

Department: SA Health
COUNTRY HEALTH SA
Riverland Regional Health Service

1. Title Berri General Hospital Redevelopment

2. Issue:

Strategic Directions for Country Health Services

As outlined in South Australia's Health Care Plan 2007-2016, the four Country General Hospitals will form the backbone of a rural health service network that will reduce the need for country patients to travel to metropolitan hospitals. They will provide increased capacity, enhanced and sustainable services to their catchment areas. This hinges fundamentally on the recruitment, retention and development of additional specialist skills across the medical, nursing and allied health professions.

The GP Plus Health Care Strategy complements the realignment of hospital roles with strategies to reduce hospital demand, particularly strengthened efforts in the prevention and management of chronic disease, including self management. Health reform includes healthy lifestyle promotion and an increase in primary health care. This will see service expansion across the primary health care sector, including country community health services, statewide and non-Government health services, including general practice.

The Strategy for Planning Country Health Services in SA was released in December 2008 after extensive consultation and work by the Taskforce. The "Way Forward" was the development of 10 Year Local Health Service Plans.

The Strategy also incorporates the following key elements:

- Planning principles
- Service Delineation Framework
- Priority areas of Aboriginal health and workforce
- Key enablers for improving health care
- Role of Health Advisory Councils (HACs).

The Strategy endorsed an integrated model of care, with Country General Hospitals, Country Community Hospitals, Local Area Hospitals and Health Services, Remote Area Services and Rural Health Clinics working together with local and statewide clinical networks in an integrated system. The aim is develop sustainable health service networks appropriate to local circumstances, which work closely with general practice and other private providers to deliver high quality services across the continuum of care to the community.

The Strategy describes the role of the General Hospitals as providing:

- the majority of health care needs so that only patients requiring highly specialised or complex tertiary care will need to access this in Adelaide
- increased capacity & higher complexity of services
- a range of enhanced and new health services
- resident medical specialists as a priority for providing core services, supplemented by a range of other visiting specialist services
- a strengthened level of support provided to local health professionals
- an appropriate environment for teaching, training and clinical placements.

The Country Health SA Model of Care was released in September 2009 and describes the way health care is provided across the country region, as well as the integration with the broader statewide health system. This takes into account that General Practitioners provide the bulk of inpatient care. Care pathways within local networks are important, as well as structured links with metropolitan tertiary services.

Under the new model of care, a Country General Hospital will manage the patient journey from primary care in the community, through acute care and back to primary care, supported by efficient processes, clinical protocols, information sharing and a team approach to achieving safe, high quality care. These are combined with flexible infrastructure design, healing environments and holistic care, which involves patients' families.

Particular considerations for capital redevelopment include:

- 100% single rooms, to increase flexibility
- layouts which support safe and efficient staffing
- planning for patient flows through the facility and functional relationships between areas
- IT systems to support shared patient information, clinical pathways and decision support.

Redevelopment of Riverland Regional Health Service, Berri

The Government committed \$41 million in the 2008-09 State budget for the redevelopment of Riverland Regional Health Service (RRHS) to enable it to fulfil an expanded Country General Hospital role. This aligns with the strategic health planning framework comprising the SA Health Care Plan, the Strategy for Planning Country Health Services in SA and the Statewide Clinical Networks and Service Plans.

The Berri General Hospital redevelopment project aims to increase the capacity to provide high quality, safe, sustainable services, which complement local health services in meeting the majority of the health needs of the Riverland catchment.

The key objectives are to:

- Expand priority health services in line with Statewide Plans
- Repatriate appropriate activity from metropolitan health services
- Ensure capacity to support management of some of the inpatient activity within the catchment area if required for workforce, quality and safety reasons
- Address functional and standards compliance issues with the existing facility
- Reflect the new patient centred Model of Care, maximising single rooms
- Provide an appropriate environment as a teaching facility and accommodate an increasing number of clinical placements.

There are four incorporated Health Advisory Councils in the Riverland, which have developed draft 10 Year Local Health Service Plans with their communities. The plans were completed in mid-2010 and complement the redevelopment planning for the Berri General Hospital.

The Strategy for Planning Country Health Services in SA highlighted the potential for future health workforce shortages and noted the value of developing local clinical networks to sustain service delivery within the region. In the worst case scenario, the Berri General Hospital needs to have sufficient capacity to support management of some of the inpatient activity within the Riverland region, if local health services are unable to continue to provide this for workforce, quality or safety reasons.

The proposed works at Riverland Regional Health Service will include provision of new and/or refurbished facilities associated with the provision of the following:

Functional areas:

- Accident & Emergency
- Theatres & Day Procedure Unit
- Central Sterile Supply Department (CSSD)
- Acute care wards
- Therapy services
- Community Health
- Specialist services
- Clinical education.

Services:

- Mental health
- Rehabilitation, stroke
- Geriatric assessment
- Palliative care
- Renal Dialysis
- Chemotherapy and cancer care
- Chronic disease
- Clinical pharmacy.

The individual services for the Berri General Hospital are delineated in the table below.

SERVICE	PROPOSED
Emergency	6 Emergency beds comprising: 2 Trauma Rooms 4 treatment bays Projected attendances: 25% increase to 10,000 p.a. Appropriate levels of triage, consulting and storage space Layout suitable for contracted after hours medical service Separate paediatric waiting area Mental Health low stimulus room Emergency Dept Mental Health Coordinator
Acute Inpatient Care	38 multi-day & 14 same day beds 100% single rooms in line with New RAH Model of Care A secure environment for all paediatric admissions 4 negative pressure rooms 3 close observation beds proposed

SERVICE	PROPOSED
Surgical	<p>2 theatres (1 used as procedure room/ theatre) 6 Stage 1 recovery bays Day Procedure Unit - 10 Stage 2/3 recovery chairs Projected 33% increase in surgical admissions Consolidate specialist services:</p> <ul style="list-style-type: none"> • Orthopaedics • General Surgery • Gastrointestinal • Endoscopy • Ear, Nose & Throat • Ophthalmology • Urology • Gynaecology
Maternal & Birthing	<p>Level 3 Perinatal Service Capacity to accommodate all birthing in the Riverland if needed, except high risk pregnancies. Retain 2 birthing suites. Projected births 2016/17 in region: 390 Secure environment for all neonatal admissions and mothers under 18 years</p>
Mental Health	<p>Designated Limited Treatment Centre (LTC) under Mental Health Act 2009. 6 mental health beds: 2 LTC beds and 4 Intermediate Care “step up/step down” beds Located in a separate ward area and staffed by mental health trained staff, who can work flexibly across general medical beds according to varying inpatient numbers. Access to small lounge/dining area and external secure courtyard from the ward. Shared rehabilitation facilities with ambulatory clients – access to Activities of Daily Living training facilities.</p>
Rehabilitation, Geriatric Assessment and Stroke	<p>Rehabilitation, Geriatric Evaluation & Management (GEM) and Stroke Service, linked with specialist metropolitan outreach services. GEM Team provides outreach within Riverland to other hospitals and settings. Comprehensive stroke management - acute care and early commencement of rehabilitation. Shared rehabilitation and daily living training facilities and staff, providing inpatient and day patient rehabilitation services for:</p> <ul style="list-style-type: none"> • stroke, neurological • post-surgical • orthopaedic • amputee (step down care). <p>Additional outpatient services:</p> <ul style="list-style-type: none"> • Cardiac rehabilitation • Respiratory rehabilitation.

SERVICE	PROPOSED
Palliative Care	<p>Level 4 Service</p> <p>Palliative Care trained staff and appropriate inpatient facilities, including space for a family member rooming in, visitor lounge.</p> <p>Mobile outreach service supporting more complex care management in partnership with local health units.</p>
Renal Dialysis	<p>Large Unit – 4 fixed chairs; one or 2 of these suitable for infectious isolation.</p> <p>4 dialysis chairs included in 14 same day beds</p>
Cancer Care, Chemotherapy	<p>Regional Cancer Unit Hub</p> <p>Visiting support oncology services; metropolitan hospital medical oversight of care by specialist trained nursing staff, using electronic cancer information system</p> <p>Moderate complexity chemotherapy treatment</p> <p>Flexible use of day procedure chairs to meet patient requirements.</p> <p>Included in 14 same day beds</p>
Oral Health	<p>Approx. 1 same day bed for dental surgical admissions.</p> <p>Included in 14 same day beds</p>
Medical Specialist Services	<p>Increase in specialist services for the Riverland and reduction in activity flowing to metro. hospitals.</p> <p>Potential expansion of resident/ contracted specialists from metropolitan hospitals:</p> <ul style="list-style-type: none"> • General surgery • Orthopaedics • General Physician <p>General medicine specialities:</p> <ul style="list-style-type: none"> • Cardiology • Gastroenterology • Respiratory medicine • Paediatrics <p>Increased visiting & specialist outreach services</p> <ul style="list-style-type: none"> • Mental Health • Cancer care, chemotherapy • Rehabilitation • Gerontology & psychogeriatrics • Renal medicine.
Medical Imaging	<p>Modest increase in space to address crowding in waiting area and reporting room – 29% increase in workload in last 3 years, but has plateaued from 2009/10. Out of hours workload growth is likely to continue; staffing expansion and extended hours could optimise capacity.</p>
Pathology	<p>Redevelopment will be considered in future as funds permit.</p>
Pharmacy	<p>Enhanced clinical pharmacy service provided in-house by CHSA staff (accommodate 3 pharmacists). External contracts for inpatient/ward and resident drug supplies and dispensing are anticipated to continue.</p>
CSSD	<p>Provides sterile supply service for all Riverland hospitals.</p>
Outpatient Services	<p>Additional consulting rooms to accommodate projected 50%+ increase in outpatient volumes to ~15,000 attendances p.a.</p>
Community & Allied Health Services	<p>Service expansion of about 19 FTE additional staff; some may need to be accommodated at other health units.</p>

3. Region
Murray and Mallee Region

The Riverland is a sub-region of the State Government Murray and Mallee Region. It is made up of five major towns of roughly equal size within a region approximately 100 km across. Berri is roughly central geographically and is the Government service centre for the Riverland; agencies such as Centrelink, Housing SA, Families SA, Medicare and Disability SA are located within the Berri township.

The township of Berri is situated within the Berri Barmera - Berri Statistical Local Area (SLA). However, the catchment area for the Berri General Hospital extends throughout the Riverland. The catchment area includes the SLAs:

- Berri Barmera – Barmera
- Berri Barmera – Berri
- Loxton Waikerie – East
- Loxton Waikerie – West
- Renmark Paringa – Paringa
- Renmark Paringa – Renmark
- Unincorporated Riverland

The catchment area includes four local hospital and health services at Barmera, Loxton, Renmark and Waikerie, managed by corporate Directors of Nursing. Together with Riverland Regional Health Service, these form the Riverland Health Services cluster under a Director.

The Riverland Community Health Service is managed as regional service, with 236 staff based in the 5 main Riverland towns. Riverland Community Health Services (RCHS) provides a range of services to the broader catchment area and works closely with the other health units in the catchment area to form a 'local clinical network'. Comprehensive service delivery relies on close links and collaborative partnerships with government, non-government and private providers within the Riverland. There are a number of interagency groups in the region focused on service coordination at a program or individual client level, for example: mental health, alcohol and other drugs, early childhood, Aboriginal health, youth health, community transport.

The following statewide services are co-located on the hospital site at Berri:

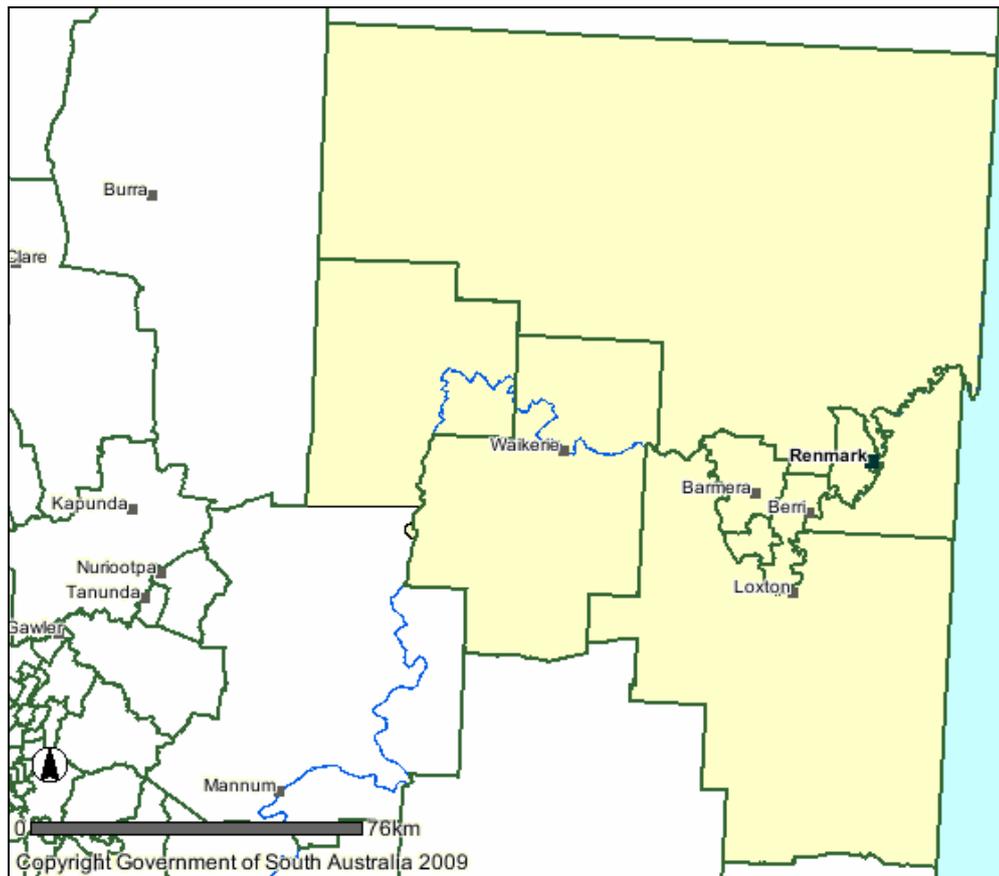
- SA Dental Service
- Drug and Alcohol Services SA (DASSA)
- Child, Youth & Women's Health Service (Child & Youth Health)
- Pathology SA (IMVS).

A close collaborative working relationship exists between Riverland Health Services, SA Ambulance Service (SAAS), Riverland Division of General Practice (RDGP) and Flinders University Rural Clinical School (FURCS), Renmark.

Table 1: Distances within the Riverland Health Services Network

Local Health Service	Regional Service Link	Distance between Towns	Road Travel Time
Barmera	Berri General Hospital	15 km	15 mins
Renmark	Berri General Hospital	20 km	23 mins
Loxton	Berri General Hospital	21 km	21 mins
Waikerie	Berri General Hospital	62 km	54 mins
Berri	Metropolitan Adelaide (Royal Adelaide Hospital)	233 km	3 hr 31 mins

Figure 1: Berri General Hospital Catchment Area



Reference: <http://www.atlas.sa.gov.au/>

- The estimated resident population of the Riverland catchment area at the 2006 Census was 33,328 people, which is projected to decrease slightly by 3.4% to 32,212 by 2021.
- There were around 207,000 visitors to the region in 2008.
- In the 2006 Census, 868 Riverland residents (2.7%) identified themselves as of Aboriginal or Torres Strait Islander origin
- People of culturally and linguistically diverse (CALD) backgrounds accounted for 9.3% of the catchment population.

4. Stakeholders

Consultation in the first stage of design of the redeveloped health facilities from 2008 to 2010 focussed on the health sector. It involved Riverland Health Services staff, medical practitioners, other health providers, SAPOL, SA Ambulance officers & volunteers, Berri Barmera Council, clients and Aboriginal community members.

The Redevelopment Project Manager worked closely with the Liaison Project Officer and the four Health Advisory Councils, who involved their communities in the development of the 10 Year Local Health Service Plans. The plans were completed in mid-2010 and complement the redevelopment planning for the Berri General Hospital.

The second stage of consultation will be broader include updating community and stakeholder groups relating to stages of the redevelopment. Notices will be issued to adjoining residential and public areas prior to commencement of site works. Each phase will involve a mix of correspondence, meetings and briefings, more advertising in the local newspaper and newsletters.

5. **Consulted**

Groups and organisations consulted include:

SA Health

- CHSA
- Asset Services
- CEO – CHSA
- Renmark Paringa District Hospital Leadership group
- Loxton Health Service Leadership group
- Barmera Health Service Leadership group
- Waikerie Health Service Leadership group
- Riverland Regional Health Services “Berri” Leadership group
- RRHS individual staff groups
- Allied Health Services
- SA Dental Service (SADS)
- Drug and Alcohol Services SA (DASSA)

Medical Professionals

- Medical practitioners, including resident specialists & GPs
- Waikerie Medical Practice
- Loxton Medical Practice
- Barmera Medical Practice
- Riverland Medical Group (Berri & Renmark GPs) via planning meetings
- Riverland Division of General Practice (RDGP)
- Riverdocs

Tertiary Education

- Flinders University Rural Clinical School (FURCS).

State Government & related agencies

- DTEI
- Emergency Services (SA Police, SA Ambulance, MFS)
- Department of Water, Land and Biodiversity Conservation
- Department of Environment and Heritage
- SafeWork SA
- WorkCover SA
- ETSA

Local Government

- Berri Barmera Council

Aboriginal representatives

- Holistic Empowerment Aboriginal Riverland Integrated Network Gathering (HEARING)
- Aboriginal Affairs and Reconciliation Division - Department of the Premier and Cabinet
- Aboriginal Health Advisory Committee (AHAC)
- Aboriginal Health Workers including RRHS staff
- Aboriginal Sobriety Group (ASG)
- Anglican Community Care (AC Care)

Community

- Berri Barmera Health Advisory Council
- Loxton & Districts Health Advisory Council
- Renmark Paringa Health Advisory Council
- Waikerie & Districts Health Advisory Council
- Berri Senior Citizens Group
- Riverland community via Berri Hospital 50th birthday presentation

Other

- Unions (LHMU, ANMF)

6. Consultation

The initial planning for Berri General Hospital was carried out by CHSA in the consultation phase which culminated in developing the *Strategy for Planning Country Health Services in SA*. A CHSA workshop was held with 120 senior clinicians from country SA on 30 November 2007 and a presentation on HARDS data modelling was given by Statewide Service Strategy. The afternoon session focused on the Country General Hospitals and the following were recommended specialties for Berri:

- Mental health
- Chemotherapy
- Paediatrics
- Obstetrics
- Renal dialysis
- Rehabilitation
- Orthopaedics.

A well attended consultation session was held with the Riverland medical workforce (general practitioners, Riverland Division of General Practice & resident specialists) on 31 January 2008, which included a presentation on HARDS bed modelling and a discussion on the required specialties and workforce strategies. The supported specialties for resident specialists were:

- General surgeon
- Orthopaedic surgeon
- General physician
- Anaesthetist
- Obstetrician/ gynaecologist
- Psychiatrist

Other visiting specialists needed were:

- Urology
- Geriatrics & psychogeriatrics
- Ophthalmology
- Paediatrics.

The release of the draft CHSA Health Care Plan in June 2008 outlined the main areas for health system reform, including Country General Hospitals, in which Berri was named one of the four designated General Hospitals in CHSA. In July 2008, the draft plan was withdrawn by the Minister for Health due to community concerns. However, due to public support expressed for the Country General Hospitals, a commitment was made to retain these. The Riverland Division of General Practice had noted its support for the Berri General Hospital.

A public consultation meeting was held on 2 December 2008 to discuss the draft Strategy for Planning Country Health Services in SA, which was attended by the Minister for Health, CHSA Chief Executive and executives and representatives of Health Advisory Councils (HACs), local Councils, Riverland Division of General Practice (RDGP) and Riverland health units. The Country General Hospital at Berri was one of the meeting topics.

The Minister released the final Strategy for Planning Country Health Services in SA in December 2008 and this document outlines the role and service delineation for the Country General Hospitals.

The CHSA Chief Executive attended the Berri Barmera Council meeting in May 2009 and provided a presentation on the "Implementation of the Strategy for Planning Country Health Services in SA", including the Berri General Hospital.

Berri General Hospital Redevelopment Steering Committee

The inaugural meeting of the Steering Committee was held on 9 December 2008, with six meetings held to date. In addition to staff from CHSA, Riverland Regional Health Service, local Riverland health unit corporate DONs, Statewide Service Strategy and Asset Services, there are external stakeholder representatives of Health Advisory Councils, Riverland Division of General Practice, resident specialists, General Practitioners, Flinders University Rural Clinical School, SA Ambulance Service and SA Pathology (IMVS). This committee has continued to evolve in membership as additional stakeholder representatives join.

Dr D Rosenthal, member of the Country Clinical Governance Committee (CCGC) presented the CHSA Model of Care to the Steering Committee on 30 March 2009. Mike Hartfield (Consultant Health Planner) has met with Berri General Hospital Steering Committee on several occasions to discuss concept master plans.

A full time Redevelopment Project Officer has been employed from early July 2009 for a period of 3 years (or until project completion). This position plays a key role in linking internal and external stakeholders and users with the project design process.

Riverland Stakeholders

The Redevelopment Project Officer and Director, Riverland Health Services have held initial meetings with Loxton, Waikerie, Renmark, Barmera and Berri General Practitioners, the resident obstetrician/gynaecologist, resident general surgeon and Riverland Division of General Practice, managers of SA Ambulance, SA Pathology (IMVS) and Flinders University and four Riverland health unit leadership groups.

A monthly "Redevelopment Report" update is now included in the fortnightly Riverland Division of General Practice GP newsletter.

Health Advisory Councils (HAC)

The CHSA Planning Projects Team member met with all Riverland HACs in May 2009 regarding service planning. A HAC Liaison Project Officer was employed from June 2009 to support the HACs in 10 year local service plan consultations. The Berri General Hospital Redevelopment Project Officer worked closely with the Liaison Project Officer in relation to consultation with HACs, the community and development of the 10 year local plans.

Other Clinical Consultations

Meetings and phone discussions have been held with CHSA Aged Care and Mental Health directorate staff, CHSA Senior Allied Health Advisor, Director Community and Allied Health Services, Mt Gambier Chief Pharmacist, Rehabilitation Clinical Network Manager and CHSA Chief Medical Advisor.

Presentations and discussions have been held with the CHSA Country Clinical Governance Committee, including draft service delineations and bed modelling.

The Steering Group members emphasised the importance of the detailed work on the operational models of care for individual services e.g. maternity, peri-operative, emergency, palliative care. A series of statewide working groups were formed for mental health model of care implementation. Clinical education and training has been flagged as a key issue.

The parameters for the working groups included clinical links within the region's services and with metropolitan services, as well as within the Berri General Hospital itself. Detailed Model of Care documents have been completed to outline specific models of care at Berri General Hospital and in detail how each model will function. These working groups completed the bulk of their work in early 2010, to inform the work of the design team at Berri.

Riverland Health Services - Internal

The Project Manager has met with a number of departments and staff groups and feedback forms were distributed for staff to complete. Redevelopment issues have been documented for consideration in the work of the design team.

A redevelopment representative group has been established within RRHS which will liaise with the architects during the planning stage and disseminate information to staff and stakeholders.

Feedback received

Some comments from consultation with stakeholders and community were:

- Some double ward rooms to remain
- Replace the Hydrotherapy pool
- Will TVs be provided to patients
- Inclusion of artwork, calming colours using four elements – earth, water, fire, sky

Comments from SAPOL include:

- Family room, quiet room for relatives/ friends of deceased persons
- Secure interview room to interview /take statements from associated people relating to crime scene investigations

SA Ambulance discussion points include:

- Entry and exit points for Ambulance vehicles
- Layout of A&E

A sample of comments from staff include:

- Replace all carpet with vinyl
- Family friendly play/waiting areas
- Repair hydrotherapy pool
- Sound proof labour ward
- Public toilets in ward area
- Secure car parking
- Storage - Adequate storage for every piece of equipment and storage for equipped trolleys. More store rooms for equipment (outside and inside)
- Consolidate consulting areas and reception areas
- Relocate linen and waste delivery and disposal location closer to wards.

8. Summary of Impacts and Analysis

8.1. Economic Factors

As required by the SA Government's Industry Participation Policy, a Local Industry Participation plan will be prepared to provide for fair opportunity for South Australian industry to tender for all aspects of the project.

Regular reporting on local industry participation performance measures will be undertaken.

The projected useful life of the redeveloped facilities is 20 years, which ensures ongoing employment for local people within the facility and services provided to the community into the future.

Positive Impacts

- This project will continue to generate a range of building works that will potentially support local businesses and industry.
- Positive employment impacts for the Riverland in expanded health services and staffing
- Reduced travel by residents to Adelaide for health services
- Some extra capacity for student placements – encourages local students to train as health professionals
- Improved health service staff retention, due to good facilities and team approach; recruitment cost savings
- Sustainable health services may increase population retention
- More accessible treatment services and increased illness prevention may improve uptake and overall health status, with increased individual capacity to engage in productive work
- Expanded rehabilitation services may reduce residual disabilities and need to rely on support payments and services.

Negative Impacts

- Expanded health infrastructure in one town may compete with other units for sustainment funding
- Some increased transport costs incurred in moving clients between health facilities to access specialised services
- Lost opportunity for cost efficiency with maintenance due to retention of some older health service buildings.

8.2. Social Factors

The following provides a general indication of social and health needs in the Riverland:

- Indicators for the social determinants of health consistently predict lower levels of health and wellbeing for the Berri and Riverland catchment population than for the other parts of the region and the State.
- SEIFA scores of relative disadvantage demonstrate that Berri (961) and the remaining Riverland SLAs (927 average) score well below the state average of 994.
- The number of people per General Practitioner in the Riverland SLAs is 1,440 per GP, which higher than the state average of 1,296.
- The premature mortality rate for "all causes" for the 0-74 age bracket is 345.9 (per 100,000 populations) compared to Country South Australia 318.6 and well above that for the whole of Australia 290.4.
- The major causes of premature mortality in the Riverland are cancer and diseases of the circulatory system, similar to Country South Australia and Australia as a whole.

The alignment of the desired state for Berri General Hospital to the SA Strategic Plan is as follows:

Provide high quality and efficient health care services that directly align to patient, carer and family needs by:

- Increasing the capacity and complexity of services able to be delivered in the Riverland
- Improving the functionality within and between service areas
- Redesigning services and models of care within the Riverland health service network to meet current and future health needs of the catchment population
- Streamlining services and reducing unnecessary delays, overlaps and duplication
- Re-engineering services to maximize integration, coordination and responsiveness so that, for example, appropriate information technology will provide accurate, efficient and confidential sharing of client and service data.

Positive Impacts

- Enables implementation of new patient centred service models which meet community expectations
- Improves access to health services for Riverland residents, reducing the stress of travel to Adelaide
- Delivers a modest increase in service capacity and contributes to matching of health services to community needs
- Enables implementation of expanded services, particularly mental health and rehabilitation services
- Improves access, and creates more user friendly facilities for staff, patients and visitors to the health service
- Expansion of preventative services may lead to improved health in the community
- Expanded rehabilitation services may reduce residual disabilities and improve quality of life
- Reduces space congestion in emergency department
- Supports increased theatre workload to be managed safely
- Achieves a secure environment for children in hospital using facility design
- Some extra capacity for student placements – encourages local students to train as health professionals

Negative Impacts

- Some inconvenience and disruption for clients and staff during building works
- Clients may still need to travel within the region to some specialised services
- Not able to achieve opportunity to improve client access by implementing GP Plus concept & service partnerships with teaching medical and dental clinics at this time.

8.3 Environmental Factors

Positive Impacts

- Some refurbished space is designed to higher environmental standards
- Decreased energy consumption and greenhouse emissions by targeting 5 star for new build works and application of EDS principles to refurbishments
- Increased energy efficiency – target 15%
- Reduced water utilisation. Target 30% reduction in water usage
- Utilisation of solar hot water systems

Negative Impacts

- The redevelopment does not address the need to replace some ageing infrastructure with higher energy costs, which will increase over time.

9. Mitigation Solutions

Areas of potential negative impact which may require management solutions include:

- A staged approach to the building works and good public information to ensure that services at Berri can be maintained and disruption to clients and staff minimised during the construction phase.
- Infrastructure sustainment funding for health units is carefully prioritised using a planned approach to upgrading and replacement.
- Efforts will continue through an interagency partnership approach to enhance intra-regional transport services and options for clients
- Riverland Health Services and general practitioners across the five towns, other local and metropolitan health service providers will continue to strengthen the clinical service networks which sustain a skilled health workforce and maintain quality and safety standards.

10. Coordination

Representatives from the Department of Transport, Energy and Infrastructure, Country Health SA, Department of Health Asset Services and Riverland Regional Health Services will be involved at various levels throughout the life of the redevelopment in the project Integrated Management Team and Executive Leadership Teams.

The managing contractor for the redevelopment, Redevelopment Project Manager and the Integrated Management Team will liaise with local Councils, community groups, local contractors and key stakeholders during detailed documentation of the design and building phases to ensure they are well informed and engaged regarding redevelopment activities.

A Communications Plan has been developed for the redevelopment, which includes local Councils within the targeted key stakeholders.

11. Local Government

It is anticipated there will be no significant impact on local Council resources. Local Government has been engaged via face to face meetings and emails to ensure that a clear line of communication is maintained between the Health Service and the Berri Barmera Council.

Specific discussions with Council to date have covered planning issues such as trees, stormwater and effluent easements, water usage, building storey restrictions and car parking.

12. Preferred Option

The preferred option is to redevelop Riverland Regional Health Service at a capital cost of \$41 million to achieve the following:

- A redeveloped operating theatre suite with 2 operating rooms and 6 stage 1 recovery spaces
- A redeveloped Day Procedure Unit, configured to use one of the two theatres, with 10 multipurpose chairs able to be flexibly used for Stage 2/3 recovery and chemotherapy treatment
- A 4 chair renal dialysis unit
- A redeveloped CSSD
- A redeveloped and expanded Emergency Department
- A new access corridor to link with the existing ward
- A 6 bed expansion of the existing acute inpatient unit (all single bedrooms with dedicated ensuites) for Mental Health
- Provision of new ensuite accommodation to all bedrooms
- The refurbishment of selected areas of the existing inpatient ward and points of interface with the new pod additions
- The provision of approximately 500m² of new ambulatory care space, which accommodates shared rehabilitation facilities and frees up space for the projected additional therapy staff required on site
- An investment in priority site infrastructure upgrading
- Relocation of the existing stormwater easement
- Enhanced car parking on site.

Department Contact:

Tom Neilson
Director
Riverland Health Services
Country Health SA
SA Health

tom.neilson@health.sa.gov.au

Ph 8580 2450