as mentioned previously allows for bleeding couches, work room area, before-waiting and after-waiting areas.

Stores.

2.18 Store room facilities at ward level and bulk store level has always been inadequate at this hospital. The Hospitals Commission is also aware that this hospital does not have an inflammable liquid store. It will be necessary to plan for this latter store. We understand that once a hospital reaches 400 beds it is economical to provide liquid oxygen supply at this hospital and we suggest that this be taken into consideration in early planning. Our only suggestion here is that stores be placed on ground level.

Administration.

2.19 The situation of the administrative section of the hospital will need to be determined by the planning committee following further studies on accessibility of site and traffic flow. The present administration block was designed for a 65 bed hospital without thought of future expansion. A study of the staff establishment estimate appearing in Point 8 will have to be considered in determining the size of the administration department. Traffic flow of inpatients, visitors, etc. will require further studies. Before commenting further on the general administration, medical administration and nursing administration we consider that a new entrance and administrative area is necessary.

Apart from the administration of the hospital itself, consideration must be given on the administration of the district nursing service as an administrative unit.

Mortuary.

2.20 The Mortuary is comparatively new. It would have been built within the last ten years. Apart from normal mortuary facilities it provides two refrigerated cabinets capable of taking six bodies. As this is also the Police Mortuary, and with the delay of Coroner’s cases the six units at some weekends proves inadequate. 12 units are required. Some consideration will have to be given the ultimate extension of this mortuary to allow more refrigeration space. With the increasing number of resident staff
and the need for more pathology the mortuary building will need to be 
looked at with a view to the training of Resident Medical Officers. An 
adequate autopsy theatre may be required in the near future.

Meals on Wheels.

2.21 The Old Peoples Welfare Council is the controlling authority for the 
Meals on Wheels within the Gosford area. This service is supervised by 
two trained medical social workers and because of the aged population, a 
thorough investigation is carried out on all applicants to satisfy the com-
mittee of the need. This hospital is at present supplying some 40 meals per 
day to the Meals on Wheels Organisation. With our policy of ever increasing 
the home treatment of patients the meals on wheels will become a 
necessary adjunct to this service. The number of meals now provided 
could more than double with an increase of the size of the hospital and 
our policy of early discharge and use of rehabilitation and day hospital 
facilities. We feel that the Commission's policy will have to alter. The 
present policy is that the hospital is not allowed to increase its catering 
staff to assist with meals on wheels. We are sure that voluntary agencies 
will continue to deliver the meals on wheels to the residents of the area, 
but it will be in the preparation of and plating of these meals that assistance 
will be required. We estimate our requirements in 1975 at 100 meals 
per day.

Residential Accommodation for Staff.

2.22 Residential accommodation will be needed for nursing staff and 
resident medical staff. The arrangement at present for the renting of flat 
accommodation opposite the hospital for the resident medical staff is most 
satisfactory. Further flats are available for rental if necessary. One must 
take into consideration the economics of the provision of resident medical 
accommodation as against the renting of flats. Resident medical quarters 
will be needed to be planned for single resident accommodation and the 
number of these to be provided will be gauged by the availability of rental 
and the staff allocation for a 600 bed hospital. The present nursing accom-
modation consists of 3 nursing homes.

(a) An old asbestos home of some 17 beds must be demolished.
(b) A three floor nurses' home of some 47 beds.
(c) A partly built nurses' home consisting of 30 beds.

This latter home does not contain any laundry or lounge room 
facilities, kitchen facilities and use is made of these facilities in the 3 storey 
home by means of walkways. This lack of amenities in this last home has 
caused some dissatisfaction. A survey carried out some six months ago 
found that 62% of nursing staff were living in, made up of 23% trained 
and 81% trainee staff.

It could be accepted with an increase in the wage to nursing staff 
more of the senior trainees will request to live out. In our present holiday 
area the renting of flats is very expensive and it has been experienced by 
some nurses that they are unable to meet the cost of these flats on their 
present wage structure. It would be prudent in planning the nurses' home 
to provide nursing accommodation to 400 beds as in Stage 1 and then to 
600 beds. Following a study of the preliminary estimates of staffing needs 
for a 400 bed hospital and taking into consideration the planned demolition 
of the old asbestos nurses' home an approximate 150 additional nurses' 
beds would be required. These figures were based upon a staff establish-
ment assessment of the feasibility plan provided by Leighton Irwin and 
Co. The feasibility plans provided an additional 270 beds at Gosford and 
the additional 34 beds at Woy Woy. This agrees with our proposed Stage 1 
development. The size of this Nurses' Home will need to be rethought if 
the additional 350 beds are added as outlined in an earlier report, as 
against the 270 beds provided by the feasibility study plan. We understand 
it is the Commission's policy and it is also the policy of this hospital to 
encourage as many of the nursing staff to live out as possible. Has the 
Hospitals Commission given consideration to follow the overseas trend of 
providing flats for rental by nursing staff?

Main Engineering Service.

2.23 Without going into great detail of the engineering services required
we list the following essential services that will need to be planned in conjunc
tion with the 600 bed development.

The following are part and parcel of any hospital building design. Prov
of steam, hot water, air conditioning, water reticulation, boiler equipme
ment, electrical services, water mains, water storage, water treatme
ment, water softening, refrigeration, lifts, piped oxygen, suction, air, sewe
rage, storm water, paging system, incineration, workshop and engineeri
ng facilities, maintenance facilities, emergency power and lighting, com
pressed air equipment, liquid oxygen supply, transport facilities, cold stor
age facilities, fire service, sprinkler alarm system, enlarged P.A.B.X., se
rilization, radio, television.

Assess suitability of available site.

2.24 As outlined earlier in the report the site available is some 8 acres
on the eastern side of Stephen Street and an additional 8 acres on the
western side of Stephen Street, joining the golf links. Sufficient land
will be available at Gosford District Hospital for a 600 bed hospital and all
the necessary buildings associated with this development. This present dev
elopment, can be carried out on the present 8 acre site. The additional land
once purchased from the Department of the Army can be used for future
geriatric and psychiatric services. The present site, because it is a sloping
site, lends itself to multi-storied development, rather than single unit
development. The site is most suitable for a major multi-storied building.
Because of the sloping nature of the site and the need for a multi-storied
block, access to this unit by patients, staff and visitors will have to be
considered in designing access routes, traffic points, etc.

Preliminary Estimate of Staffing.

2.25 Following the study of various hospitals and a discussion with the
staff establishment branch of the Hospitals Commission we now estimate
the requirements of a 600 bed hospital as follows:—

<table>
<thead>
<tr>
<th></th>
<th>Gosford</th>
<th></th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>150 beds</td>
<td>200 beds</td>
<td>300 beds</td>
</tr>
<tr>
<td>Admin</td>
<td>23</td>
<td>35</td>
<td>50</td>
</tr>
<tr>
<td>Medical</td>
<td>7</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Nursing</td>
<td>140</td>
<td>180</td>
<td>260</td>
</tr>
<tr>
<td>Special</td>
<td>15</td>
<td>26</td>
<td>40</td>
</tr>
<tr>
<td>Domestic</td>
<td>60</td>
<td>80</td>
<td>100</td>
</tr>
<tr>
<td>Laundry</td>
<td>12</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Maintenance</td>
<td>13</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>270</td>
<td>363</td>
<td>508</td>
</tr>
</tbody>
</table>

We wish to stress that this is only a preliminary estimate and until
the actual building is designed and work space allocated we are unable
to provide a more accurate figure.

Functional brief and general schedule of accommodation.

2.26 In general principles the schedule of accommodation has been fully
covered in Section 1 of the feasibility study. The functional brief follows:—

It is intended to treat medical inpatients in the hospital.

These will be:

Medical Patients.

2.27 175 Inpatients will be treated and these will include 9 patients nursed
in an intensive and six in a coronary care unit, 128 general medical patients
and an additional 32 geriatric patients. It is planned that the intensive care
and coronary units should be located on the second floor. These will be
under the control of an R.M.O. on duty and will be supervised on a 24
hour basis at least by a trained Sister. In the area immediately adjacent
to the intensive care unit, a holding ward will be set up in which close
supervision may be given to patients admitted to this ward. This ward will accept new admissions and those sick but not requiring intensive care, but requiring closer management, than in the general medical wards. The flow of patient movement through this ward will be that they will be admitted from Casualty Outpatients or from General Practitioners; referral, will be assessed by a Medical Registrar in the holding ward and there will either be held or will be transferred to the intensive care or to the general medical wards. Those patients coming from the I.C.U. and C.C.U. will also be held in this holding ward for a limited period, prior to moving on to the general medical wards. As stated before, an R.M.O. will be on duty in the I.C.U. and C.C.U. and will be responsible for the management of patients within these wards. It is not intended that H.M.O.’s should have major access to the intensive care ward, however should a Staff Physician be appointed this will be included in his responsibilities. In the holding ward a medical registrar will be located, his duty will be to assess the patients on admission and determine their allocation.

Patients remaining in this holding ward will be allocated to medical units and will be cared for by their respective H.M.O.’s. The proximity of this ward to the I.C.U. and C.C.U. would make it very suitable for nursing people recovering from cardiac arrest, for severe coronaries, for those patients who may have major illness not requiring nursing to the stage of intensive care. A cardiac arrest team will operate within the hospital and will be based from the intensive care ward. The remainder of medical beds will be used for routine medical admissions processed through the holding ward. These patients would have been seen by the Medical Registrar and treatment initiated. A provision for 32 geriatric beds has been made. These will be used for the nursing of elderly patients for whom it may not be possible to arrange nursing home accommodation, return to their home situation or who may need intensive rehabilitation training prior to discharge. These people will be cared for by the medical units under which they are allocated.

No provision has been made in the planning for specialist sub units apart from cardiovascular unit. The use of this type of unit for example, respiratory unit, renal unit, endocrine unit does not appear warranted at this time in a hospital of our size. The coronary care unit, or cardiovascular unit however, is indicated in view of the elderly population and the proven incidence of coronary patients, and we believe should function with a heavy load if present admissions are any indication.

Surgical.

2.28 137 surgical beds will be available in the hospital. These will be at the present first floor level. These will include 32 orthopaedic beds, 30 beds allocated to minor specialties in surgery, 50 general surgical beds and 25 gynaecology beds. By the time this hospital is open the theatre block and recovery ward attached to the theatre block should be fully operational and patients will be cared for under a unit system with three surgical units, each unit consisting of one Hon. Surgeon together with an associate surgeon and a registrar shared between the units, with an R.M.O. one per unit. The surgical sub specialties and the orthopaedic unit will be under the care of their respective H.M.O.’s. A second surgical registrar with two R.M.O.’s will look after the day to day management.

Surgical admissions will come from:

(a) emergency admissions via casualty or by G.P. referral.

(b) routine admissions from the surgical outpatients department and from routine G.P. referrals.

Obstetrics.

2.29 63 Obstetric beds will be available catering for an estimate birth rate of 1,700 to 1,800 deliveries per year. Admissions to this ward will come from Intermediate patients referred by local practitioners and by specialists practising within the district and public patients referred from the antenatal clinic and some from general practitioners. The obstetrics section of the hospital is to be sited on ground floor level. This will be together with a labour ward with four delivery rooms and an adjacent nursery area. The antenatal clinic at present operating will be extended and this will include pre-natal physiotherapy and dietary advice.
Special rooms will be set aside within this area for patients requiring isolation, these may be toxaemia patients, patients with infections. In addition to this separate rooms will be set aside for premature baby nursery.

Paediatrics

2.30 A 40 bed paediatric unit will be located at the same level as the obstetric unit on the ground floor. This will take over the present 'A' ward in the old building. It is hoped that by the time this becomes available a resident paediatrician might be attracted to the area. The aims of the hospital in this field will be to provide routine accommodation for children with medical and minor surgical illnesses, Accommodation will be available for emergency medical illnesses. Major surgery and medical patients requiring diagnostic treatment facilities not provided at Gosford will be referred to Royal Alexandra Hospital for Children.

Outpatients Department.

2.31 As specified previously the Outpatients' Department is to be extended and this will be providing medical outpatients, two per week, surgical, two per week, gynaecology, one per week, antenatal clinic, two per week, postnatal clinic, one per week, eye, one, E.N.T., one Skin, one, Psychiatric, one, Orthopaedic, one.

A fracture clinic may be added once per week, depending on the volume of work at the time. In addition to this possible other clinics which may be operating are:— Rheumatism Clinic, Diabetic, Diabetic, or Obesity Clinic and a Anti coagulant clinic, depending once again on the demand for these services.

The development of the Clinics will depend on the number of people seeking this type of advice and the referrals from local practitioners. If the volume increases the clinic will operate by the patient coming in in the morning when they will be seen by residents or registrars, relevant minor tests will be carried out and they will be seen later in the afternoon, at an afternoon clinic by the Specialist concerned. By this means additional visits may be avoided. This clinic will provide inpatients admission for the wards and will follow up discharges from the wards, and will also provide a consultative service to the local G.P.'s.

The outpatients service will be closely integrated with the domiciliary nursing service and the rehabilitation unit, to ensure that the majority of people seen at outpatients remain out of hospital.

Rehabilitation.

2.32 This is an integral part of the domiciliary nursing service or community health service and will care for elderly patients requiring attention but not requiring hospital admission either as an acute or chronic admission to a medical ward or to the geriatric ward. It is hoped the rehabilitation unit will care for people suffering from diseases such as Rheumatoid Arthritis, Cerebrovascular and Respiratory disease. Additionally post fracture and post surgical patients requiring physiotherapy and exercises will be cared for in this area. In conjunction with the domiciliary nursing service the rehabilitation unit will provide a medical service in the home to:

(i) avoid expensive and unnecessary inpatient care
(ii) to shorten inpatient stay
(iii) to care for the elderly in their environment.

These services will operate in conjunction with present existing social services provided by the community such as meals on wheels, and psychiatric services. The acute hospital being considered as one only sub unit of the total nursing programme for the community. The rehabilitation unit staff would consist of a director of rehabilitation, four physiotherapists, an occupational therapist, speech therapist, a social worker and a splint maker. Two additional physiotherapists would be required to provide a ward service.
Radiology and Pathology.

2.33 These will act as a service department for inpatients and outpatients. The staffing of this is at present under consideration, however it would appear that in a hospital of our proposed size a staff specialist radiologist, backed up by a registrar in radiology, would be the ideal arrangement. These people would be assisted by four technicians, and a secretarial and library staff.

In Pathology once again, a staff specialist pathologist would appear to be the ideal arrangement, however it may be difficult to recruit such a member of the staff, in which case a part-time histo-pathologist and a part-time biochemist would be the alternative. If possible a Registrar would be of assistance in this section.

To staff a pathology section of the size envisaged, five medical technologists would be required. These could be at various stages of training. However, probably three or four would have to be fully trained staff under the control of a senior medical technologist, as well as a secretarial and records staff which would be necessary.

Casualty Department.

2.34 This will always be a major factor of the operation of this hospital and with the increasing population of the district and increasing road traffic to the area can be expected to increase in volume. In fact in a recent survey of metropolitan hospitals it was recommended that the size of our casualty be increased. The traffic through casualty reaches a peak period during the Christmas holiday season when the population of the area doubles. At present it is believed that the Casualty Department would probably be adequate to meet the needs of the hospital in 1975. However, provision should be available for increasing this department sometime following the completion of the new hospital. It is intended that major accidents such as severe road trauma, drownings, burnings, poisonings, etc. would be cared for in the intensive care unit.

Paramedical Departments.

2.35 Physiotherapy — This will be included in the rehabilitation unit. However the inpatient services may require direct access to the physiotherapist without passing through the director of rehabilitation. This will require an additional physiotherapist.

2.36 Social Workers — These employees will be necessary to facilitate the operation of the domiciliary nursing service, to arrange accommodation and social facilities for patients being discharged from hospital. They will work in conjunction with the psychiatric social service at present being set up in the district.

2.37 Records Section — Adequate provision for filing, typing and dictating rooms must be provided for the medical records section. Plans should be made to include this in the extensions. The feasibility study which has been seen, does not appear to have adequate space for medical records.

2.38 Pharmacy — Adequate facilities must be available for full sized pharmacy within the new planning. This will probably require a chief pharmacist and an assistant pharmacist. The Pharmacy will provide services for outpatients and inpatients on discharge. It is not intended that the pharmacy should provide other than this in the new hospital and Woy Woy and should certainly not compete with local pharmacies.

Future Organisation and operational policies for the Hospital as a Whole.

2.39 The future organisational policies by the Board of Directors will be implemented and operated on by the Chief Executive Officer, Medical Superintendent and Matron and other departmental heads in accordance with the chart of management.

2.40 The Nursing administration of the Hospital will be directed by Matron assisted by Deputy Matron, Senior Sister and other nursing administrative assistants skilled in Management. The Matron will further be responsible for the nursing administration of Woy Woy Hospital and the complete home nursing programme as envisaged.
2.41 The medical organisation of the hospital will be directed by a Medical Superintendent, helped by the assistant Medical Superintendent who will direct Radiology, Pathology, Pharmacy, Physiotherapy, Rehabilitation Unit and other ancillary bodies. The staff that will be required for this will be a Staff Radiologist and Registrar, a Staff Pathologist with Registrar, or alternatively Part-time Histopathologist, and part-time Biochemist. These plans depend on further advice from the Hospitals Commission.

The Medical Staffing of the Hospital will be that of an Honorary system, divided into various units. This, however, will be subject to change depending on future developments in the community health programme as a whole. Staff specialists may give a better service.

(a) Medicine. There will be three units, each unit consisting of an honorary physician, two associate physicians, a registrar who will be shared between the units and one R.M.O. per unit.

(b) Surgery. There will be three units of general surgery. These will include Urology, each unit staffed by one Honorary Surgeon, one Associate Surgeon, a Registrar shared between the Units and one R.M.O. per unit. There will be one Orthopaedic unit, consisting of one Honorary Surgeon, an Associate Surgeon and a Registrar. There will be one unit consisting of sub-specialties within surgery, this would include E. N. and T., Eye, Plastic, Neuro Surgery, with their respective honorary medical officers. One registrar would be shared with the Orthopaedics Unit and one R.M.O. would be available for use in this unit.

(c) Anaesthetics. The Staffing of the Anaesthetic Department is at present uncertain. However, this Department will be led by a Director of Anaesthesia or a Staff Anaesthetist, there will be two Associate Honorary Anaesthetists, an Anaesthetics Registrar and one R.M.O. will be allocated to Anaesthetics.

(d) Paediatrics. It is hoped there will be one Honorary Paediatrician in charge of Paediatrics with two Associate Paediatricians and one R.M.O. will be allocated to this unit.

(e) Obstetrics and Gynaecology. This will consist of 2 units with each unit consisting of an Honorary Obstetrician and Gynaecologist, three associate obstetricians and gynaecologists, one Registrar and one resident per unit. The Registrar will be shared between the three units. This appointment will depend on the Hospital being accepted as a Registrar Training Hospital.

(f) Casualty Department. It is envisaged that two residents will be required during day light hours. This will be a senior resident or Registrar together with one R.M.O. who may be senior or junior.

(g) Other staffing will be specified later, but will include two Pharmacists, one Senior, one Assistant Pharmacist, a total of six Physiotherapists, a Speech Therapist and Occupational Therapist.

The Operational Policies of the Hospital.

2.42 This Hospital will operate as an acute hospital with medical, surgical, obstetrics and gynaecological, psychiatric and paediatric beds for acute admissions, with a section associated with the acute hospital for chronic and geriatric patients. Public admissions to the hospital will be drawn from:

1. Admissions from General Practitioners for Specialist attention or management.

2. Admissions from Outpatients Clinics and Admissions from Casualty Department, Intermediate and Private admissions will be from the local practitioners.

Patients will be treated and discharged to the care of a domiciliary nursing service or to a nursing home, their care being supervised by the local medical officer. A follow-up clinic will see these patients at least once after discharge and arrangements will be made in certain cases for rehabilitation and physiotherapy treatment as an outpatient. Social assessments will be performed prior to discharge and where warranted, community services will be arranged.
Outpatients will be seen at Specialist clinics on referral only from L.M.O.’s, H.M.O.’s for hospital inpatients, or on discharge, and from casualty. These will be seen and investigated to the point where diagnosis can be made and treatment instituted and then as far as Public patients are concerned, will be referred to their L.M.O. for further management. Intermediate patients will not be involved in this scheme. Obviously, in some cases repeated follow-up may be necessary for example, congenital heart disease or people on anti-coagulants. But as far as possible subsequent management will be left to the L.M.O. who can then again refer the patient at any time. Patients may be admitted to the hospital from Outpatients’ Department or referred to other clinics, or to the domiciliary nursing service and rehabilitation.

Outpatients pathology and X-ray will be subject to special provisions and it is hoped these people will be seen initially by the Registrar and R.M.O. prior to the Clinic and all the initial tests finalised. Casualty patients will be seen on a similar basis to Outpatients and handled in a similar manner at the acute level.

Prepare Development Plan and Determine Phasing of Building Work.

2.43 It will be necessary for the project team to be guided by the Architectural design of the building to determine phasing of building work etc. It is suggested by the report that the project architect try various solutions in outline to be followed by discussions by the project team where modifications are necessary and one general approach is agreed upon the architect can then draw up an outline for future discussions by the project team, prior to presentation to the Hospitals Commission for approval to proceed to Stage 3.

Preliminary Assessment of the Cost of the Whole Development.

2.44 Before the cost of the development can be calculated it will be necessary for point 2.43 to be finalised to allow the architect to provide a realistic figure. Stage 3 of the report requires a preliminary list of the equipment to be provided. At this stage the preliminary assessment of cost will be for building and engineering services. Our preliminary estimate is as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation and Day Centre</td>
<td>$210,000</td>
</tr>
<tr>
<td>Laundry Extensions</td>
<td>$110,000</td>
</tr>
<tr>
<td>Boiler House Extensions</td>
<td>$170,500</td>
</tr>
<tr>
<td>Nurses’ Home Extensions</td>
<td>$630,000</td>
</tr>
<tr>
<td>Ward Block and Services</td>
<td>$3,990,000</td>
</tr>
</tbody>
</table>

This preliminary assessment was based on an additional 270 beds with ancillary services, but if this project team is to carry out its full project with the additional 350 beds in the first stage with an ultimate of 600 beds then these figures will need to be proportionately increased. The total preliminary estimates, disregarding Stage 2 development to 600 beds, and the equipment necessary for functioning of these units is $5,110,500.

2.45 This report is based on present known needs and future needs provided by the State Planning Authority and the Hospitals Commission of New South Wales, as outlined in their report on the investigations of metropolitan hospitals. The size, type and needs of very many of the areas have not been detailed as the suggestions of sub-committees to be formed will have to be taken into consideration. Visits will be made to hospitals when dealing with specific parts of the development plan so that we as a project team can incorporate the latest thoughts in hospital design.

R. M. VAUGHAN, M.B.E. (Chairman)  
N. R. BOYCE  
A. PASFIELD  
Dr. D. BLISS  
J. GOODINGS