

Delivering Tasmania's state of the art health facility

Welcome to the RHH Redevelopment project!

The RHH Redevelopment is delivering a state-of-the-art health facility for generations of Tasmanians to come.

RHH Redevelopment News provides information and updates on the project.

You can also find information about the project by visiting the website:

www.rhhredevelopment.tas.gov.au

Or email the project at:

redvelopment.rhh@dhhs.tas.gov.au

In this issue...

[Faraday cage for neurological testing](#)

[Medical specialties move](#)

[K-Block progress:](#)

- [B-Block demolition](#)
- [Major works roll out](#)
- [The right vinyl](#)

[Campbell Street closure](#)

[Refurbishments update](#)

[Celebrating the future – remembering the past](#)

[Acute dialysis unit](#)

[Asbestos management](#)

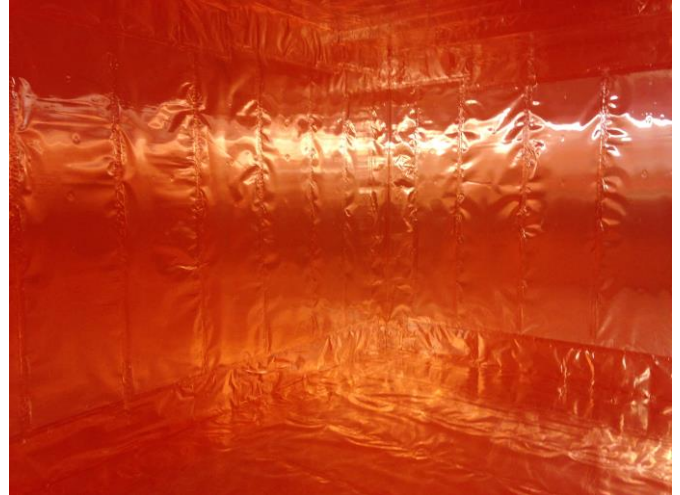
[Meet the team](#)



Faraday Cage for Neurological Testing

The diagnosis of some brain, nerve and muscle conditions can be helped with electrical recordings of their activity.

An EEG is a common test of the electrical activity of the brain. It is one of the ways epilepsy is diagnosed for example. Nerve conduction testing (EMG) can help identify when nerves have been affected by conditions like diabetes or carpal tunnel syndrome. Other conditions, like multiple sclerosis, can be diagnosed with the help of evoked potential testing which measures electrical activity from stimulating the senses.



The RHH department of neurology is responsible for the testing, diagnosis and treatment of neurological conditions. As part of the RHH Redevelopment, the department is moving from B-Block to level 3, C-Block. The refurbishment of their new clinical area is an opportunity to provide improved neurological testing at the RHH.

Faraday cages are currently being installed in C-Block. The Faraday cage is not a new technology in the field of neurophysiology, but it is a welcomed improvement on the current facilities for neurological testing.

A Faraday cage provides an electrical shield. They are often made of fine metallic mesh and they work by evenly distributing the electricity that moves in the environment all the time to reduce the impact it has on electrical equipment and computers.

While neurologists and neurophysiology scientists are trained in interpreting electromagnetic interference in test results, the Faraday cage will improve the quality of testing, getting better results for the patients and doctors.

Four Faraday cages are being built during the C-Block works which will be completed soon. They will also be installed during the construction of K-Block.



Luke Wardlaw, John Holland Fairbrother Joint Venture, and Ranitha Nandkumar, neurophysiology scientist, in front of the copper sheeting of a Faraday cage for the new neurology unit.

Electrical recordings of brain or nerve activity are sensitive enough to pick up both patient information and other electrical activity in the room (eg a nearby computer). This is called electromagnetic interference. Some people may have experienced this when a microphone picks up interference from a nearby telephone or radio. When the electrical recording equipment can be shielded, the recordings are much clearer and more reliable to read.

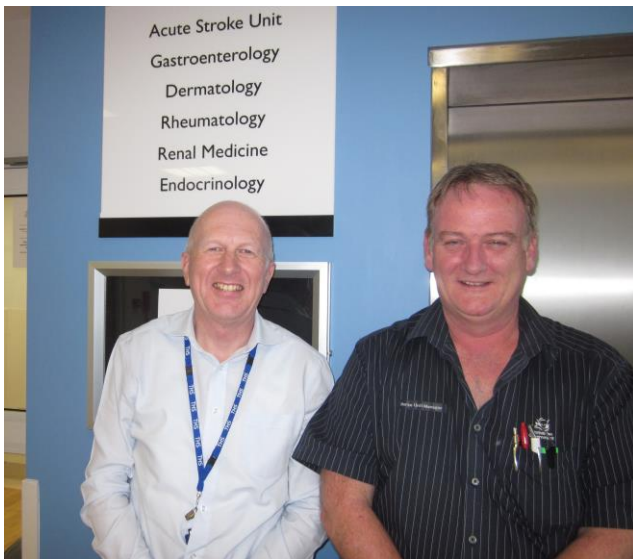
Medical Specialties Move

The medical specialties unit is no stranger to providing care to sick patients. They set about relocating to their new ward so that patients would barely notice they had been moved. What both patients and staff have noticed is how much better the new ward is compared to the area in B-Block they have just vacated.

RHH Redevelopment News spoke to nurse unit manager, Tony Martin and hospital chaplain, Richard Randall, about the move and the new ward.

“Everything came down to good teamwork,” Tony said.

He explained that there are a lot of people involved in a ward move.



Chaplain, Richard Randall and nurse unit manager, Tony Martin

“There’s IT, pharmacy, stores, the kitchen and more. The Redevelopment team worked closely with us to get things done that we needed. It was huge.”

“The nursing and non-clinical team worked like a well-oiled machine to move the twenty bed ward,” Tony said.



New patient room

One of the most important things was the pre-preparation. For example, stores were delivered to the new ward and then staff made sure everything was unpacked and organised before the moving day.

“Everything was in place so you could literally walk in and say this is my new ward and I just need to find where things are, which everyone did proficiently.”

This was part of the team’s action plan. The action plan outlined the tasks that needed to occur over the week leading up to the moving day.

Patient care and safety was prioritised during the move so additional staff were rostered on.

“We’re here to deliver care to the patient and not mess them around.”

Two clinical nurses were based on ward 7A to receive patients as they arrived.

One nurse would relocate to the new ward as four patients were moved, until there were two nurses left with one patient on IB South. This ensured an appropriate nurse patient ratio during the move.

“Nurses allocated to patients, stayed with those patients so they were unaffected. The thing that we wanted was that the patients would get in the lift and go somewhere else that would be brighter.”

Tony said that every patient was welcomed by staff when they arrived on the new ward.

To keep patients and families informed about the move ward chaplain, Richard Randall, also lent a hand. Richard’s role is to provide emotional and spiritual support to people on the ward.

“The day beforehand I explained the move to each patient or their family so they knew it was occurring and where the new location was so they were comfortable with the move.”

“You can pick up if someone is a little anxious and spend more time with them. Other people were more matter of fact.”

Richard explained that for some patients this process was particularly important for example, those that have experienced a stroke and have cognitive difficulties.

“Often people are a bit frightened in hospital or a bit lonely and something extra to think about can be an issue. If we can calm the waters then that’s good,” Richard said.

Richard was positive about the feedback he’d had to date.

“People love the new ward. There’s a real sense that this is a really nice place to be. Patients who came up from IB South to 7A say they like it because it’s more spacious and quieter and has a better feeling.”

“The care is as good as always, but the infrastructure is much more appropriate,” Richard said.

“It’s given a lift to everyone.”



7A corridor

Ward 7A is a twenty-bed ward which includes acute stroke unit, gastroenterology, dermatology, rheumatology, renal medicine and endocrinology.

Patients now have more privacy because the new ward is configured in single and two-bed rooms. The four-bed rooms in the former ward are now a thing of the past. Patients also benefit from more natural light and an improved outlook.

The move is part of the decanting strategy to vacate B-Block for demolition.

Medical specialties will move into K-Block once it is built.

The acute rehabilitation unit, who moved to the Peacock building at the Repatriation Centre to help the decanting strategy, will return to 7A.

K-Block Progress

B-Block Demolition

Renown southern Tasmanian business, Hazell Brothers Group Pty Ltd have won the \$4.6 million tender to demolish B-Block.

B-Block will be gradually dismantled. This will include the safe removal of hazardous materials, the isolation and removal of existing services and internal soft strip out which is done floor by floor. Structural demolition will commence following the soft strip out.

Major Works Roll Out

Howrah Plumbing Pty Ltd and Macquarie Builders Pty Ltd will help prepare the RHH site for the State's largest health infrastructure project.

Howrah Plumbing Pty Ltd will complete the \$1.9 million in-ground hydraulic and civil service works. Macquarie Builders Pty Ltd will complete the \$0.6 million building works for the installation of the temporary hyperbaric chamber.

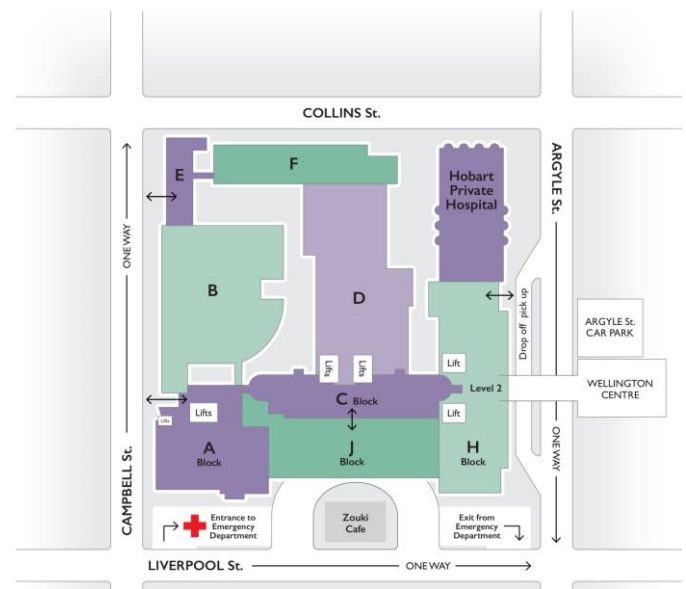
To ensure patient and staff safety during the K-Block build, a temporary hyperbaric chamber will be leased and located away from the direct impact of the construction.

Fink Engineering Pty Ltd is the national supplier of hyperbaric chambers. They have been engaged to supply a temporary hyperbaric chamber while K-Block is built and to fabricate, install and commission the permanent hyperbaric chamber at a total value of \$5.4 million.

National supplier, Titan Cranes and Rigging Pty Ltd, will provide, operate and maintain two tower cranes for the duration of the K-Block construction at a cost of \$6.4 million.

Ten more tenders were listed on the ICN Gateway in September. These works packages represent substantial components of the K-Block build.

The latest opportunities include: precast concrete walls and columns; precast concrete façade panels and shell beams; mechanical services; electrical services; hydraulic services; fire services; medical gases; pneumatic tube system; building management system; and site accommodation facilities.



Unsure about which block is which at the RHH? B-Block (left hand side) will be demolished so that K-Block can be built.

The Right Vinyl

Choosing the right floor covering is even more difficult in a hospital than it is in a home.

To make sure the best vinyl is selected for K-Block, equivalent samples from five reputable manufacturers have been selected for testing in the two link ways between C-Block and the temporary inpatient facility. The manufacturers will be able to demonstrate the cleaning, maintenance and repair requirements to ensure a good surface can be maintained over time.

Campbell Street Closure

Power, water and gas services on Campbell Street will be realigned so they can connect to the new inpatient precinct, known as K-Block.

From Sunday, 25 September 2016 until Sunday, 16 October 2016, Campbell Street between Liverpool and Collins Streets will be closed to normal traffic.

Before and after the period of day works, additional works had been scheduled at night time to also help reduce the impact on commuters.

Night works started on Monday, 19 September 2016 and continue through until 6 November 2016, between 7 pm and 6 am each day.

Night works are being staged along Campbell Street between Bathurst and Collins Street and for several nights will also involve works on Liverpool Street between the Brooker Highway and Argyle Street.

Vehicles will be able to access the emergency department at all times through traffic management at the Liverpool and Campbell Street intersection.

Patient drop off and collection will be available in the Argyle Street slip lane.

Pedestrian access will be maintained on Campbell and Liverpool Streets.

More information is available on the project's webpage – www.rhhredevelopment.tas.gov.au

Refurbishments Update

Over twenty areas of the hospital are being refurbished so that B-Block can be vacated.

Over the coming months many wards will relocate to new accommodation. Moving dates will be available on the project's webpage and will be advertised in *The Mercury's* Public Notices beforehand.

Inpatient oncology is scheduled to move to level 9, A-Block on 29 September 2016.

The new inpatient oncology ward has more single rooms, providing greater patient privacy and improved space for oncology patients.

The telephone number for inpatient oncology remains the same – 03 6166 8881.

The acute ambulatory care unit and the short stay surgery unit are both scheduled to move during October.

Acute ambulatory care will be located on level 2, C-Block and the short stay surgery unit on level 4, C-Block.



The new short stay surgery unit

Celebrating the Future Remembering the Past

The B-Block commemorative art exhibition will open on Monday, 24 October 2016.

A great deal of art work hangs in B-Block – works from patients of the Clozapine clinic art group, gifted works and commissioned works including the works of prominent Tasmanian artists such as Patrick Hall and Rob Blakers.

Many Tasmanians have received care in B-Block and it has been the workplace for many of the RHH staff.

In the coming months B-Block will be demolished so that a new ten storey inpatient precinct can be built. Artworks enrich the hospital experience, so it is fitting that B-Block is commemorated with an exhibition of works.

A curated exhibition will be on display in the A- and B-Block link on levels one and two.



Mosaic by members of the Clozapine art group.

Curated by Lisa Campbell-Smith, the exhibition will be on display until Monday, 7 November 2016.

Acute Dialysis Unit

Another ward has relocated from B-Block with the acute dialysis unit moving to refurbished accommodation on lower ground, J-Block.

The new acute dialysis unit includes six bed bays – four single bed bays and one two-bed bay, reception and nurses' station and offices.



Elizabeth Courtice, "It's a vast improvement on the old ward."

Dialysis is a treatment for people whose kidneys are not working enough to clean their blood and remove waste from the body. Most people who need treatment have haemodialysis at least three times a week with each session lasting between four and six hours.

Patients of the acute dialysis unit are generally admitted on other wards at the RHH and attend the unit for their dialysis sessions.

The telephone number for the ward is still the same – 03 6166 8304.

J-Block is the area of the hospital's Liverpool Street forecourt. It currently accommodates the emergency department and the acute dialysis unit. The temporary inpatient facility is also considered part of J-Block.

Asbestos Management

Health and safety of patients, staff and contractors is a priority.

Asbestos is being actively managed during the refurbishments which are now in their final stages.

Undisturbed, asbestos containing materials do not pose a risk.

Asbestos containing building materials that are loose and where fibres can easily be released into the air must be removed or remediated.

Materials containing asbestos have been removed from the RHH areas being refurbished.

In some situations, the removal of asbestos has not been practicable, often because it is part of the building's structure. In these cases, the asbestos has been encapsulated.

Building condition and hazardous materials audits were conducted before the refurbishment works commenced. This information was used to confirm and enhance the RHH asbestos register.

More than the anticipated asbestos containing materials have been uncovered during the refurbishments as decades old construction works were peeled back and latent conditions revealed.

Air testing is routinely conducted in construction zones and adjacent areas. To date, all air tests have been clean.

The presence of asbestos in the existing hospital buildings is another reason why the construction of K-Block and current refurbishments are important.

For more information on the management of asbestos during the RHH Redevelopment go to http://www.rhhredevelopment.tas.gov.au/project_information/fact_sheets/asbestos_management

Meet the Team

David 'Dave' Rowland is part of the project and contract management team for the RHH Redevelopment. Here are five things about Dave:



Number 1 – Dave started in August 2013, initially to help out with planning for K-Block.

Number 2 – He has significant experience in complex infrastructure projects including: four major hospital redevelopments; Sydney 2000 Olympic Coordination Authority; Sydney International Airport upgrade; and the new University of Sydney Faculty of Law building.

Number 3 – Dave understands both sides of the construction industry because he has worked directly on builds and as a project manager providing expert construction advice to organisations embarking on large building projects.

Number 4 – Dave is an engineer. In 1986, he came to Australia from the UK for one year and stayed. He and his wife Sue (pictured with Dave above) have three adult children and five grandchildren.

Number 5 – He lives with Sue on their property where they keep event horses, chooks and a dog called Digby.