



Design Report

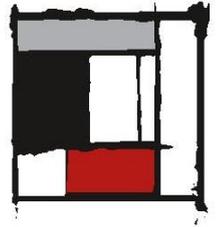
Client: **Macquarie Health Corporation**
Project: **Alterations and Additions to
President Private Hospital**
369-381 President Ave
61-65 Hotham St, 2-4 Bidurgal St
Kirrawee NSW 2232

Project No: MACHEALTH-06
Friday, March 15, 2019

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Design Report

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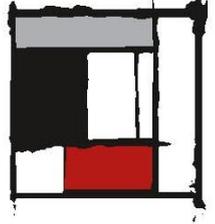
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Issue:

Issue No	Description	Issue Status
1	Draft for comment	Draft
2		Draft
3	SSLPP	Final



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1. Purpose of Design Report

Identification of shortfalls in the current arrangement of the hospital

To document the logic behind the proposed entry arrangement for President Private Hospital and necessary demolition of the cottage on No 63-65 Hotham St.

To document the alternatives explored to determine if the cottage could be retained.

2. Design Parameters

Hospitals require the easy movement of patients, staff and visitors throughout the buildings, from vehicles including ambulances, patient transport and private cares and externally to public transport.

To achieve this access must be level and where changes of grade are required lifts used rather than stairs or ramps as the primary means of grade changes. Lifts slow movement and should be avoided where delay may impede patient safety.

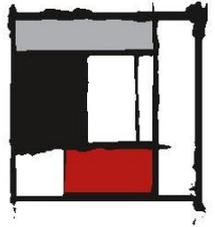
Operating theatres are a central hub of the hospital and where they include day surgery a large number of patients and visitors must be provided for. Patients may be unsteady when arriving and leaving day surgery. Transit between day surgery and patient drop off should be as direct as feasible. Operating theatres are expensive and integrated technical advanced areas and cannot be relocated.

Patient privacy, safety and dignity is paramount. Where patients are moved around the hospital this should generally not be through public areas or outside the confines of the building

3. Current Deficiencies

The initial review of the current hospital arrangement highlighted the following deficiencies to be addressed in the redevelopment:

- No weather protection for patient drop off
- Non-compliant ramp from car park to hospital entry
- No compliant pedestrian entry from a public road to the hospital
- No compliant entry from a road to No 65 Hotham St
- No covered drop off for patient transport



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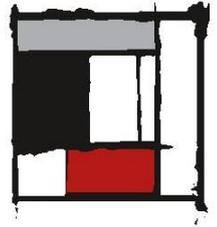
- No ambulance bay conforming to NSW ambulance service requirements
- Entry exit to east car park restricted due to proximity to intersection with President Ave
- No access from main patient car park (east car park) to out-patients facilities. Minimal and non-compliant parking for out-patients using the west car park
- Non-compliant access from hospital to rehabilitation treatment in No 65 (Hotham House). The use of external ramps has required the addition of one full time staff member to move patients between the hospital and rehabilitation. Taking valuable staff away from patient care. The difficult access exposes staff to unsatisfactory conditions leading to a significant staff injury.
- Necessity for patients to be transported outside the building for treatment in Hotham House and hydrotherapy pool.
- Patients being transferred do so through the main reception. Lack of dignity for patients in being wheeled on trolley through public areas.
- Multiple entries to hospital creating security risk
- Inadequate corridor width for the transport of patients from in-patient rooms to operating theatre in several areas.

4. Relationship of Existing Buildings

The arrangement of the buildings at President Private Hospital has evolved as adjacent builds become available rather than being planned. The main hospital building is on a single level and relates well to the surrounding topography.

To this has been added a cottage to the south west used as day patient treatment, hydrotherapy pool to the north west, cottage on No 63-65, cottage on No 61 and two cottages on Bidural St plus an number of out buildings. The floor levels of these outbuildings do not relate to the main hospital building.

The aim of the master plan being undertaken is to expand the hospital in-patient accommodation, improve operating rooms and integrate these divergent buildings into a modern efficient hospital providing the best of patient care, improved staff retention and expanded range of services to the local community.



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5. Conflict with Hotham House

Integration of the cottage at No 65 into the hospital was considered with a range of uses from patient treatment to staff training to food services. Such integration would require the building to be upgraded to comply with the current requirements of class 9a of the National Construction Code.

David Blackett of Blackett Maguire and Goldsmith have been engaged by Macquarie Health Corporation to provide expert advice of achieving compliance to the National Construction Code. They have not completed a complete assessment of upgrade requirements for Hotham House as its retention was not considered feasible. However likely upgrades if it were to be integrated into the hospital would include replacement of doors to provide required widths, replacement of ceilings to achieve fire ratings, installation of fire sprinklers etc. These will have a detrimental impact on any heritage value of the building.

Physical integration is difficult due the height difference of 1820mm between floor level of the hospital and Hotham House. Ramps such as those currently existing are not suitable for rehabilitation patients undergoing treatment to use unaided and require additional staffing. Less than ideal access is a discouragement to ongoing treatment and divorces the treatment area physically from patients.

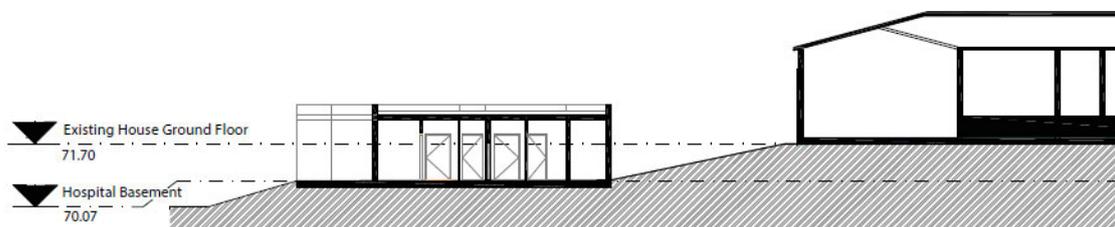


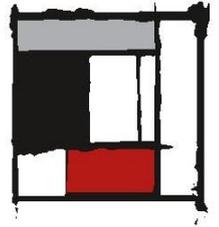
Figure 1- Relationship of No 65 to Main Hospital

For these reasons Hotham House has not been recommended as desirable for patient treatment uses.

Consideration was given to non-medical use as food services and possible public café. Hotham St is not a prime frontage, the existing café on site is not heavily patronised and Hotham House would represent a sizable expansion of this café. Demand for such a facility does not exist in the community.

6. Potential Site Access

The starting point for the master plan was the relationship of the operating theatres to reception to public entry to car parking to street access. The vast majority of patients arrive by private car or patient transport. Recognising the



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location of the operating theatres would not change possible entry points were explored that provided direct and level access.

These were

- North east corner of the hospital Hotham St
- South west corner via President Ave

As indicated in the diagram below

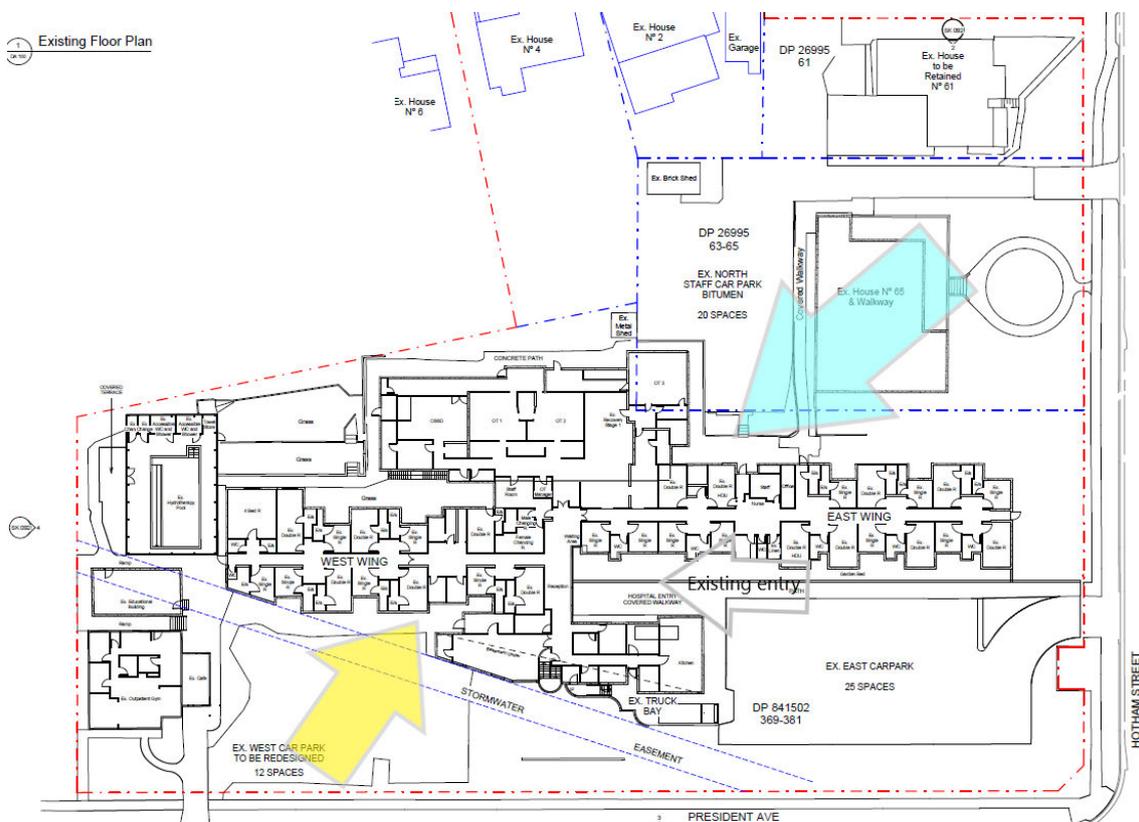
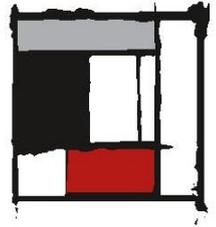


Figure 2: Possible site entry points

A third option of entry off Bidurgal with entry at the first floor level was rejected due to traffic considerations for Bidurgal, impact on adjacent residences and need to transport day patients down one level to surgery.

Retention of the current location for the entry was explored but rejected due to 1.8m height difference to the main hospital floor and limited vehicle manoeuvring space.

The two options explored in detail were:



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South West Option

The south west option requires increased access to President Ave and has minimal vehicle manoeuvring space between the existing hospital and resident Ave. Access to President Ave will be via left in left out only. Those coming from Cronulla would need to turn right at Hotham proceed west along Bidurgal and then left onto President Ave to access the patient drop off. Provision of additional parking for the hospital expansion is not possible. The significant stormwater easement and potential flooding issues restrict options for use of this area.

North East Option

The option to the north east has level access from Hotham St. Hotham St has a signalised intersection allowing travel east or west on President Ave. There is ample vehicle manoeuvring space and the residential properties owned by the hospital to the north allow expansion of parking provision as required

The option of having an entry drive off Hotham St between the hospital and No 63 into the exiting north car park was explored. The grade difference is 3m at this location which is impractical for a drive and necessary excavation would likely negatively impact the structural integrity of No 65.

The option of coming around to the north of No 65 and entering via the north car park was also explored. The fall in the north car park back to the hospital is over 2 m which is not feasible for access for patient drop off. Vehicle manoeuvring between the hospital and rear of No 65 is insufficient to provide a turning circle for most vehicles.

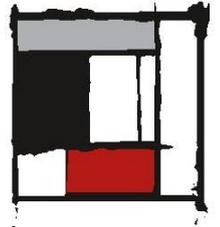
Based on the above vehicle and pedestrian access from Hotham St to the north east corner of the existing is the preferred option with removal of the cottage on No 63-65 Hotham St.

7. Site Planning

Arrangement of the new building mass on the site to accommodate the desired expansion of services offered to the Sutherland Community were explored having regard to possible site entry points and design parameters established under 2-Design Parameters.

South West Option

Reducing internal travel distances suggest development in this option would be concentrated to the south and west of the site. This is in close proximity to the neighbouring single storey residences along President Ave and Bidurgal St. The work would require considerable modification to the existing hospital due to the lack of unbuilt area and restriction imposed by the stormwater easement. This



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option would cause considerable disruption to the hospital and neighbours during construction.

North East Option

With removal of the houses on No 61 and No 65 Hotham this allows expansion of the hospital over relatively level and unallocated site. This option also opens the possibility of bridging the existing building to build over the east car park along President Ave. This provides a compact footprint for and efficient hospital with no impact on adjacent residences.

The north east option is the preferred as it provides a better level of patient care in a more efficient footprint with less disruption to the existing hospital and less impact on neighbours.

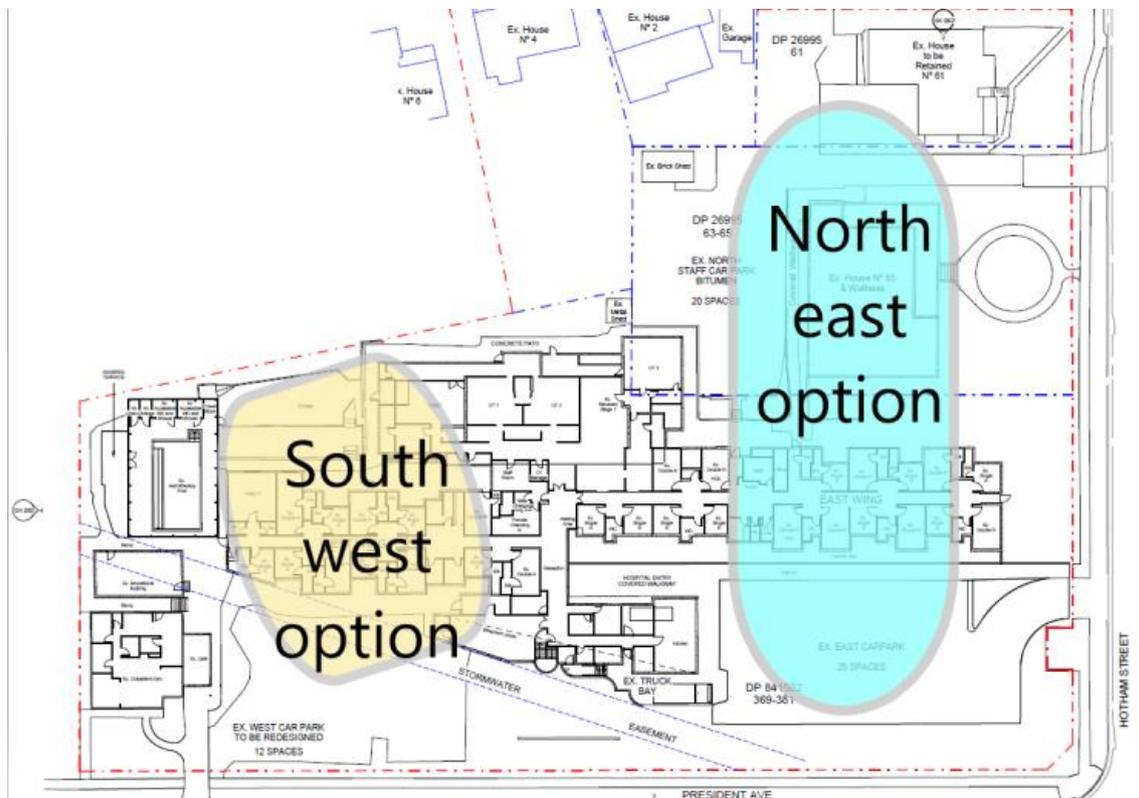


Figure 3: Options for expansion of the President Private Hospital