



Business Case Proposal For Horowhenua/Otaki Health Services

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For
MidCentral District Health Board

VOLUME II

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BUSINESS CASE PROPOSAL FOR HOROWHENUA/OTAKI HEALTH SERVICES

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1.0 DEVELOPMENT OF BUSINESS CASE

The Models of Care Report (**Part C**) outlined five scenarios for the future of health service delivery in the Horowhenua/Otaki District. This document was circulated to all of the key stakeholders for discussion, and subsequently three workshops were held with the MidCentral Executive Group, the Community Steering Group and the Horowhenua Hospital staff in mid-August 2002. The goal of these workshops, facilitated by Grafton Group, was to get each stakeholder group to identify their preferred service delivery scenario. Section 1.1 below outlines the discussion at these workshops.

On the basis of these workshops a consensus was reached as to the preferred scenario going forward and this was then developed by Grafton Group into the draft Business Case. This was tabled at the November 2002 Board meeting of MidCentral District Health Board where it was agreed that it should form the basis of wider community consultation. Subsequently a formal consultation process was initiated in February 2003 (outlined further in **Part A** – Section 3.9) that called for public submissions on the proposals contained in the draft Business Case.

The feedback received during the formal consultation process is summarised in Section 1.2 below. This feedback has been incorporated into this final version of the Business Case.

1.1 Workshop Analysis

1.1.1 MidCentral Executive Group

The MidCentral Executive Group dismissed Scenario 1 and Scenario 2 from consideration. The financial analysis of Scenario 1 (Status Quo) showed that it was not financially viable going forward into the future. In addition, continuing with the status quo meant very limited potential to expand or enhance primary care services into the community, a priority for the DHB. While the financial analysis of Scenario 2 (Palmerston North Based Service Delivery) showed it would deliver a small surplus to the DHB, the ability of Palmerston North Hospital to absorb extra patient volumes was questionable. More importantly, this scenario would not meet the needs, or expectations, of the Horowhenua/Otaki community.

Scenario 5 (Incorporate Kimberley DI Requirements into Hospital Reconfiguration) was also dismissed from further consideration due to advice received from the Ministry of Health regarding the Kimberley Centre DI requirements. The Ministry stated that Scenario 5 was not a viable option. Kimberley patients in the Awatea Ward at Horowhenua Hospital would definitely form part of the resettlement project and therefore the ward would eventually be closed.

Scenario 4 (Reconfiguration of Horowhenua Hospital) was initially considered by some in the Executive Group to have merit. Retaining the current Horowhenua Hospital building would allow for future growth, if required, and the capital costs involved in reconfiguration were comparable with Scenario 3 (One Stop Shop). However, the majority of the Executive Group indicated a clear preference for Scenario 3. Building a new health facility would be the beginning of something new for both the community and the DHB. It would also create other opportunities that could be capitalised upon.

The configuration of a new health facility was discussed and the following comments were made:

- The provision of a Level 1 (after-hours) A&M clinic was supported.
- The potential for an after-hours 0800 number needed to be investigated further.
- GP collocation on the new health facility site should be encouraged as there was a need for more GP primary care services.
- The use of Maternity beds could be flexible e.g. they could be used for other patients if they were empty.
- There was no benefit in splitting the management of the beds in the new facility between both a MOSS (Medical Officer Special Scale) and GPs.
- The question of whether the current Horowhenua Hospital site was the best location for the new facility needed to be investigated, as it could limit the viability of components such as a retail pharmacy.
- The range of onsite services needed to be reviewed such as pharmacy, physiotherapy, dentist and mobile services.
- Options for the hydrotherapy pool need to be investigated, such as the possibility of the Council providing this.
- The role of nurse practitioners needs to be explored.

With regard to other elements of Scenario 3, the MidCentral Executive Group considered that the DHB should not physically provide transport but focus on coordinating existing transport services.

1.1.2 Community Steering Group

The Community Steering Group considered and discussed all of the service delivery scenarios. Scenario 1 and Scenario 2 were categorically dismissed as not being viable for a variety of reasons.

Like the MidCentral Executive Group, Steering Group members rejected Scenario 1 on the basis that it was not financially sustainable. They also concurred that continuing with the status quo offered little chance to improve services or address issues around current service delivery. Further, the current Hospital building had excess space and this was wasting resources.

Scenario 2 was unacceptable as it would greatly increase the difficulty people had in accessing health services. Palmerston North based service delivery would adversely impact on other service providers, such as the ambulance, GPs and midwives, as well as the local economy due to the loss of employment and skilled staff. This scenario would not meet the Government's objectives as outlined in the New Zealand Health Strategy, it would severely limit the opportunity for community input and partnerships in health, and services would inevitably be less responsive to community needs.

Scenario 5 was not a viable option, as outlined in Section 1.1. However, had the Ministry's response been different regarding the Kimberley Centre DI, then many in the Community Steering Group would have favoured this scenario. Given the Ministry's position was unlikely to change in the future the Community Steering Group were left to consider the different merits of Scenarios 3 and 4.

Reconfiguring Horowhenua Hospital along the lines outlined in Scenario 4 would have involved considerable capital costs. In addition, the financial analysis showed that this option would not completely eliminate the Hospital's operating deficit in either the short or longer term. Given that the options for the number of beds to remain in any reconfigured Hospital were similar to those outlined for inclusion in a One Stop Shop environment, the building of a new health facility emerged as the preferred service delivery scenario. The Community Steering Group emphasised, however, that this new facility must contain MOSS managed patient beds and maternity beds.

The configuration of the new health facility was discussed and the following comments were made:

- An A&M service needs to be established in the new facility using local GPs. An A&M needs to provide for all minor accidents and simple fracture plastering, 24 hours a day. Further, a GP managed observation bed needs to be included in the A&M design.
- The community must encourage local GPs to be involved in the new health facility environment.
- Provision must be made for potential growth in the design.
- Stakeholder participation in the design of the new facility is essential.
- The ambulance service should be located on the site of the new health facility.
- A helipad located adjacent to the site should be investigated.
- The management and usage of the beds needs to be flexible.
- Palliative care beds need to be considered.
- A hydrotherapy pool in the community is essential, but this does not have to be located at the new health facility.

The Community Steering Group considered that utilising the land at the current Horowhenua Hospital site was feasible for the new health facility. The residual

Hospital land could potentially be used for cluster housing and there was plenty of room for the collocation of complementary health providers such as Iwi.

With regard to other elements of Scenario 3, the Community Steering Group considered the provision of subsidised public transport to be important. They believed this should include services from Horowhenua and Otaki to Palmerston North as well as from Foxton, Shannon and Otaki to Levin. It was also considered essential that the Mobile Surgical Bus visit Levin as the district fits the criteria for its use.

1.1.3 Horowhenua Hospital Staff

The Horowhenua Hospital staff did not consider Scenario 1 and Scenario 2 to be viable options for reasons very similar to those of the Community Steering Group. In addition, they stated that neither scenario provided an opportunity for local governance of health services. Scenario 4 was the preferred option for some staff. However, the cost of reconfiguring the building and lack of ongoing financial viability meant that the majority of staff eventually settled on Scenario 3 as their preferred option. Again, Scenario 5 was dismissed from consideration due to the Ministry of Health decisions regarding Kimberley patients.

The configuration of the new health facility was discussed and the following comments were made:

- The minimum number of beds acceptable to staff was 24, with an additional 6 maternity beds (scenario 3d).
- There should be provision made for palliative care beds.
- It was important to have MOSS managed beds.
- The current hospital site was the preferred location of a new health facility as it provided room for expansion and would mean minimal decamping requirements.

1.1.4 Discussion

The selection of Scenario 3 by all three of the key stakeholder groups meant that this scenario formed the basis for the development of the draft Business Case. All of the comments by these groups regarding Scenario 3 were taken into account when considering the configuration of the new health care facility, as detailed in Section 2.0 below.

1.2 Formal Consultation Feedback

1.2.1 Submission Analysis

There were a number of key themes or issues that emerged in the 49 written submissions received on the proposals contained in the draft Business Case during the formal consultation process. This section is an analysis of these, appearing under topic headings. The topics are in not in priority order.

Otaki

There was a range of comments from respondents who specifically mentioned Otaki. Several felt that cross boundary issues, in terms of Otaki residents being able to access services from both MidCentral and Capital & Coast DHB, had not been sufficiently addressed through the Business Case proposals. In terms of whether the proposals focused on the health needs of Otaki, there was a split between those who said they were and those that were more sceptical as to whether the proposals would meet Otaki resident's needs. Ensuring access to services was the key theme that emerged and the subsidised public transport service was seen as important component in facilitating this.

Hydrotherapy Pool

Ten respondents (one of which was supported by 89 other people) made mention of the hydrotherapy pool. The clear theme expressed was that hydrotherapy services needed to continue to be delivered locally. However, there were mixed views on where hydrotherapy services should be delivered from. Most respondents felt that services could be delivered in an alternative location in the community, but several felt that a hydrotherapy pool should be part of the new health facility.

Kimberley Centre

Two respondents made comments expressing concern about aspects of the Kimberley Centre deinstitutionalisation process. This was less of a response than was expected based on the Steering Group's previous experience. It suggests that the community in general has a good understanding that the Kimberley Centre deinstitutionalisation is outside of the scope of the Horowhenua/Otaki Health Services Review. One person thought the existing Horowhenua Hospital should be used for Kimberley Centre residents, and the other felt that the local medical expertise regarding people with intellectual disabilities should not be lost as a result of the deinstitutionalisation process.

Transport

There were three key themes that emerged concerning the proposed public transport service. The first theme is that a public transport is a priority and that MidCentral District Health Board must follow through in terms of implementing the proposal and give it an adequate trial period. The second theme is that the public transport service needs to be well coordinated, especially with outpatient clinic appointments. The third theme concerned whether the bus service would be accessible and/or appropriate for the elderly, particularly for those who are frail or in wheelchairs. With regard to this last point, several people noted that the bus needed to cater for people in wheelchairs.

Several people noted that the transport proposal did not resolve after-hours issues. These comments related to people being able to access the proposed after-hours Accident and Medical Clinic in Levin or being discharged late at night from Palmerston North Hospital. Two respondents disagreed with the proposals

– one stating that it should not be subsidised by taxpayers through a regional council subsidy and another stating that transport was a social not a health issue.

Services

The vast majority of respondents felt that the proposed services were either the minimum required or were comprehensive enough to meet the needs of the community. However several people expressed a certain level of scepticism or doubt that the services, as proposed, will actually be delivered. This no doubt reflects some lingering distrust in the community over historical issues concerning the provision of health services in the district.

Several respondents specifically stated that services for the elderly are a priority due to the demographic profile of the district. A number of services were mentioned in relation to the elderly that respondents said needed to be strengthened or provided for. These included community/domiciliary services, home help, low cost podiatry services, continence services, and a skin clinic. One respondent felt that services should be for a wider age group than just elderly while two others stated a need for more adolescent services and a children's dental clinic.

With regard to the A&M Clinic, two respondents expressed concern about the safety of the Triage Nurse working alone at night without support staff nearby and two respondents stated that the proposed level of A&M service was not extensive enough. One other noted that the community needed to be informed of the level of service to be provided in the A&M and who should go there for help.

Three respondents stated there was a need to strengthen services for people with diabetes, especially in Otaki and Foxton. More specifically, they stated that these communities needed to have access to a diabetes nurse educator and a dietician. Two of these respondents represented diabetes organisations.

There was concern expressed by two respondents regarding the availability of community-based providers for continuing care etc. and the level of care that they provide.

In general, respondent's comments on the services to be provided focused more on community and outpatient services rather than inpatient services. Several noted that outpatient clinics needed to be accessible and well timed. Further, district nursing and mental health services needed expanding, and a greater focus was required on preventative health services.

Surgical Bus

There were mixed views from the 10 respondents who commented on the mobile surgical bus proposal. One theme that emerged was a concern over the clinical safety of the service, particularly with regard to post-operative recovery. It was noted that many elderly people have no support at home, therefore district

nurses would need to look in on them after surgery to make sure they were recovering well.

Another theme concerned the funding for the mobile surgical bus service. One respondent stated that the service should not draw money away for other services that may be a higher priority. One respondent questioned where the funding was coming from for the bus and another felt that it would be one of the first services to be dropped if MidCentral was short of funds.

Four respondents (one of whom was supported by 89 other people) explicitly supported the proposal for the mobile surgical bus.

Facility

Five respondents questioned why Horowhenua Hospital could not be reconfigured, thereby utilising an existing community asset.

One respondent (supported by 89 people) stated that the new health facility should be a single level building. Several other respondents focused on specific design and equipment aspects of the new facility.

With regard to the location of the new health facility, 6 respondents (one supported by 89 other people) expressed a preference for the new health facility to be located on the existing hospital site and two respondents expressed a preference for a more central location.

Trust

The overwhelming majority of respondents supported the establishment of a Community Trust, as outlined in the proposal.

The one clear theme that emerged in respondents comments about the trust was that to be effective its members needed to be carefully selected and that there needed to be a balance between democratic representation, with a broad cross section of people elected, and expertise. Several people expressed the view that having a trust was good as long as it did not divert monies out of health service delivery while others stated that to be effective it needed funding and some staffing resource to coordinate the activities of the trust and act as an advocate.

There were a couple of reservations expressed with regard to a trust that took over service delivery from MidCentral Health. One respondent said that the Trust would have no guaranteed funding stream to provide services and would compete with other health providers. Another respondent said that the responsibility for health service delivery is with central government.

Financials/Deficit

The question in the community consultation booklet regarding whether the measures taken to reduce the deficit were appropriate and whether there were

any other ways that the deficit could be reduced generated a mixed response from respondents who made a specific comment.

Two respondents said that there were too many managers paid high salaries within MidCentral District Health Board and that this needed to be rectified and two respondents said that reconfiguration of the existing hospital would have been a cheaper option. There was concern expressed by one respondent about whether operational budgets would be sustainable and how the proposed new services would be financed. This same respondent was concerned about what would happen if no capital funding were granted for the project. With regard to capital funding one respondent stated that there was the opportunity for the community to raise equity locally and another said that the cost of the proposed new GP facilities must be met fully by the GPs themselves.

Summary

Overall, 33 respondents (one supported by 89 other people), including 10 representing organisations, were supportive or positive about the proposals. Five respondents, including two representing organisations, were not supportive or negative about the proposals. Six respondents, including two representing organisations, had mixed views on the proposals. Some respondents gave insufficient information for a judgement to be made about their overall views on the proposals.

1.2.2 Analysis of Meetings and Hui

At each meeting held during the formal consultation process, people were encouraged to make written submissions. However, recognising that not everyone would take that opportunity, notes were taken of the key questions, concerns or comments made so they could be incorporated into the overall feedback. The topics are not in priority order.

Otaki

At two of the public meetings in Otaki cross boundary issues were raised. Some participants called for Otaki to be included in Capital & Coast DHB's territory, but the general feeling was that Otaki residents should continue to have a choice as to where they accessed services. It was also raised that MidCentral DHB needed to consider the potential flow on effect if Otaki residents chose to register with a PHO south of the MidCentral boundary. There was general agreement that the some of the proposed services would benefit Otaki residents, particularly the establishment of a trust, the mobile surgical bus, subsidised public transport service (provided it was well coordinated) and better primary care.

It was noted that the Outpatients Department at Palmerston North Hospital needed to be aware of the travel obligations of Otaki people when scheduling appointments.

Hydrotherapy Pool

Attendees at the public meetings in Foxton and Foxton Beach expressed the importance of retaining hydrotherapy services in Levin. Attendees at three of the Levin public meetings supported the continuation of hydrotherapy services in some form, as did the Community Steering Group.

Kimberley Centre

The issue of the Kimberley Centre DI was raised at most public meetings where people expressed concern about the process and the quality of care that ex-residents will receive.

Transport

The key theme that emerged in the public meetings and at the hui with Muaupoko Tribal Authority was that the proposed transport service, while supported, needed good coordination, especially in terms of scheduling bus timetables to coincide with outpatient clinic times at Palmerston North Hospital. Some specific things were mentioned in relation to the transport service. These were that it needed to service the Foxton Beach area, that an appropriate waiting area was required at Palmerston North Hospital for people using the bus, that it needed to be user friendly and cater for people who are disabled or have mobility problems, and that there needed to be a criteria in place for its use to prevent other groups (such as students) from using it.

Services

The need to strengthen services for people with diabetes and/or who were on dialysis was mentioned at two public meetings and at the two hui with iwi.

With regard to the proposed Accident and Medical Clinic, both public meetings in Shannon expressed the view that residents would be unlikely to use the service, going instead to Palmerston North for care. Some specific issues were raised in relation to the Accident and Medical Clinic. These included the need to consider that elderly people sometimes have toll bars on phones when setting up phone triage system and the extent to which the service could adversely impact on GP practices if people waited till closing time to get free care. Both the Steering Group and attendees at one of the Levin public meetings said that it was important that the form and function of the A&M service be well advertised so that people know exactly what is provided.

Attendees at three of the public meetings expressed concern about the ability of private providers to deliver the same standard of care to continuing care residents as that currently provided at Horowhenua Hospital.

Attendees at two of the public meetings raised the issue of Meals on Wheels. There were concerns about the quality of the meals if they are no longer to be cooked at the Hospital. Also, the needs of diabetics needed to be considered regarding delivery times for meals.

At three Levin meetings attendees advocated for a firmer commitment from the GPs to collocation at the new site. These people did not regard the current “agreement in principle” as sufficient.

With regard to specific services, one person at a Levin public meeting suggested that there be provision in the new health facility for a community dentistry service. Attendees at another meeting stated that more outpatient clinics in Levin were required and 24 hour district nursing service. Muaupoko Tribal Authority said a greater focus on youth services was required.

Surgical Bus

The public meetings were generally supportive of the inclusion of the Mobile Surgical Bus in the proposal. There were some exceptions. At one Levin meeting the view was expressed that waiting lists should not be compromised as a result of the bus. Further, some people felt uncomfortable about the idea of using the bus because of concerns over clinical safety.

There was a suggestion at one public meeting that that there needed to be a theatre built in the new health facility instead of having a bus. At another meeting it was suggested that the surgical bus was unnecessary as Horowhenua Hospital already had a theatre facility.

Facility

The subject of the location of the new health facility came up at most of the meetings. Generally there was a preference for the current location, and in some cases attendees were willing to sacrifice the GP collocation to retain the site. The noise factor associated with proximity to the main road was the most frequently cited reason for favouring the current site.

There were also a significant number of people who had no clear preference for location or who were happy to move. A variety of benefits of a new location were identified including a more central location with better accessibility, potential economic benefits from tidying up the southern end of town and the neutral territory afforded by a new site.

There were questions raised at a number of meetings about what would happen to the existing buildings and land if the new health facility was located elsewhere. There was an underlying concern that either the existing site would turn into a hazard and/or that MidCentral DHB would profit from the sale of what is still seen by many as a community asset.

Trust

There was general support for the creation of a Trust, with the exception of attendees at the meeting at Foxton Beach who believed it amounted to the privatisation of health services. At a number of meetings people commented on the need to ensure that the right skill mix was on the trust.

There was less support for the concept of a future move from the representation model trust currently proposed to the ownership trust model (where the trust owns and operates services). Some saw this as a logical next step whereas others were concerned about risk. In the interim, attendees at a number of the meetings called for the establishment of a trust whatever the outcome of the Capital Funding application.

Financials/Deficit

There were several specific comments made in relation to the financials and deficit. The staff stated that if the new health facility eventually does become standalone under a trust then it would still need to do purchasing through Palmerston North Hospital as it get a better bulk price from suppliers. Attendees at one of the Shannon public meetings stated that management overheads should be reduced. At one of the Levin meetings people expressed the view that MidCentral needs to ensure that any proceeds gained from the sale of the hospital land are reinvested back into the community.

Summary

Although some of the attendees at the public meetings arrived with a negative view about the proposals, most left supporting the proposals as outlined even if some lingering doubts remained as to their implementation. The Community Steering Group, Muaupoko Tribal Authority and Te Runanga O Raukawa all expressed strong support for the proposals.

1.2.3 Key Findings

The following points identify the community's response to the central changes proposed in the Business Case, as outlined in the community consultation booklet:

1. The community generally supports the transfer of most of the existing services from Horowhenua Hospital to a new purpose-built facility.
2. The relocation of existing continuing care residents to other residential care providers contracted to provide the same level of care did not cause concern from respondents.
3. The relocation of Kimberley Centre patients at Horowhenua Hospital to community based providers as detailed in the deinstitutionalisation plan did not create concern during the consultation process.
4. The establishment of a new after-hours Accident and Medical Clinic in the new health facility, in conjunction with local GPs, met with support.
5. The Mobile Surgical Bus proposal garnered responses regarding clinical safety and the possible impact on MidCentral District Health Board's

surgical waiting lists. This aspect of the proposal would require further evaluation.

6. The Community Trust proposal met with general support from the community. However, the mechanisms of representation met with a number of responses.
7. The collocation of General Practitioners to the new site also met with approval.
8. An alternative location for the hydrotherapy pool was generally supported. Clear support existed for service continuation.

To a lesser extent the following comments should be noted in the planning for the new facility.

1. Palmerston North Hospital's Outpatient Department will need to undertake further planning to coordinate clinic times with the subsidised public transport service schedule. Coordinating patient care between Palmerston North Hospital and the new facility needs to be a priority for the new facility.
2. MidCentral District Health Board needs to continue to work with Capital and Coast District Health Board to resolve cross-boundary issues for Otaki residents.
3. Services for people diabetes need to be strengthened in the district, particularly in Otaki and Foxton.

These findings have been incorporated into this final Business Case document, recognising that some of them require separate workstreams to be developed that will continue after the submission of this report to the Board of MidCentral District Health Board in June 2003.

2.0 Service Configuration

2.1 Objectives and Key Elements

As a result of the stakeholder workshops outlined in Section 1.1 above, Grafton Group developed a new service delivery configuration for the Horowhenua/Otaki district. This service delivery configuration has subsequently been amended as a result of feedback received during the public consultation process and by the Ministry of Health. In addition, revisions have been made a result of further work undertaken by Grafton Group in refining the proposed new health facility structure and site options. The intention of this new service delivery configuration is to:

- a) Create an environment that recognises a primary health care focus and Ministry of Health policy directives.
- b) Address the current financial deficit by providing new and innovative ways of delivering services.
- c) Provide a higher standard of facility than that which is currently operating.
- d) Create more efficient operational relationships between service delivery areas through facility design.
- e) Provide flexibility for responding to new service delivery demands.

The key elements of this new service delivery configuration are:

- The building of a new health care facility in Levin with 24 inpatient beds and 4 maternity post-natal beds.
- The addition of new services such as an after-hours A&M centre, the Mobile Surgical Bus and subsidised public transport to Palmerston North Hospital.
- The relocation of continuing care and Awatea inpatients to private care providers in the district.

2.2 Detailed Service Delivery Configuration by Department

Each service delivery area in the Horowhenua/Otaki District has been reviewed in detail to ascertain what services will be provided in the new environment, where they will be delivered from and what human resources will be required.

With regard to human resources, the staff mix and levels that appear in this report were determined by the previous Manager of Horowhenua Hospital, Jeanette Wylie, and an independent consultant, Irene Henderson. **Attachment F (Verification)** contains a letter from Irene Henderson detailing her expertise in assessing appropriate staffing numbers for a new facility of this type. In addition, Grafton Group has incorporated feedback on staff mix and levels received from Horowhenua Hospital staff and other MidCentral Service Managers into this document.

The more detailed description of the physical environment from which many services will be delivered is outlined in Section 3.0. This section concentrates on what services will be provided and the provisional staffing numbers and roles needed for each service delivery area or department. This is described below.

2.2.1 Inpatients

The new health care facility will have an inpatient department consisting of 24 beds. The decision to retain inpatient beds was based on the following:

- The AT&R and rural inpatient beds (currently 14 AT&R and 10 Rural Inpatients) currently in Horowhenua Hospital are an integral part of MidCentral DHB's secondary care capability.
- Bed availability at Palmerston North Hospital is extremely tight and it would not be possible for Palmerston North Hospital to absorb additional Horowhenua patients or additional bed days for existing Horowhenua patients. Therefore if there were no inpatient beds in Horowhenua MidCentral Health would need to establish additional beds at Palmerston North Hospital at a significant capital cost.
- The alternative to inpatient beds – intensive community based services – has been investigated. MidCentral DHB had experimented with a variety of ambulatory ATR services and concluded that geographical regions such as Horowhenua are not large enough to make them cost effective or sustainable. Further, the level of care provided in the community would be substantially less and the health outcomes of the population would reflect this.
- Staffing cover for inpatient beds is an issue in Palmerston North Hospital with nursing shortages frequently limiting bed availability. This is less of a problem in Horowhenua, which has been able to maintain appropriately trained and experienced nursing staff.
- The financial analysis in Section 6.0 shows that 24 beds is a sustainable option.

Day to day oversight of the inpatient beds in the new facility will be by MOSS, with consultant/specialist management of the majority of patient care. Although there has been some suggestion during consultation with various stakeholders that a portion of the beds should be GP managed, this is not considered an option from a financial point of view and impractical given the local GP workforce and workloads.

It is suggested that the inpatient beds be primarily utilised in the following manner, although with some flexibility depending on patient flows:

- 12 - AT&R
- 12 - General Purpose (post-op recovery/observation/palliative care)

People of any age should be able to be admitted into the General Purpose beds, while the AT&R beds are for those 65 years and over.

It is anticipated that some of the inpatient beds will be utilised, from time to time, for palliative care patients. Under a partnership arrangement, staff from Arohanui Hospice, as the region's palliative care specialist, would have clinical input into their care. The type of care arrangement anticipated by Arohanui Hospice is containing in **Attachment F (Verification)**, although no detailed discussions have been held as yet to confirm these.

Coordinating inpatient care between Palmerston North Hospital and the new facility will continue to be a priority for clinical staff at both sites in order to maximise health gains for the community.

The continuing care beds currently allocated to Horowhenua Hospital will be transferred to private residential care providers within the district. The potential for capacity has been identified either through existing providers responding or increased utilisation of existing facilities such as Westlake. The Awatea beds will be disestablished as a result of the Kimberley DI process.

The design of the inpatient department in the new health facility will provide greater privacy to patients, with 14 single rooms and 5 double rooms. While this is consistent with modern hospital design, it is noted that one of the drawbacks in having single rooms is the loss of patient observation (in rooms with multiple beds patients can observe one another and report any problems promptly to clinical staff) that helps enhance clinical safety. However, this drawback could be overcome with the use of appropriate technology, such as touch pads that register the movement of patients once they leave their bed.

The new inpatient facility also has a higher standard of amenity than that available presently, such as access to an outside courtyard and a dedicated whanau/family room. The addition of a kitchen/lounge area in this department will also allow for ADL assessments to be made in the ward and foster a more

domestic environment that will facilitate an earlier transition home for many patients.

An external contractor will provide lunch and dinner for the patients. The new facility will have a small kitchen/servery area where a domestic staff member will transfer the delivered meals to a bain marie for distribution into the ward. Breakfast will be prepared in-house by the domestic staff member who will also do the clean-up and dishes after all meals.

The provisional staffing numbers required for this service delivery area are:

INPATIENTS	
Job Title/Role	FTE
MOSS	2.9
RN Nurse	9.4
EN Nurse	7.0
Care Assistant	2.8
Ward Clerk	1.0
Clinical Nurse Co-ordinator (Incl. infection control)	1.0
Specialist	0.4
TOTAL	24.5

These staffing numbers are based on 24-hour coverage 7 days a week. While there are nurses in the ward 24-hours a day, it is noted that MOSS are only on-call after hours (their after-hours rates have been included in the financial analysis in Section 6.0). It is also noted that the MOSS and the RN Nurse FTEs listed above is inclusive of the staff utilised for the Day Hospital (0.625 MOSS and 1.0 RN), even though they will be physically located in the Community Support area. The domestic staff are provided for under the administration department outlined in Section 2.2.8.

2.2.2 Maternity

The new health care facility will have a maternity department consisting of 4 post-natal beds and one birthing suite. The post-natal rooms will be equipped with oxygen, entenox and vacuum pump so they can be used for birthing if necessary. The birthing suite will have a more clinical set up.

The Maternity Unit will provide primary maternity care and will be shared by the MidCentral Health Midwives, Independent Midwife Lead Maternity Carers and GP Lead Maternity Carers.

All secondary obstetric care will continue to be provided at Palmerston North Hospital, with the exception of the current fortnightly obstetric outpatient clinic that will be continued in the new facility. Antenatal and parenting courses, run by

the Parents Centre, will be held in the facility's communal meeting/seminar room that has external access after hours.

The Unit will be equipped with a patient kitchen/lounge and will have outdoor access to a private courtyard. A patient's family will also be able to utilise a dedicated whanau/family room. The design will provide a more intimate and homelike environment for patients. All meals will be provided for as detailed in the inpatient section in 2.2.1 above.

The provisional staffing numbers required for this service delivery area are:

MATERNITY	
Job Title/Role	FTE
Midwife	3.0
TOTAL	3.0

It is noted that the number of FTEs is insufficient to provide 1 rostered midwife per duty over a 24-hour period as per current practice. The proposed FTE numbers represents a significant change in staffing and work practice, and should this Business Case be approved, the Nurses and Midwives Collective Employment Contract management of change process would need to be invoked.

The domestic staff have been provided for under the administration department outlined below.

2.2.3 Outpatients

The Outpatient department in the new health facility will continue to provide a range of specialist clinics to Horowhenua/Otaki residents. As at present, the scope of these clinics is mostly determined by specialist availability rather than any space constraints. For those clinics not available locally, residents will still have to travel to Palmerston North Hospital.

With regard to Palmerston North Hospital Outpatient Department, it is recommended that MidCentral Health undertake further projects to improve scheduling of outpatient clinics for Horowhenua/Otaki residents and to generally improve public satisfaction with this aspect of hospital services.

It is envisaged that the following clinics will continue in the new health facility:

- Antenatal/Obstetrics
- Colposcopy
- Cervical Screening
- Diabetes
- Dietician

- ENT
- Geriatric Medicine (Elder Health)
- Gynaecology
- Hearing (Children)
- Medical
- Oncology
- Orthopaedic
- Orthopic
- Orthotic
- Ostomy
- Paediatrics
- Palliative Care
- Podiatrist
- Pyschogeriatric (Elder Health)
- Cardiac Rehabilitation
- Relationship Services
- Rheumatology
- Radiotherapy
- Surgical
- Speech Therapy
- Urology
- Wound Clinic

It is recommended that further investigation be undertaken by MidCentral Health to ascertain whether it is clinically and financially feasible for dialysis services to be provided in the new health facility.

It is noted that coordinating outpatient care between Palmerston North Hospital and the new health facility needs to be a priority task for the new health facility.

The Outpatient department in the new facility will have 8 consulting suites and 4 exam rooms plus two procedures room. It will be located next to the A&M department so its resuscitation equipment can be utilised in an emergency.

The Outpatient department will share the main waiting area at the entrance to the new health care facility, but will have its own separate reception desk.

In addition to the clinics delivered from the new health facility listed above, it is envisaged that the following outpatient clinics will continue in other locations:

Cervical Screening - Otaki Women's Health Centre – Thursdays

Diabetes Lifestyle - Otaki Community Health Centre – fortnightly
 - Foxton Family Health Centre - Monthly
 - Shannon, Himitungi and Tangimoana – house calls

Cardiac Rehabilitation – community

Day Hospital AT&R – community

The provision of more mobile outpatient services going into the community will need to be investigated further as again it will depend on specialist availability. However, it is highly desirable that additional clinics be provided at dedicated times and places in locations other than Levin, such as Otaki, Foxton and Shannon. In particular, services for people with diabetes need to be strengthened in these localities.

The provisional staffing numbers required for this service delivery area are:

OUTPATIENTS	
Job Title/Role	FTE
RN Nurse	1.0
EN Nurse	1.0
Admin/Reception	1.0
TOTAL	3.0

The Outpatient clinics utilise specialists from Palmerston North Hospital and are not included in the staffing numbers outlined above. However, if a Community Trust eventually takes over budget holding/service delivery from MidCentral DHB then the cost of these specialists' time would have to be included in the Trust's service delivery contracts with the DHB.

2.2.4 Accident and Medical

The new health facility will have an after-hours Level 1 A&M service added, to be run in conjunction with the GPs. **This A&M will have the same level of clinical service as an after-hours GP practice**, and will be equipped to do plastering of simple fractures. It will operate Monday to Friday between the hours of 6pm and 8am, the hours most GP practices are closed. It will operate 24 hours on Saturday and Sunday. It will see people who require care on an episodic basis and will have no registered patients.

The A&M will be initially staffed with an experienced triage nurse, with a MOSS on call till 10pm then GP on-call cover from 10pm-8am. This nurse will operate according to a set of triage protocols that will be established with the MOSS, local GPs, St John Ambulance and the Emergency Department at Palmerston North Hospital. This protocol will determine what level of care the triage nurse can provide and what the treatment options are for people in the district.

The patients will be triaged on entry (according to the protocol mentioned above) to determine whether they need to see a doctor, can be treated by the nurse or require other care options such as being sent by ambulance to Palmerston North

Hospital. If the patient needs to see a doctor they will be treated either by the MOSS or a GP. Based on information provided by the Manawatu Independent Practice Association (MIPA), the majority of after-hours call-outs occur before 10pm, therefore it is estimated that the MOSS will see the bulk of patients that require a doctor. This will considerably relieve the workload pressure that local GPs are currently facing.

[MIPA state that the number of GP after-hours call-outs on any given day in the Horowhenua district is currently between 10 and 20, with the average being 12. Therefore, for the purposes of this Business Case, it is estimated that there will be 12 visits to the A&M on weekdays and 15 on the weekend.]

The triage nurse will be located in the central 'hub' of the new health facility, but all patients will be treated within the A&M department. People requiring the A&M will be admitted into the building after ringing a buzzer outside locked external doors (with the nurse having a view of security camera images of people at the entrance for safety reasons).

The triage nurse will also answer after-hours calls diverted from any GP practices that choose to use the service. During busy times, this phone may be diverted to a national triage call centre, such as that operated by HomeCare Medical Limited. In order to maximise the use of the triage nurse in quiet times during the night, they will be equipped with a mobile phone etc. so they can act as a resource / help other nursing staff in different areas of the building as required. They will also control after-hours entry into the inpatient and maternity areas.

In future, the triage nurse position would be ideal for a nurse practitioner that was certified within the emergency and trauma scope of practice as defined by the Nursing Council of New Zealand. With this in mind, it is recommended that MidCentral DHB actively encourage the development and/or recruitment of a nurse practitioner for this role in the medium term.

With regard to the GP back-up, although their formal 'buy-in' has yet to be achieved, preliminary discussions with local GPs indicates that they are willing to work together regarding after-hours cover in such an environment. **Attachment F (Verification)** contains the minutes of a meeting with Horowhenua GPs, held on 5th September 2002, that clearly indicates their support for the A&M /triage nurse concept. It also contains a letter from the Tararua Medical Centre, dated 31 October 2002, indicating their wish to work in the new facility with a single after-hours A&M centre. However, should the GPs change their position the A&M could still operate on the following basis:

- The triage nurse still calls a GP if required but instead of the patient being treated at the A&M facility, they are sent on to the GP's private practice. GPs are required to provide after-hours care under their Section 88 contract so they would still have to treat the patient.

- Provision is made for a MOSS to be on-call all night, rather than till just 10pm.

The A&M department will be located next to support services such as radiology and laboratory and will share the waiting area with these services. It is estimated that, with the addition of an A&M service, there will not be a significant increase in after-hours callouts for radiology as GPs will continue with their current after-hours practice in terms of ordering an x-ray.

It is noted that if there is no collocation of a pharmacy within the new health facility, then small stocks of essential drugs may be required to be held within the A&M.

The patient charges for the A&M service are yet to be determined. If the new health facility is run by the DHB there are questions over whether it can charge fees for the A&M service. At this stage it is envisaged that a visit to the nurse will be free, with normal charges for an after-hours GP consultation. A charge for a GP consultation will encourage normal GP usage during the day, with people not waiting till after-hours to get a free GP service. However, the free triage nurse will help resolve access issues for people who struggle to pay GP charges, as they will only be referred to one if absolutely necessary.

It is recommended that a communication campaign be initiated once the A&M service is operational to ensure that the community has a high level of awareness about the level of care being provided. This could include information leaflets being sent to all homes throughout the district.

In the short term, a communication process needed to be initiated by MidCentral DHB to clarify the current after-hours arrangements for primary care in the Horowhenua/Otaki district to reduce the confusion apparent within the community that come to light during the formal consultation process.

2.2.4.1 Mobile Surgical Bus

This Business Case includes the addition of the mobile surgical bus service, as the Horowhenua/Otaki district qualifies for its use. This service will, in a small way, reduce the necessity for some patients to have to travel to Palmerston North Hospital for a surgical procedure. The Mobile Surgical Bus service is funded primarily through the Ministry of Health, which has contracted it for a five-year period. It typically pays surgeons and anaesthetists on a fee for service basis as they are contracted to work for the Bus on their 'own' time, and the extent of surgical procedures done in the Mobile Surgical Bus depends upon specialist availability.

Although this service is included, it is recognised that the proposal needs to be further evaluated in terms of its clinical safety and the possible impact on MidCentral DHB's surgical waiting lists. MidCentral DHB is reluctant to support a

service that bypasses its existing prioritisation process that determines a patient's access to surgery. This prioritisation issue could be addressed however if the mobile surgical bus took patient's from MidCentral Health's surgical waiting lists.

Depending upon the outcome of this evaluation the logistics of the service's operation will need to be worked through. However, the parking bay for the Mobile Surgical Bus would be located outside the A&M. When the Bus visits, for one day every five weeks, the observation and treatment areas within the A&M facility would be used for the transit and post-op recovery of surgical patients. This would not disrupt the normal operation of the A&M as it would not be used during daytime hours except for an emergency resuscitation.

The patient list would generally be generated from the outpatient clinics, in conjunction with Palmerston North Hospital.

The provisional staffing numbers required for the both the A&M/Surgical Bus service delivery area are:

A&M/SURGICAL BUS	
Job Title/Role	FTE
Triage Nurse	2.4
RN Nurse (surgical bus)	0.16
Admin (surgical bus)	0.08
TOTAL	2.64

The staffing numbers for the A&M are based on M-F 6pm-8am and Saturday and Sunday 24-hour coverage. The Mobile Surgical Bus numbers are based on staffing one day every five weeks using 4 RNs and 1 Scrub Nurse.

2.2.5 Community Support

The configuration of community support services will be similar to that operating at present, with the exception that there is no provision for a hydrotherapy pool for physiotherapy.

With regard to hydrotherapy, further work needs to be undertaken on the continued provision of these services given that both the Kimberley Centre and Horowhenua Hospital existing pools will close. It is noted that the capital cost of building a pool in the new facility is estimated at \$250,000, with operating costs per annum being approximately \$30,000 (incl. Depreciation).

In the short term, the precise costs and benefits of hydrotherapy services need to be evaluated, with further discussion after that as to the ways and means hydrotherapy services might be provided. Once this is completed it is

recommended that a joint project be established, between MidCentral DHB and the Community Trust (once it is established – refer Section 4.0), to develop a service.

In the new facility, physiotherapy and OT will share a gym space and both have been allocated sufficient storage for their equipment. It is noted that OT storage will need to be near external vehicle access as they frequently transport much of their equipment. There is provision for an OT assessment bathroom within the community support area, and other ADL assessments can be done in the inpatient kitchen/dining area.

The community support department will house the Day Hospital as its staff work closely with both the Physiotherapist and OT. Space has been allocated to the Day Hospital for 2 exam rooms, an interview room and an office. The main receptionist for the new health facility will be responsible for all of the assessment centre administration.

The Sexual Health Nurse will have an office, examination room and small waiting area in the community support area, located adjacent to the Mental Health Team, so that patients can use the more private Mental Health entrance if desired.

This department will also house the Medical Social Workers, District Nurses, Public Health Nurses, Meals on Wheels Coordinator, Dietician, Community Psychogeriatric Nurses, Neuro-Development Therapist, Diabetes Nurse Educator and Supportlinks Staff.

The District Nurses, Public (incl. Sexual) Health Nurses and Supportlinks will continue to provide services to people in the community throughout the entire Horowhenua/Otaki District.

It is noted that while the Diabetes Nurse Educator works in Horowhenua for 0.5 FTE, the role is an integral part of the MidCentral Health Diabetes Service Team.

There is the potential for the role of the Diabetes Nurse Educator to expand given the increasing rates of diabetes nationally, and particularly within the Maori population, which is a large percentage of the Horowhenua/Otaki district. This role would be ideal for a nurse practitioner, certified within the disease management scope of practice as defined by the Nursing Council of New Zealand. Therefore it is recommended that MidCentral DHB actively encourage the development and/or recruitment of a nurse practitioner for this role in the medium term.

An office/exam room has been allocated to the Diabetes FIELD study currently being conducted by the Diabetes Service in Horowhenua.

The new health facility will also have a quiet room/chapel located in the community support area. It is noted that the current Chaplaincy Service is not

funded though MidCentral DHB and therefore these costs do not appear in the financial analysis in Section 6.0.

The provisional staffing numbers required for this service delivery area are:

COMMUNITY SUPPORT	
Job Title/Role	FTE
Social Worker	1.4
Physiotherapist	2.0
OT	1.8
Physio/OT Aide	1.88
Supportlinks	3.5
District Nurse	4.4
Public Health Nurse	3.5
Sexual Health Nurse	0.4
Neuro-Development Therapist	0.8
Diabetes Nurse Educator	0.5
Community Psychogeriatric Nurse	1.6
Meals on Wheels Coordinator	0.3
TOTAL	22.08

It is noted that the current Horowhenua Hospital budget does not include the costs for many of the community support staff as they are included in other MidCentral budgets. However, the Business Case financial analysis in Section 6.0 includes the cost and revenue for these positions.

It is further noted that the 0.8 FTE for the dietician is not included in the above figures as this position is incorporated into the Spotless contract.

2.2.6 Mental Health

The Mental Health Team, including General Mental Health, Child Adolescent and Family Service (CAFS), Oranga Hinengaro (OH) and Alcohol and Drug (A&D), will be located in the new facility next to the Community Support Department at the far end of one wing. It will have a separate entrance to accommodate their clients' need for privacy.

At this stage, the new facility design allows for 18 offices, a large meeting/whanau room, a treatment room, a reception and waiting area, and 3 toilets, one of which can be observed by staff for clients taking drug tests. If the Horowhenua Hospital site is used for the new facility then the two existing houses near the proposed building site could possibly be used by Mental Health if further space is required. This may occur once the dual diagnosis Kimberley residents are resettled into the community and using Mental Health services.

It is envisaged that the services currently provided to the Horowhenua/Otaki district will continue, based from the new facility and delivered into the community.

The provisional staffing numbers are based on current levels allocated to Mental Health. These staffing numbers have been verified by Kate Dench, MidCentral DHB accountant:

MENTAL HEALTH - General	
Job Title/Role	FTE
Reception/Admin	2.0
Psychiatrist	0.6
Psychologist	1.0
MOSS	0.6
Registrar	1.0
Social Worker	1.7
CPN	3.6
OT	1.0
Team Leader	0.5
MENTAL HEALTH - CAFS	
Counsellor/Psychologist	3.2
OH	0.2
Admin	1.0
MENTAL HEALTH - OH	
CPN	2.0
MENTAL HEALTH - A&D	
Social Worker/Counsellor	1.4
Youth Worker	0.2
Medical Officer	0.1
TOTAL	20.1

It is noted that the current Horowhenua Hospital budget does not include the costs for the Mental Health staff as they are included in other MidCentral budgets. However, the Business Case financial analysis in Section 6.0 includes the cost and revenue for these positions.

It is noted that CAFS uses a Palmerston North Hospital based Psychiatrist who does not appear in these staffing numbers. In addition, OH uses the services of the Palmerston North Hospital Kaumatua.

2.2.7 Support Services

The new health care facility will house a Radiology Department and a Laboratory. These areas will be fully staffed during normal working hours and radiology will have staff on-call after-hours.

The Radiology Department will have two X-Ray rooms, one of which will eventually require new equipment.

All films will continue to be taken at the new health facility by the radiographer. However it is recommended that consideration be given to the reading and reporting of films being undertaken by a private radiology service on contract, due to the persistent complaints from the community about the time it takes to get the reading and reporting of films done at Palmerston North Hospital.

It is noted that if the reading and reporting of films were contracted out, then new procedures for the storage of films would need to be established to coordinate the medical records of those patients who had x-rays taken at both Palmerston North Hospital and the new health facility.

The Laboratory will take blood tests and urine/stool samples. These will then be collected and taken to Palmerston North to be analysed by Medlab, MidCentral District Health Board's contracted laboratory service provider.

Radiology will share a reception and waiting area with the Laboratory and the A&M as both will be located beside it.

St John Ambulance Service has confirmed that, 'in principle', it will collocate to the new health care facility. Their letter is contained in **Attachment F (Verification)**. Provision has been made in the new facility design for an external ambulance station, including parking bays and an office. St John will be charged a commercial rental for their portion of the facility.

The Levin GPs have indicated that they do wish to collocate to the site of the new health facility, depending upon a number of commercial considerations that are further outlined in Section 7.0, and their needs have been incorporated into the new facility design. They will be charged a rental for their portion of the facility.

The provisional staffing numbers required for the support service delivery area are:

SUPPORT SERVICES	
Job Title/Role	FTE
Radiographer	1.6
Radiologist	0.4
Lab Technician	1.0
TOTAL	3.0

It is noted that if the reading and reporting of radiology films is eventually contracted out then the staff FTEs outlined above would also change.

2.2.8 Administration

The new facility will have a streamlined administration that takes advantage of the physical building design. The main receptionist will be responsible for the Day Hospital/Assessment Centre administration, the orderly will also act as security personnel, the domestic will clean the facility, organise linen requirements, distribute food and clean up dishes etc. and one person will provide office support and act as a receptionist for radiology and the laboratory. From an infection control perspective, there is no problem with a domestic staff member doing both the cleaning and distribution of food.

There is provision for all staff facilities, such as showers, change rooms and toilets, kitchen/dining room and overnight room as well as a manager's office and a PABX/Server room. Medical records will be located near the main reception area, as will the orderly's room. There will be central storage for cleaning equipment and supplies and consumables.

A general purpose meeting/seminar room will be built with an external entrance so it can be used by both staff and other community groups.

The preliminary staffing numbers required for administration are:

ADMINISTRATION	
Job Title/Role	FTE
Facility Manager	1.0
Reception – Main	1.0
Orderly	2.8
Domestic	2.0
General Office/Clerical Support/Radiology and Laboratory Reception	1.0
TOTAL	7.8

2.3 Transition Issues

There are a number of issues involved in the transition to this new service delivery configuration. However, it is important to note that Horowhenua Hospital will remain open until the proposed health facility is fully operational. These issues include:

- **Shifting Continuing Care patients to alternative providers** – MidCentral DHB will have to award new contracts for continuing care to

selected private residential care providers in the district, in consultation with the patients and their families.

It is noted that there are several patients currently at Horowhenua Hospital that may be difficult to place in a private residential care facility. Clinical staff at Horowhenua Hospital have stated that there is a reluctance on the part of some private providers to take on very high needs patients, as they receive the same revenue regardless of the level of care required. Therefore high needs patients are more expensive for them. Although patients are not refused entry, the private facility does not provide the same level of care that they would receive at Horowhenua Hospital. Given this, the Ministry of Health will need to work with these providers to ensure that patients receive the appropriate level of care once transferred to a private facility.

- **Shifting Awatea patients to alternative providers** – MidCentral DHB will have to continue to work with the Ministry of Health and Life Unlimited regarding what alternative health care facilities each patient will be transferred to. The DI process is scheduled to take three years, but it is likely that, if it is approved, the new health care facility will be operational before then. Therefore there will be some urgency in resolving this.
- **Staffing** – The new health care facility will have fewer employees. This is a result of the closure of Awatea, the relocation of continuing care patients and greater efficiencies made possible by a more streamlined building design. It is noted that the specific changes to structure, staffing and work practices have not yet been finalised and that any redundancies and change of employment conditions will need to be worked through between the appropriate unions and MidCentral DHB management.

3.0 PHYSICAL ENVIRONMENT

This section outlines the key conclusions and recommendations pertaining to the physical environment of the new health facility, based, in part, on advice received from the following:

Graham McKenzie	Works Manager – Horowhenua Hospital
Jeff Small	MidCentral DHB Group Manager of Corporate Support Services
John Bukowski	Architect
Roger Truebridge	Surveyor – Truebridge Associates Limited
Grant Watkins	Quantity Surveyor – Rider Hunt

A preliminary layout was developed for the draft Business Case tabled in November 2002. This was prepared in conjunction with the then Horowhenua Hospital Manager, Jeanette Wylie, Grafton Group Consultant, Irene Henderson (responsible for the configuration and implementation of the new health facility in Gore) and Architect, John Bukowski. The preliminary layout incorporated feedback and comments received from the Horowhenua Hospital staff and MidCentral Service Delivery Managers.

Subsequent to the draft Business Case being tabled to MidCentral District Health Board, considerable work was undertaken to further refine the physical configuration of the new health facility. This work has included verification, in consultation with department heads and team leaders, of the MidCentral service delivery space requirements and the development of a detailed furniture and fittings infrastructure and equipment schedule.

In addition, 2 additional scenarios for the development of the new health facility were explored to incorporate the needs of GPs and St John who have indicated that they wish to collocate. Discussions have been held with both St John and the GPs to ascertain their space requirements.

Finally, all project costs for the new health facility have been independently verified by Quantity Surveyors Rider Hunt.

3.1 Proposed Facility

The building of a new health facility is recommended. This recommendation is based on the following rationale:

- A purpose-built facility will maximise both human and physical resources more efficiently than a reconfigured Horowhenua Hospital, resulting in operational savings.
- Reconfiguring the existing Horowhenua Hospital to meet future service delivery requirements will require substantial work, based around a larger

floorplate. **Attachment F (Verification)** contains a Memo from Graeme McKenzie, Works Manager, outlining this required work (listed under Scheme One). Even after completion, the constraints of the existing building structure would have meant a facility that was less than optimal.

- The financial saving in terms of reconfiguring the existing Hospital (\$9.9m) versus building a new facility was considered insufficient given the operational savings that could be made in a new facility and the benefit of the most modern clinical design.
- Under the reconfigured environment there would be operational savings resulting from the removal of Awatea and continuing care patients and the servicing of a reduced facility. However, this reconfigured environment would not have reduced the deficit to the same extent as building a new facility.

[It is noted that the cost of reconfiguration has increased since the draft Business Case was tabled in November 2002. Rider Hunt have recently advised that the cost of reconfiguring an old building like Horowhenua Hospital will be between \$1500 - \$2000 per m². The cost in the draft Business Case was based on \$1200 per m². The new \$9.9m figure is based on \$1750 per m² (the mid point between Rider Hunt's estimates) for a reconfigured facility of 5700 m²]

The physical configuration of the new health facility will:

- a) Meet community and MidCentral DHB expectations for a modern service delivery environment that caters for current clinical practice and patient comfort;
- b) Provide an opportunity to rationalise human resources through the more efficient use of space within the building (as noted above);
- c) Create savings in operational costs in terms of maintenance and infrastructure services (as noted above).

The new health facility has been developed so that future expansion can be accommodated if required. The core building housing MidCentral Health services will include the following features:

- A vehicle and pedestrian entrance with a porte cochere.
- A shared waiting area between outpatients and the main reception.
- A secondary reception area for radiology and laboratory during day hours, with the area used by the triage nurse after-hours.

- A service “hub” for shared resources such as staff facilities, servery, whanau/family room and the quiet room/chapel.
- Onsite location for the Mobile Surgical Bus that interfaces with internal facilities for patient transit and recovery.
- Day facilities and 24-hour facilities located on opposite sides of the building so day facilities can be closed off after-hours. Day facilities include outpatients, community support and mental health, while the 24-hour facilities include inpatients, maternity, radiology and laboratory. The A&M will operate after-hours only, except when the surgical bus is visiting.
- Complementary service departments located nearby one another to maximise the sharing of resources and facilities. For example, Outpatients is located next to the A&M department so they can easily use resus equipment in the case of an emergency; community support and mental health are adjacent so that people seeing the sexual health nurse in community support can use the private mental health entrance if they wish; and inpatients and maternity can share the servery.
- Separate entrance for Mental Health to protect the privacy of patients
- Ambulance bays
- A service entrance for deliveries
- Onsite carparking
- Onsite external storage for heavy items such as wheelchairs and crutches in a location that allows for direct vehicle access

It is noted that there is no mortuary provided for in the building design. All autopsies are performed at Palmerston North Hospital and any people who die suddenly or unexpectedly, such as in a car accident, are transported to Palmerston North Hospital. This is because they come under the authority of the Coroner. Civil Defence have advised that in the event of a major disaster or accident in the district they use refrigerated trucks as a temporary morgue.

A small body holding area has been allocated that will be used when people die in the new facility. A body will be placed there before its collection by a funeral director. Grafton Group has been advised by the MidCentral Health Pathology Department that such an area would need to be airconditioned at a cool temperature but that no refrigeration would be required. In the event that there is a sudden spate of deaths and there is insufficient room, the deceased will be transported to the Palmerston North Hospital mortuary.

3.2 Facility Development Scenarios

The draft Business Case proposed a core facility to house MidCentral Health services as well as an A&M clinic, with preliminary project costings being based on the facility being built on the existing Horowhenua Hospital site. The draft Business Case did not include provision for either GPs or St John in both the area brief and project costings as space requirements had not been obtained from either party, nor had the numbers of GPs who wished to collocate been confirmed.

Subsequent to the draft Business Case being tabled to MidCentral District Health Board, the Levin GPs have met collectively with Grafton Group and verbally stated that all 12 may wish to collocate, subject to a number of commercial considerations as outlined in Section 7.0. Upon that basis, an area brief was developed to house 12 GPs as part of the new health facility. In addition, discussions were held with St John to ascertain their space requirements.

Although the GPs expressed a preference for a more central site for the new health facility, in part so that collocation does not advantage or disadvantage any one GP in terms of being close/distant from their existing patient group, they have advised that the Horowhenua Hospital site is acceptable.

There were three scenarios explored for the development of a new health facility:

- **Scenario A:** A new health facility located on the existing Horowhenua Hospital site excluding provision for the GP practice and St John, as per the draft Business Case.
- **Scenario B:** A new health facility located on the existing Horowhenua Hospital site including provision for the GP practice and St John.
- **Scenario C:** A new health facility located in an alternative site (likely to be Cambridge Park) including provision for the GP practice and St John.

3.2.1 Scenario A

This provided for a facility to house MidCentral Health services at the existing Horowhenua Hospital site on an area of land defined as Lot 3. The area brief for this scenario was 3750 m², considerably less area than the current hospital that covers approximately 12,500 m². A detailed breakdown of the area brief for Scenario A is contained in **Attachment B**.

The project budget for this scenario was costed at \$10.6 million by Quantity Surveyors, Rider Hunt. Their detailed project budget is contained in **Attachment C**. This represents an increase from the \$9.1 million preliminary project budget contained in the draft Business Case. The difference in costs is based on the following:

- A 15-20% increase in costs over the past 12 months due to labour shortages, cost of materials and tighter compliance costs.
- An increase of 184 m² from the original area brief due to further verification of space requirements in consultation with MidCentral Health department heads and team leaders.

The Rider Hunt costings excluded provision for furniture and fittings, so 5% was added to their base costs for this. This addition is included in the estimated capital costs summary sheet also contained in **Attachment C**. The costings exclude provision for equipment. A detailed schedule has been developed for equipment but this awaits finalisation and costing. This schedule is contained in **Attachment D**.

It is noted generally that any equipment in Horowhenua Hospital that can be reused will be transferred to the new health facility. The equipment schedule contains provision for computers for most staff and there will be the appropriate infrastructure to accommodate this. Computers are considered an essential feature of the new health facility as clinical staff should have enhanced access to the Patient Information Management System (PIMS) in order to see online laboratory and radiology reports. In addition, the internet is frequently used to access the most up to date clinical information and resources.

By building the new health facility on the existing Horowhenua Hospital site and rationalising the land, 2 additional property lots could be created (**refer to Part C – Attachment F**) on the site. It is anticipated that these lots (Lots 1 and 2) will generate approximately \$2 million in sale proceeds for land and existing Horowhenua Hospital buildings. This is based on advice received from Jeff Small of MidCentral DHB. This advice is contained in **Attachment F (Verification)**.

All sale proceeds will be used to offset capital costs, as per Section 22 (DHB Objectives) and Section 43 (Dealing with Land) of the New Zealand Health and Disability Act 2002.

It is noted that the Horowhenua Hospital land is the subject of a Treaty of Waitangi claim by the Muaupoko Tribal Authority. A letter from Muaupoko Tribal Authority confirming this Treaty claim is contained in **Attachment F (Verification)**. Therefore any estimated sale proceeds are based on the land and buildings being disposed through the Office of Treaty Settlements (OTS).

3.2.2 Scenario B

This provided for a facility to house MidCentral Health services, St John and the GPs at the Horowhenua Hospital site on Lot 3. The area brief for this scenario was 4934m² and included 871m² and 312m² for GPs and St John respectively

(including 25% common area). A detailed breakdown of the area brief for Scenario B is contained in **Attachment B**.

The project budget for this scenario was costed at \$13.7 million by Quantity Surveyors, Rider Hunt. Their detailed project budget is contained in **Attachment C**.

As noted for Scenario A, the Rider Hunt costings excluded provision for furniture and fittings, so 5% was added to their base costs for this. This addition is included in the capital costs summary sheet also contained in **Attachment C**. The costings excluded provision for equipment. All other notes regarding land for this scenario were as per Scenario A.

3.2.3 Scenario C

This provided for a facility to house MidCentral Health Services, St John and GPs at an alternative site in Levin. The area brief for this option was the same as for Scenario B.

The project budget for this option has been costed at \$14.6 million by Quantity Surveyors, Rider Hunt. Their detailed project budget is contained in **Attachment C**.

As noted for Scenarios A and B, the Rider Hunt costings excluded provision for furniture and fittings, so 5% was added to their base costs for this. This addition is included in the capital costs summary sheet also contained in **Attachment C**. The costings exclude provision for equipment.

The project costings for Scenario C included higher site costs as well as a provision of \$250,000 for land purchase. However, this would have been partially offset against the potential for greater sale proceeds from the disposal of the total land and buildings at the Horowhenua Hospital site. Jeff Small of MidCentral DHB has advised that sale proceeds would be approximately \$3 million. This is \$1 million higher than that estimated in Scenarios A and B due to the portion of land (Lot 3) utilised for the new health facility lowering the value of the residual area.

3.3 Project Costs

As previously stated the detailed project costs from Rider Hunt are outlined in **Attachment C**. Grafton Group estimates that the capital costs could be reduced by 5-10% based on:

- A reduction in the contingency costs from 10% to 5% after completion of detailed schematic designs.

- A more accurate layout design that reduces common area in the facility from the budgeted 25%.

Further, the consultancy fees may move from a % basis of the construction costs to a lump sum arrangement.

The advice received from Rider Hunt about potential project cost savings is contained in **Attachment F (Verification)**.

3.4 Recommendation

After consideration of all three scenarios, it is recommended that MidCentral District Health Board proceed with Scenario B. There are a number of reasons for this including:

1. The advantages of GP collocation

- Locating Levin GPs on a single site, with the new health care facility, is expected to improve the recruitment and retention of GPs by providing collegial support. Recruitment and retention of GPs is a priority as GP numbers in the Horowhenua/Otaki district are dropping and are already lower than is desirable.
- There are benefits to primary care in the GPs being in close proximity to diagnostic services such as radiology and laboratory.
- Collocating GPs with other primary health services (e.g. allied health, domiciliary nursing services and Supportlinks) should improve service coordination and integration.
- After-hours primary care will be better if the Accident and Medical service is integrated with the GPs.
- The primary/secondary care interface will be greatly improved. At present primary and secondary services function largely independently of each other and closer working relationships should result in better care in the community.
- Having most primary care providers located together will provide a very strong primary health care team that can be easily integrated into a PHO context.
- Collocation of primary health care aligns with MidCentral District Health Board's District Strategic Plan and the Government's priorities as outlined in the Primary Health Care Strategy

In summary, the collocation of GPs is expected to result in strengthened primary health care services that will in turn deliver health gains to a community that has high levels of health deprivation as measured by NZDep96.

2. *The advantages of St John Collocation*

- Any person being cared for in the new health facility would have rapid access to ambulance services if required.

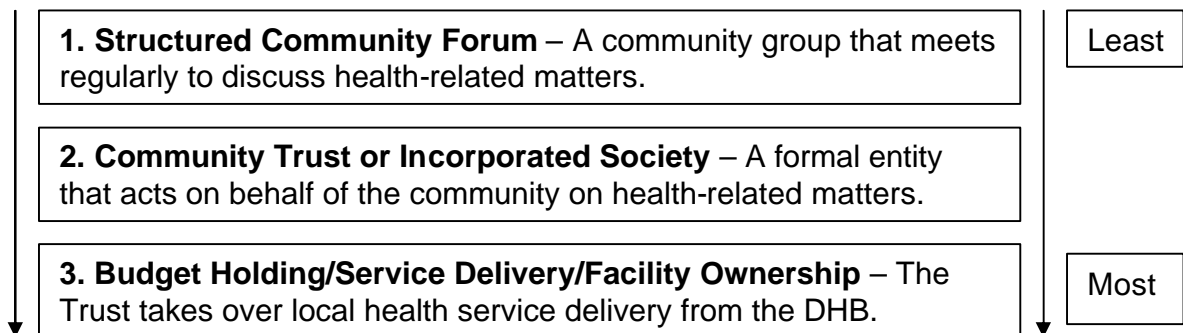
3. *Insufficient benefits at a new site*

- The likely new site for any health facility would have been Cambridge Park (as the other alternative, Wereroa Domain, has reserve status and would have required an Act of Parliament to release it). Cambridge Park is only located 500 metres closer to town than the existing hospital site, therefore there would have been only marginal gains in access.
- The increased capital costs for a obtaining a new site and putting in additional infrastructure would incur additional financing costs for MidCentral DHB of approximately \$48k per annum.
- The community expressed a preference for retaining the current Horowhenua Hospital site.

4.0 GOVERNANCE

4.1 Options and Recommendations

The Models of Care Report (**Part C**) outlined a number of options regarding community involvement in the governance of local health service delivery. The following diagram represents those options as a continuum from least involvement to maximum involvement:



There are a number of pros and cons for each option. These are outlined below:

Option	Pros/Cons
<i>Structured Community Forum</i>	Pros: <ul style="list-style-type: none"> • Is an important first step for the community to engage with health issues. • It will improve the community interface with MidCentral DHB. Cons: <ul style="list-style-type: none"> • Informal structure may result in disintegration of the group. Needs ongoing local initiative to maintain momentum. • Group may not always be consulted by the DHB. • Group may not achieve sufficient leverage with MidCentral DHB to achieve its goals. • May lack public profile. • May lack the financial and human resources to function effectively and/or respond to issues in a timely manner.

<i>Community Trust or Incorporated Society</i>	Pros:
	Cons:
<i>Budget Holding / Service Delivery/Facility Ownership</i>	Pros:
	Cons:

Last year the Community Steering Group decided to adopt a more cautious approach initially with regard to the establishment of a Community Trust. The Community Steering Group agreed that the risks and benefits of forming a Trust, especially if its goal is to eventually take over budget holding/service delivery, should be thoroughly reviewed before it is established.

[It is noted that one of the risks to MidCentral DHB in having a Community Trust take over budget holding/service delivery is that the current corporate overhead allocated to the new facility would have to be absorbed back into MidCentral DHB's accounts. The benefit for the Community Trust is that it is estimated that a standalone facility could substantially reduce its overhead costs and that further surpluses could be achieved]

As a result of feedback received during the formal consultation process, there is support for the establishment of a level 2 Community Trust i.e. a formal entity that acts on behalf of the community on health-related matters. However, there were a number reservations expressed about establishing a level 3 Community Trust that takes over budget holding/service delivery/facility ownership.

These reservations were anticipated by the Horowhenua District Council Health and Transport Sub-Committee when, at their meeting on 25 October 2002, members agreed that a public referendum should be held before a Community Trust makes any decision to take over budget holding/service delivery from MidCentral DHB.

Therefore it is recommended that MidCentral DHB work with the Community Steering Group to help facilitate the creation of a level 2 Community Trust, as outlined above.

It is anticipated that the role of the Community Trust would be to:

- a) **Act as the community voice on health-related matters.** Previously this role was filled by the Horowhenua District Council's Health and Transport Sub Committee and is currently being undertaken by the Community Steering Group.
- b) **Liase with MidCentral DHB and provide community input into the DHB's Annual Plan, Strategic Plan and other initiatives.**
- c) **Act as a catalyst for local PHO development.** The Trust could be part of any PHO governance structure, facilitating an increased role in the provision of local health services.

If, after a period of time, the Community Trust believes it has sufficient skills and knowledge to take on budget holding/service delivery/facility ownership, has the confidence of MidCentral DHB, and the backing of the wider community then MidCentral DHB should be willing to enter into consultations to facilitate the transition to community control of local health service delivery. It is to be emphasised that a Community Trust may never wish to progress to this stage.

However, if a Community Trust does wish to eventually proceed along the path of budget holding etc., Grafton Group recommends the following:

- a) MidCentral DHB ownership of the new health care facility with the Community Trust paying rental.
- b) The Community Trust be given an initial five-year contract for budget holding/service delivery.

While the community could own the facility and lease it to the Community Trust, this scenario entails more risk. Under the recommendation above, if the Community Trust folds for any reason MidCentral DHB, in still owning the facility, can simply take over budget holding/service delivery again.

4.2 Trust Formation and Operation

The following Trust structure has been suggested, albeit recognising that it is up to the community to determine the final trust structure and its operational process.

It is noted that community feedback indicated a belief that for a Trust to be effective its members needed to be carefully selected and that there needed to be a balance between democratic representation, with a broad cross section of people elected, and expertise. Given this it is recommended that a local accountant and lawyer be co-opted on to the Trust in order to provide professional expertise.

With regard to Council representation, since Otaki falls within the Kapiti Coast District Council it is appropriate that they have a voice within the Trust structure. However, since the Horowhenua District Council has provided a high level of support and leadership regarding the Horowhenua/Otaki Health Services Review they have been provisionally assigned two representatives.

Stakeholder	Number	Election/Nomination Process	Tenure
Community	4	Elected at same time as Council election. Suggest one person each from Otaki, Levin, Foxton and Shannon.	3 years
Council	3	Two nominated by Horowhenua District Council and one by Kapiti Coast District Council	3 years
Iwi	2	One each from Muaupoko Tribal Authority and Ngati Raukawa	3 years
Health Providers	2	1 GP nominated by MIPA and 1 other nominated from other providers via an agreed process.	3 years
MidCentral DHB	1	One locally elected Board member nominated by the Board.	3 years

It is recognised that for a Trust to operate effectively it will need some financial and administrative support. This includes the following:

- Administration - someone to organise agendas/minutes and mailouts
- Approximately \$10,000 for expenses per annum.
- Room for meetings

No provision has been made in the Business Case for these costs.

While an initial suggestion was for the Horowhenua District Council to provide the bulk of the support to any Trust, it have since advised that it is unable to make a financial contribution or help with the administration tasks. Therefore it is recommended that MidCentral DHB consider providing some establishment

funding so the Trust can get up and running effectively so that it can then work on securing alternative sources of financial support.

Any Trust should meet monthly.

5.0 TRANSPORT

Many people in the Horowhenua/Otaki community find it very difficult to access primary and secondary care services within the district and at Palmerston North Hospital due to a lack of transportation options (as referenced in **Part C – Attachment C**). This is a significant issue for the community and therefore it is recommended that MidCentral DHB help fund a subsidised public transport service on a trial basis for at least one year.

While it is acknowledged that funding public transportation for the Horowhenua/Otaki district might set a precedent for MidCentral DHB's other constituencies, it is nevertheless the opinion of Grafton Group that this issue will continue to plague MidCentral DHB until concrete measures are taken to address it within this community. It is noted that there are other DHB's that do subsidise or provide public transport.

MidCentral DHB's Draft District Strategic Plan cites access to primary health services as being one of the key challenges that it faces and needs to address. Lack of transportation options was cited as being one of the significant barriers impeding access to health services. Therefore, the provision of subsidised public transport is not inconsistent with the DHB's strategic direction.

The following model, operated either by MidCentral DHB or by a private contractor, is recommended for the trial:

- The lease of a 12-seater minivan, with wheelchair access.
- The employment of 2 drivers (one for the morning shift and one for the afternoon shift) – 1.5 FTE
- Monday – Friday operation (approx. 1900km per week for two round trips per day)
- Charge to the passenger of \$3 per one-way trip
- Minivan used for the transportation of laboratory tests and x-rays between Levin and Palmerston North

Timetable

	AM	PM
Otaki-Levin	0800-0825	1300-1325
Levin – Foxton	0830-0845	1330-1345
Foxton – Shannon	0845-0900	1345-1400
Shannon – P. Nth	0900-0930	1400-1430
P.Nth – Shannon	1130-1200	1630-1700
Shannon – Foxton	1200-1215	1700-1715
Foxton – Levin	1215-1230	1715-1730
Levin – Otaki	1230-1255	1730-1800

Consideration should also be given to the bus going to Foxton Beach at least a couple of times a week.

It is noted that the drivers of the minivan would need to have some basic first-aid training. However, it would be inappropriate for this service to be used by anyone who required medical supervision en-route.

The cost of providing this service is \$35,000 incl. GST (refer Section 6.0 – Financial Analysis). This is taking into account revenue received from passengers, estimated at 50% patronage per trip, and a 40% subsidy from the regional council (horizons.mw) who have indicated their willingness to subsidise the cost of an initial trial.

Once this service is operating, the Outpatient Department at Palmerston North Hospital will need to undertake further planning to coordinate clinic times for Horowhenua/Otaki residents with the public transport service schedule.

After the end the trial period the service should be reviewed in order to ascertain whether passenger numbers are sufficient to warrant its continuation, whether it is helping to resolve the issues that the community has in accessing health care, and whether its provision is sustainable long-term for MidCentral DHB. If MidCentral DHB decides that the service should be continued then it would need to further ascertain whether the minivan's schedule/timetable is appropriate for the needs of the community and how the service could be improved. In addition, it should approach the regional council to help co-subsidise the service on a long-term basis through either a ratepayer or Transfund contribution.

Should MidCentral DHB decide to discontinue the transport service after the trial then period the following is recommended:

- **The employment of a Transport Coordinator (0.5 FTE) that works from the new health care facility.** This person would act as a central resource in coordinating the various volunteer driver networks that currently operate in the district (at present this is fragmented between a number of different agencies). They would also provide advice to people who need transportation and help source funding for other transport providers who can link in with the local health needs of the community.

These measures by MidCentral DHB will help put the Horowhenua/Otaki district's transport issues regarding access to health care 'to rest'. If nothing is done to try and resolve the issues in a practical way, such as that outlined above, then they will continue to be a source of ongoing frustration within the community.

With regard to this feedback received during the formal consultation period gave the clear message that a public transport is a priority and that MidCentral District Health Board must follow through in terms of implementing the above proposal and give the service an adequate trial period.

6.0 FINANCIAL ANALYSIS

The financial analysis is presented in **Attachment E**. This has been prepared by Grafton Group Consultant Andy Reid (ACA(UK and NZ) BSc), in conjunction with MidCentral DHB staff including Kate Dench - Management Accountant, Jeanette Wylie - Horowhenua Hospital Manager and Craig Johnston - Portfolio Manager (Secondary) Funding Division.

Andy Reid has several years experience in the NZ Health Sector (since 1994) and has prepared a number of business cases for similar type projects on behalf of South Auckland Health and Capital & Coast Health. He has extensive experience in Hospital costings and spent three years with Health Waikato which included the project management of the implementation of their Clinical Casemix costing system.

The Business Case has been prepared as follows:

- The existing revenues and costs were determined by service for the Horowhenua/Otaki District. These were provided by MidCentral DHB Finance Department.
- The staffing for the new service delivery configuration was determined in consultation with the Horowhenua Hospital Manager. The cost of this staffing configuration was provided by the MidCentral DHB Finance Department.
- Clinical costs were based on current levels but with savings added as a result of operational efficiencies that will be achieved in a smaller facility. This was based on experience seen in other similar facilities.
- The new facility costs were based on Rider Hunt's Quantity Surveyor's reports
- A corporate overhead charge has been allocated of 870k (excluding capital charge).

The new health facility, based on Scenario B outlined in Section 3.0, produces a small deficit of \$36k per annum before financing costs. The current facility is losing \$1.7 million per annum (after taking out the impact of exiting ID and Continuing Care) so this represents a positive turnaround of \$1.67m.

This turnaround has been achieved by:

- A net increase in revenue of 780\$k by including new revenue for the A&M of \$290k and commercial rents of \$480k
- A net reduction in staff costs of \$300k (approximately 5.3 FTEs)

- A net reduction in other costs of \$960k. This includes a large reduction in facility costs such as laundry, maintenance, food, vehicles, cleaning, phones and utilities.
- An increase in depreciation of \$330k

After financing costs, the new facility produces a deficit of \$972k, therefore the new facility shows a positive turnaround of \$1.1 million per annum after full capital costs are deducted.

There are five sensitivity analyses in the Business Case that illustrate possible differences from the base deficit outlined above.

Sensitivity One:

Corporate Overhead is reduced by \$470k \$510m deficit
 This reduction can be justified given the reduced size and staffing of the new health facility

Sensitivity Two:

5% reduction in Capex \$881k deficit

Sensitivity Three:

\$250k increase in revenue/margin \$722 deficit
 This additional funding could be included by formally recognising the new services (transport and after hours A&M). Currently no funding has been included other than potential patient charges and ACC claiming.

Sensitivity Four:

10% reduction in Capex \$791 deficit

Sensitivity Five:

10% reduction in Capex, \$250k increase in revenue/margin and corporate overhead at \$400k \$79 deficit

It is estimated that a 10% reduction in capital costs is realistic based on Rider Hunt's conservative cost estimates as well as the efficiencies possible through good design and tight project management. Therefore, taking into account a reduced capex, increased revenue and reduced corporate overhead, the operating deficit for the new health facility is expected to be \$79k.

7.0 COLLOCATION

This Business Case recommends the collocation of Levin GPs and St John, in the first instance, to a new health facility. The collocation of other primary care health providers on to the same site as the new health facility is also desirable and should be encouraged as it will further strengthen primary care in the district.

Collocation will facilitate a more integrated approach to health service delivery within the district and foster better communication and working relationships between different providers.

The following outlines the key issues to be resolved with those provides who wish to collocate, GPs and St John, and those who may chose to do so in the future.

7.1 GPs

As part of the consultation process in this health services review, regular discussions have been held with the local GPs. Subsequent to the draft Business Case being tabled to MidCentral District Health Board in November 2002, the Levin GPs have meet collectively with Grafton Group and verbally stated that all 12 may wish to collocate to the new health facility. The GPs see the potential benefits in working collectively in such an environment (see GP minutes in **Attachment F**) including reduced overheads, more professional support and better working conditions, which they feel, in turn, may help attract new GPs into the area.

GP collocation will also be beneficial with the after-hours A&M coverage in terms of coordinating the GP roster and directing patients to the after-hours care location. This should reduce the unnecessary after-hours callouts of GPs.

There are two critical issues to resolved before GP collocation can be achieved. These are:

- a) **Investment in current practices.** Agreement needs to be reached on how GPs will exit from the existing practices that they have investments in.
- b) **Rental for new GP facility.** Agreement needs to be reached as to the commercial leasing terms for their portion of the new facility if they collocate.

With regard to this, historically GPs have been responsible for funding their own facilities and today there is still an expectation that public health funds not be used to subsidise primary health care accommodation. The key issue is that rents paid by GPs in a rural community such as Levin are generally less than rents set on the self-funding principle for a collocated

facility.

Any gap between GP rental income and the actual capital cost for their portion of the new facility would most likely have to be borne by MidCentral DHB from existing or future funding streams. The benefit MidCentral DHB would obtain by funding the gap would be health gains to the community arising from better primary care services. On the other hand, funding allocated to the gap would not be available to fund other health services in the community. In the case of the new health facility in Horowhenua the existence and size of a gap will only be determined after finalisation of space requirements and lease agreements with the GPs.

It is not reasonable to expect MidCentral Health to cover any shortfall on GP collocation given that it is predominantly about primary care. The Business Case has assumed that GP collocation will be self-funding and that if this is not the case, any subsidy would come from additional funding from the Funding Division. At present the Funding Division is not aware of any funding mechanisms for this type of situation so something would need to be worked out with the Ministry of Health. A local PHO may represent a suitable channel.

In addition there are other issues that will need to be resolved:

- a) **Practice Ownership.** The GPs need to decide whether they will collectively own a new joint practice or continue as individual owners of multiple practices operating under the same roof. Once a PHO covering the district is established they will also need to consider whether they would like to be employees of the PHO.
- b) **Governance.** The GPs will need to determine how they may wish to be involved in the governance of the new health care facility.

It is recommended that further discussions be held with the GPs and their IPA (Manawatu Independent Practice Association) to resolve the issues outlined above.

7.2 St John Ambulance

St John Ambulance is currently located on the Horowhenua Hospital site and they have indicated that they wish to collocate to the new health care facility. Discussions have been held with them about their space requirements. Agreement needs to be reached with St John as to the commercial leasing terms for their portion of the new health facility.

7.3 Iwi Providers

Te Runanga O Raukawa is a significant provider of primary health care services to both Maori and non-Maori within the district. It has indicated the following:

- a) **Current Services.** Te Runanga O Raukawa has a considerable property investment in Keepa Street, Levin, which is the base for its current service delivery. As it has only been at this location for several years, it will not collocate to the site of the new health facility.
- b) **New Health Initiatives.** Te Runanga O Raukawa has expressed interest in being involved in any new health initiatives for the district, and should it become a provider of these, it would like to collocate these to the new health facility.

The Muaupoko Tribal Authority is one of the potential preferred providers of cluster housing for Kimberley Centre residents and it has indicated that if the new health facility is located at the existing Horowhenua Hospital Site (and it did receive a contract for care of ex-Kimberley residents) then its planned site would "effectively" be collocation. The Authority may also get further involved in other health service delivery areas, which is its stated intention, so there may be other opportunities for collocation directly on the new facility site.

It is recommended that discussions be continued with both Te Runanga O Raukawa and the Muaupoko Tribal Authority to establish service linkages with the new health care facility.

7.4 Pharmacy

It is desirable to have a pharmacy operating for extended hours, say between 8am and 10pm, within the new health care facility so that outpatients, discharged inpatients and some A&M patients may get prescriptions filled. It will be more convenient for these patients to get them filled on-site rather than having to get themselves to a different location.

A pharmacy could also offer a range of general toiletries etc. that patients, staff and the general public can access whilst they are in the building.

Two key issues for pharmacy collocation are:

- a) Determining whether such a business would be profitable. This is in part dependent upon the location of the new health facility. A more central Levin location, rather than the Horowhenua Hospital site, may increase a pharmacy's viability due to more passer-by patronage.
- b) Ensuring that no unfair commercial advantage is given to one Levin pharmacist if they are located on the same site as all of the GPs. If one

pharmacist is on the same site with all GPs this will disadvantage other pharmacists in the town.

It is recommended that further discussions be held with local pharmacists.

8.0 JUSTIFICATION FOR A NEW HEALTH CARE FACILITY

The preferred service delivery scenario presented in this Business Case will:

- a) Contribute to MidCentral DHB's goal of a financial turnaround, outlined in its District Annual Plan and District Strategic Plan, through at least a \$1.1 million turnaround from the current deficit for delivery of services in the Horowhenua/Otaki district.
- b) Provide additional services, such as subsidised public transport, the A&M, and the mobile surgical bus, while still improving the financial position.
- c) Address well documented national staffing shortages by providing a more efficient service delivery configuration that maximises staff while maintaining clinical safety.
- d) Provide a future opportunity for community participation and governance in local health service delivery.
- e) Provide enhanced primary health care through the collocation of GPs to the site of the new health facility.

These benefits would not be achievable to the same extent in the existing facility, even after reconfiguration.

The Models of Care (**Part C**) outlined a number of criteria against which any service delivery scenario needed to be evaluated in order to meet MidCentral DHB goals and key Government policies and strategies. These criteria are listed below, with an assessment of how the new service delivery environment addresses these.

Criteria	Assessment
Patient Focus	<ul style="list-style-type: none"> • Modern facility will provide a higher standard of amenity, including more single rooms, patient lounges and outdoor areas. • New services have been added (A&M, Mobile Surgical Bus, Subsidised Transport). • Cultural and social needs addressed in building design with the inclusion of whanau rooms, a children's play area, a chapel/quiet room and separate discrete entrance for mental health patients. • Collocation of GPs so they are all easy to access in the one area.
Clinical Sustainability	<ul style="list-style-type: none"> • New and modern facility will be a more inviting place for clinical staff to choose to work.

	<ul style="list-style-type: none"> • Mobile Surgical Bus will provide an opportunity for nurses to expand their skills and retain interest in their jobs. • More efficient building structure will facilitate better communication between health professionals. • New building and equipment will be more suited to current clinical practice. • Patients transferred to private residential care providers will receive the same standards of clinical care that they receive currently.
Financial Affordability	<ul style="list-style-type: none"> • Generates a positive financial turnaround from the current \$2 million deficit of at least \$1.1 million per annum. • Staffing numbers reduced which make up 70% of current operating costs at Horowhenua Hospital.
Realism	<ul style="list-style-type: none"> • Similar facilities have been successfully built and operated in other parts of the country. • DHB and community stakeholders support change so limited pre-existing constraints, with the exception of the Kimberley DI process that adds complications.
Flexibility	<ul style="list-style-type: none"> • New facility designed so that it can be expanded if required in future years. • Inpatient beds can be flexibly managed depending upon patient flows. • Maternity can use post-natal beds for birthing if necessary. • Horowhenua Hospital Site has sufficient room for collocation of other providers in the future.
Integration	<ul style="list-style-type: none"> • Facility design encourages greater communication and interaction between personnel in different departments, helping to deliver 'seamless' services to patients. • Collocation of GPs will enable people to access a whole range of services within the one site, and facilitate greater interaction between primary and secondary health care providers.
Accessibility	<ul style="list-style-type: none"> • Provision of an A&M will help people access after-hours care. • Provision of subsidised bus service will help people within the district access services in Levin and Palmerston North. • Retention of specialist outpatient clinics minimises the need for people to travel to Palmerston North.

	<ul style="list-style-type: none"> • Addition of the Mobile Surgical Bus means people can have minor surgical procedures done locally. • A free after-hours triage nurse will ensure that people on low incomes or benefits access primary care but only have to pay to see a GP when absolutely necessary.
Meets the Needs of Maori	<ul style="list-style-type: none"> • A free after-hours triage nurse will ensure that Maori on low incomes or benefits access primary care but only have to pay to see a GP when absolutely necessary. • The retention of specialist outpatient clinics will mean fewer Maori will have to travel to Palmerston North in the absence of their whanau support. • Subsidised public transport will help Maori access health services locally and in Palmerston North. • Iwi involvement in a Community Trust will give Maori a formal say in local health service delivery. • If Iwi health providers collocate this will facilitate better service integration for Maori.
Community Participation	<ul style="list-style-type: none"> • Development of a new service delivery environment has the 'buy-in' of community stakeholders. • Establishment of a Community Trust will formalise a community involvement in health service delivery. • Community Trust may eventually take over budget holding/service delivery for the District.
Priority Health Concerns	<ul style="list-style-type: none"> • New service delivery environment has a primary care focus. • Has community involvement in health service delivery • Will help reduce disparities in health status between Maori and non-Maori. • Will be consistent with PHO development.

This business case is sustainable clinically, financially and operationally. It meets the health priorities of both the DHB and the Government and has key stakeholder 'buy-in'. Thus, it meets the stated objective of this health service review.

ATTACHMENT A

Artist Impression of New Health Facility

ATTACHMENT B

**Area Briefs for New Health Care Facility
for Scenarios A, B and C**

Area Brief for New Health Care Facility – Scenario A

OUTPATIENTS

Service Area	No. of Rooms	Area m ²	Total Area m ²
Procedures Room	2	18	36
Meeting Room (Large)	1	25	25
Consulting Suites	12	10	120
Consulting Suite			
Large Exam Room	1	18	18
Large Consult Room	1	16	16
Toilet - Unisex Assist with baby change area	1	10	10
Reception/Office	1	30	30
Dirty Utility	1	12	12
Clean Utility	1	12	12
Equipment Storage	1	12	12
Cleaners Cupboard	1	3	3
Total Outpatient Area			290

ACCIDENT AND MEDICAL

Service Area	No. of Rooms	Area m ²	Total Area m ²
Observation Area	1	30	30
Treatment Area	1	18	18
Plaster Bay	1	12	12
Resus	1	25	25
Trolley Park	1	12	12
Toilet (M&F) plus a Unisex Assist	3	5 + 10	20
Equipment Store	1	15	15
Reception/Office	1	20	20
Waiting Area	1	20	20
Cleaners Cupboard	1	3	3
Consulting Room	1	12	12
Total Accident and Medical			187

MATERNITY

Service Area	No. of Rooms	Area m ²	Total Area m ²
Midwives Office	2	12	24
Staff Toilet - Unisex	1	5	5
Postnatal Rooms	4	20	80
Postnatal room ensuites – with toilet and bidet	4	10	40
Birthing Room	1	20	20
Ensuite for Birthing Room	1	12	12
Patient Kitchen/Lounge	1	20	20
Clean Utility	1	10	10
Dirty Utility	1	10	10
Linen Store	1	6	6
Equipment Store	1	15	15
Cleaners Cupboard	1	2.5	2.5
Milk Room	1	2.5	2.5
Total Maternity Area			247

INPATIENTS

Service Area	No. of Rooms	Area m²	Total Area m²
Single Bedrooms	14	15	210
Double Bedrooms	5	25	125
Patient Lounge/Dining Room	1	40	40
Nurses Station & Office	1	30	30
Staff Toilet - Unisex	1	5	5
Ensuites	14	10	140
Linen Store	1	10	10
Assist Bathroom	1	15	15
Clean Utility	1	12	12
Dirty Utility	1	12	12
Equipment Storage	1	15	15
Doctors Office	1	10	10
Interview/ Multidisciplinary Meeting Room	1	20	20
Cleaners Cupboard	1	3	3
Total Inpatient Area			647

ADMINISTRATION/STAFF/'HUB' AREA

Service Area	No. of Rooms	Area m²	Total Area m²
StaffLunch/Dining/Kitchen	1	40	40
Staff Change, Toilet and Shower (Male)	1	20	20
Staff Change, Toilet and Shower (Female)	1	20	20
Staff overnight room	1	10	10
Public Toilets (M&F) plus assist	3	5 + 10	20
Reception – Waiting Area	1	80	80
Children's Play Area	1	10	10
Managers Office	1	20	20
Storage – Medical Records	1	60	60
Storage – Cleaning	1	10	10
Storage – Supplies/Consumables	1	20	20
Storage – Equipment	1	30	30
Wheelchair Park	1	4	4
Med Gas Storeroom	1	15	15
Dirty Linen and Waste	1	20	20
PABX/Server Room	1	20	20
Orderly Room	1	10	10
Kitchen/Servery	1	20	20
Family/Whanau Rooms	2	15	30
Ensuite for Family Room	1	10	10
Body Holding Area	1	10	10
Meeting/Seminar Room	1	40	40
Total Admin & Staff Area			519

SUPPORT SERVICES

Service Area	No. of Rooms	Area m²	Total Area m²
Radiology		168	168
Laboratory		30	30
Pharmacy			15
Total Support Services			213

COMMUNITY SUPPORT

Service Area	No. of Rooms	Area m²	Total Area m²
Physio – Gym	1	60	60
Physio – Storage	1	30	30
Physio – Consult Room	2	15	30
Physio – Office	1	12	12
OT – Office	1	12	12
OT – Storage	1	30	30
OT - Assessment Bathroom	1	15	15
Day Hospital - Exam Rooms	2	12	24
Day Hospital - Interview Room	1	15	15
Day Hospital - Office	1	10	10
Medical Social Worker Office	2	10	20
Neuro-Development Therapist Office	1	10	10
Neuro-Development Therapist Store	1	15	15
Community Psycho-Geriatric Nurse Office	1	10	10
Diabetes Nurse Educator - Office	1	10	10
Diabetes Nurse Educator - Exam Room	1	15	15
Diabetes Field Study Office/Exam	1	10	10
Dietician Office	1	10	10
District Nurses – Office	2	20	40
District Nurses – Storage	1	15	15
Sexual Health - Office	1	10	10
Sexual Health – Consult Room	1	10	10
Sexual Health/Public Health Exam/Treatment Rooms	2	15	30
Sexual Health/Public Health Unisex toilets	2	2.5	5
Sexual Health Waiting Area	1	10	10
Dirty Utility	1	5	5
Toilet – Unisex Assist with Baby Change Table	1	10	10
Office – Disability Support (Supportlinks)	4	10	40
Public Health Nurses	2	15	30
Quiet Room/Chapel	1	20	20
Meals on Wheels Office	1	10	10
Cleaners Cupboard	1	3	3
Total Community Support Area			576

MENTAL HEALTH

Service Area	No. of Rooms	Area m²	Total Area m²
<u>Community Mental Health</u>			
Offices	6	10	60
Meeting Room/Whanau Room (Large)	1	30	30
Storage	1	10	10
Reception & Waiting Area	1	20	20
Public Toilet - unisex	1	5	5
Staff Toilet - unisex	1	5	5
Treatment Room	1	12	12
Medical Records Room	1	18	18
Cleaners Cupboard	1	3	3
<u>CAFS</u>			
Waiting Area	1	1	10
Offices	5	10	50
Child Play Therapy Area with interconnecting observation/video room	1	18	18
Interview Lounge	1	20	20
<u>Alcohol & Drug</u>			
Office	1	20	20
Medical Office	1	10	10
Counselling Rooms	2	10	20
<u>Orango Hinengaro</u>			
Offices	2	10	10
Total Mental Health Area			321

ANCILLARY

Service Area	Comments
Carparking	80 Spaces
Generator	Standby
External Storage	Double Garage
Room for Vacuum Pump	
Transformer	

Total Service Area m²	3000
Common Area @ 25%	750
Total Facility Area m²	3750

Area Brief for New Health Care Facility – Scenarios B and C

OUTPATIENTS

Service Area	No. of Rooms	Area m ²	Total Area m ²
Procedures Room	2	18	36
Meeting Room (Large)	1	25	25
Consulting Suites	12	10	120
Consulting Suite			
Large Exam Room	1	18	18
Large Consult Room	1	16	16
Toilet - Unisex Assist with baby change area	1	10	10
Reception/Office	1	30	30
Dirty Utility	1	12	12
Clean Utility	1	12	12
Equipment Storage	1	12	12
Cleaners Cupboard	1	3	3
Total Outpatient Area			290

ACCIDENT AND MEDICAL

Service Area	No. of Rooms	Area m ²	Total Area m ²
Observation Area	1	30	30
Treatment Area	1	18	18
Plaster Bay	1	12	12
Resus	1	25	25
Trolley Park	1	12	12
Toilet (M&F) plus a Unisex Assist	3	5 + 10	20
Equipment Store	1	15	15
Reception/Office	1	20	20
Waiting Area	1	20	20
Cleaners Cupboard	1	3	3
Consulting Room	1	12	12
Total Accident and Medical			187

MATERNITY

Service Area	No. of Rooms	Area m ²	Total Area m ²
Midwives Office	2	12	24
Staff Toilet - Unisex	1	5	5
Postnatal Rooms	4	20	80
Postnatal room ensuites – with toilet and bidet	4	10	40
Birthing Room	1	20	20
Ensuite for Birthing Room	1	12	12
Patient Kitchen/Lounge	1	20	20
Clean Utility	1	10	10
Dirty Utility	1	10	10
Linen Store	1	6	6
Equipment Store	1	15	15
Cleaners Cupboard	1	2.5	2.5
Milk Room	1	2.5	2.5
Total Maternity Area			247

INPATIENTS

Service Area	No. of Rooms	Area m²	Total Area m²
Single Bedrooms	14	15	210
Double Bedrooms	5	25	125
Patient Lounge/Dining Room	1	40	40
Nurses Station & Office	1	30	30
Staff Toilet - Unisex	1	5	5
Ensuites	14	10	140
Linen Store	1	10	10
Assist Bathroom	1	15	15
Clean Utility	1	12	12
Dirty Utility	1	12	12
Equipment Storage	1	15	15
Doctors Office	1	10	10
Interview/ Multidisciplinary Meeting Room	1	20	20
Cleaners Cupboard	1	3	3
Total Inpatient Area			647

ADMINISTRATION/STAFF/'HUB' AREA

Service Area	No. of Rooms	Area m²	Total Area m²
StaffLunch/Dining/Kitchen	1	40	40
Staff Change, Toilet and Shower (Male)	1	20	20
Staff Change, Toilet and Shower (Female)	1	20	20
Staff overnight room	1	10	10
Public Toilets (M&F) plus assist	3	5 + 10	20
Reception – Waiting Area	1	80	80
Children's Play Area	1	10	10
Managers Office	1	20	20
Storage – Medical Records	1	60	60
Storage – Cleaning	1	10	10
Storage – Supplies/Consumables	1	20	20
Storage – Equipment	1	30	30
Wheelchair Park	1	4	4
Med Gas Storeroom	1	15	15
Dirty Linen and Waste	1	20	20
PABX/Server Room	1	20	20
Orderly Room	1	10	10
Kitchen/Servery	1	20	20
Family/Whanau Rooms	2	15	30
Ensuite for Family Room	1	10	10
Body Holding Area	1	10	10
Meeting/Seminar Room	1	40	40
Total Admin & Staff Area			519

SUPPORT SERVICES

Service Area	No. of Rooms	Area m²	Total Area m²
Radiology		168	168
Laboratory		30	30
Pharmacy			15
Total Support Services			213

AMBULANCE - ST JOHN

Service Area	No. of Rooms	Area m²	Total Area m²
Office	1	15	15
Station Manager	1	10	10
Clean Utility/Store	1	20	20
Dirty Utility	1	10	10
Staff Lounge/Kitchen/Dining	1	20	20
Male Locker Room	1	10	10
Female Locker Room	1	10	10
Staff Overnight Room	3	10	30
Training/Lecture Room	1	30	30
Storage/Records Room	1	15	15
Parking Bays			80
Total Ambulance			250

GP PRACTICE ROOMS

Service Area	No. of Rooms	Area m²	Total Area m²
Clinicians Consult/Exam	20	15	300
Seminar Room	1	40	40
Procedures Room	3	20	60
Clean Utility	1	10	10
Dirty Utility	1	10	10
Waiting Areas	4	20	80
Child's Play Area	4	10	40
Reception Area	1	40	40
Medical Records	1	40	40
Practice Manager's Office	1	10	10
Transit Wheelchair and Mobility Scooter Park	2	10	20
Public Toilets	2	5	10
Disabled Access Toilets	2	10	20
Staff Toilet - Unisex	1	5	5
Equipment/Consumables Store	1	12	12
Total GP Practice Rooms			697

COMMUNITY SUPPORT

Service Area	No. of Rooms	Area m²	Total Area m²
Physio – Gym	1	60	60
Physio – Storage	1	30	30
Physio – Consult Room	2	15	30
Physio – Office	1	12	12
OT – Office	1	12	12
OT – Storage	1	30	30
OT - Assessment Bathroom	1	15	15
Day Hospital - Exam Rooms	2	12	24
Day Hospital - Interview Room	1	15	15
Day Hospital - Office	1	10	10
Medical Social Worker Office	2	10	20
Neuro-Development Therapist Office	1	10	10
Neuro-Development Therapist Store	1	15	15
Community Psycho-Geriatric Nurse Office	1	10	10
Diabetes Nurse Educator - Office	1	10	10
Diabetes Nurse Educator - Exam Room	1	15	15
Diabetes Field Study Office/Exam	1	10	10
Dietician Office	1	10	10
District Nurses – Office	2	20	40
District Nurses – Storage	1	15	15
Sexual Health - Office	1	10	10
Sexual Health – Consult Room	1	10	10
Sexual Health/Public Health Exam/Treatment Rooms	2	15	30
Sexual Health/Public Health Unisex toilets	2	2.5	5
Sexual Health Waiting Area	1	10	10
Dirty Utility	1	5	5
Toilet – Unisex Assist with Baby Change Table	1	10	10
Office – Disability Support (Supportlinks)	4	10	40
Public Health Nurses	2	15	30
Quiet Room/Chapel	1	20	20
Meals on Wheels Office	1	10	10
Cleaners Cupboard	1	3	3
Total Community Support Area			576

MENTAL HEALTH

Service Area	No. of Rooms	Area m²	Total Area m²
<u>Community Mental Health</u>			
Offices	6	10	60
Meeting Room/Whanau Room (Large)	1	30	30
Storage	1	10	10
Reception & Waiting Area	1	20	20
Public Toilet - unisex	1	5	5
Staff Toilet - unisex	1	5	5
Treatment Room	1	12	12
Medical Records Room	1	18	18
Cleaners Cupboard	1	3	3
<u>CAFS</u>			
Waiting Area	1	1	10
Offices	5	10	50
Child Play Therapy Area with interconnecting observation/video room	1	18	18
Interview Lounge	1	20	20
<u>Alcohol & Drug</u>			
Office	1	20	20
Medical Office	1	10	10
Counselling Rooms	2	10	20
<u>Orango Hinengaro</u>			
Offices	2	10	10
Total Mental Health Area			321

ANCILLARY

Service Area	Comments
Carparking	150 Spaces
Generator	Standby
External Storage	Double Garage
Room for Vacuum Pump	
Transformer	

Total Service Area m²	3947
Common Area @ 25%	987
Total Facility Area m²	4934

ATTACHMENT C

**Rider Hunt Project Budgets for Scenarios
A, B and C for New Health Facility**

ESTIMATED CAPITAL COSTS

		Cost per Sq M	Option A \$	Option B \$	Option C \$
Construction Per Rider Hunt less GP	697	2,100	9,409,075 1,463,700	9,409,075	9,409,075
less Ambulance	250	1,800	450,000		
less Common Area	237	1,225	290,325		
Total Construction			7,205,050	9,409,075	9,409,075
Site Costs					
Demolition			100,000	100,000	40,000
Roading/Carparking			125,000	260,000	310,000
Standby Generator			30,000	30,000	200,000
External Storage			20,000	20,000	20,000
Sundry Plant Rooms			10,000	10,000	10,000
Transformer and Enclosure			100,000	100,000	100,000
Landscaping			25,000	25,000	100,000
Site Fencing			20,000	20,000	20,000
Entry Canopies			80,000	80,000	80,000
Site Services Reticulation			100,000	100,000	300,000
Main Entry Signage			30,000	30,000	30,000
Total Site Costs			640,000	775,000	1,210,000
Consulting			1,180,000	1,500,000	1,600,925
Contingency			784,950	1,010,000	1,100,000
Escalation			150,000	185,000	200,000
Hospital management Costs			150,000	150,000	150,000
Land Purchase			-	-	250,000
Council Fees			20,000	20,925	50,000
Total Project Allowances			2,284,950	2,865,925	3,350,925
Total Project Costs			10,130,000	13,050,000	13,970,000
Fixtures and Fittings	5.0%		506,500	652,500	698,500
Total Capital Expenditure	5.0%		10,636,500	13,702,500	14,668,500

HOROWHENUA HOSPITAL, LEVIN

MASTERPLAN COST ESTIMATE - MAY 2003



Total Cost Summary

Scenario A (Old Site excl. StJ and GP)

GFA: Gross floor area

Zone	Level	GFA m ²	Cost/m ²	Total Cost
A NEW BUILDING WORKS				
A1	Outpatients	290	2,100	609,000
A2	Accident And Medical	187	2,300	430,100
A3	Maternity	247	2,500	617,500
A4	Inpatients	647	2,300	1,488,100
A5	Administration/Staff	519	1,850	960,150
A6	Radiology	168	2,300	386,400
A7	Laboratory and Pharmacy	45	2,300	103,500
A10	Community Support	576	1,850	1,065,600
A11	Mental Health	321	1,950	625,950
A12	Travel/Engineering (25%)	750	1,225	918,750
		3,750	\$1,921	\$7,205,050
B PROJECT & SITE SPECIFICS				
B1	Demolition on existing site (advised by GG)			100,000
B2	Roading & Carparking (80 cars)			125,000
B3	Relocate existing Standby Generator			30,000
B4	External Storage (Double Garage)			20,000
B5	Sundry Plant Rooms (Vacuum Pump)			10,000
B6	Transformer and Enclosure			100,000
B7	Landscaping (advised by GG).			25,000
B8	Site fencing (advised by GG)			20,000
B9	Entry Canopies			80,000
B10	Extend existing site services			100,000
B11	Main entry signage			30,000
				\$640,000
C PROJECT ALLOWANCES				
C1	Consultant Fees			1,180,000
C2	Contingency			784,950
C3	Escalation to Dec 04			150,000
C4	Hospital Management Costs			150,000
C5	FF&E			Excl.
C6	Land Purchase.			Excl.
C7	Territorial Fees			20,000
				\$2,284,950
Total Estimated Cost				\$10,130,000

HOROWHENUA HOSPITAL, LEVIN

MASTERPLAN COST ESTIMATE - MAY 2003



Total Cost Summary

Scenario B (Old Site incl. StJ and GP)

GFA: Gross floor area

Zone	Level	GFA m ²	Cost/m ²	Total Cost
A NEW BUILDING WORKS				
A1	Outpatients	290	2,100	609,000
A2	Accident And Medical	187	2,300	430,100
A3	Maternity	247	2,500	617,500
A4	Inpatients	647	2,300	1,488,100
A5	Administration/Staff	519	1,850	960,150
A6	Radiology	168	2,300	386,400
A7	Laboratory and Pharmacy	45	2,300	103,500
A8	Ambulance Bay/Staff Facility	250	1,800	450,000
A9	GP Practice Rooms	697	2,100	1,463,700
A10	Community Support	576	1,850	1,065,600
A11	Mental Health	321	1,950	625,950
A12	Travel/Engineering (25%)	987	1,225	1,209,075
		4,934	\$1,907	\$9,409,075
B PROJECT & SITE SPECIFICS				
B1	Demolition (advised by GG)			100,000
B2	Roading & Carparking (150 cars).			260,000
B3	Standby Generator.			30,000
B4	External Storage (Double Garage)			20,000
B5	Sundry Plant Rooms (Vacuum Pump)			10,000
B6	Transformer and Enclosure			100,000
B7	Landscaping (advised by GG).			25,000
B8	Site fencing (advised by GG)			20,000
B9	Entry Canopies			80,000
B10	Site services reticulation.			100,000
B11	Main entry signage			30,000
				\$775,000
C PROJECT ALLOWANCES				
C1	Consultant Fees.			1,500,000
C2	Contingency.			1,010,000
C3	Escalation to Dec 04			185,000
C4	Hospital Management Costs			150,000
C5	FF&E			Excl.
C6	Land Purchase.			Nil.
C7	Territorial Fees			20,925
				\$2,865,925
Total Estimated Cost				\$13,050,000

HOROWHENUA HOSPITAL, LEVIN

MASTERPLAN COST ESTIMATE - MAY 2003



Total Cost Summary

Scenario C (new site incl. StJ and GP)

GFA: Gross floor area

Zone	Level	GFA m ²	Cost/m ²	Total Cost
A NEW BUILDING WORKS				
A1	Outpatients	290	2,100	609,000
A2	Accident And Medical	187	2,300	430,100
A3	Maternity	247	2,500	617,500
A4	Inpatients	647	2,300	1,488,100
A5	Administration/Staff	519	1,850	960,150
A6	Radiology	168	2,300	386,400
A7	Laboratory and Pharmacy	45	2,300	103,500
A8	Ambulance Bay/Staff Facility	250	1,800	450,000
A9	GP Practice Rooms	697	2,100	1,463,700
A10	Community Support	576	1,850	1,065,600
A11	Mental Health	321	1,950	625,950
A12	Travel/Engineering (25%)	987	1,225	1,209,075
		4,934	\$1,907	\$9,409,075
B PROJECT & SITE SPECIFICS				
B1	Demolition (advised by GG)			40,000
B2	Roading & Carparking (150 cars)			310,000
B3	Standby Generator			200,000
B4	External Storage (Double Garage)			20,000
B5	Sundry Plant Rooms (Vacuum Pump)			10,000
B6	Transformer and Enclosure			100,000
B7	Landscaping (advised by GG)			100,000
B8	Site fencing (advised by GG)			20,000
B9	Entry Canopies			80,000
B10	Site services reticulation			300,000
B11	Main entry signage			30,000
				\$1,210,000
C PROJECT ALLOWANCES				
C1	Consultant Fees			1,600,925
C2	Contingency			1,100,000
C3	Escalation to Dec 04			200,000
C4	Hospital Management Costs			150,000
C5	FF&E			Excl.
C6	Land Purchase			250,000
C7	Territorial Fees			50,000
				\$3,350,925
Total Estimated Cost				\$13,970,000

ATTACHMENT D

Equipment Schedule

Infrastructure/Equipment Brief - Detailed

Outpatients

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Procedures Room 2 x 18 m ²	<ul style="list-style-type: none"> • Vinyl Flooring • Oxygen/entnox/vacuum - piped • Skirting board level power points (multi) • Data points • Wash hand basin with elbow operated taps and soap dispensers • Three tier glove box holder • Hand towel dispenser • Privacy screening at door • Work bench with cupboard storage above and below 	<ul style="list-style-type: none"> • Electric Hi Lo Procedures Bed • Specialised mobile lighting - halogen • 2 light x-ray viewing box? • 1 drawer trolley • 2 dressing trolleys • 2 stethoscopes • Pedal rubbish bins • Podiatry 'dentists' chair (put in one room) • Chairs • Anaroid desk or handheld sphygmos 	<ul style="list-style-type: none"> ✓ 1 ✓ 2 ✓ 4 ✓ 2 ✓ 1 ✓ ✓ 1 	<ul style="list-style-type: none"> ✓ ✓ 1 ✓ 2 ✓ 1 ✓ 1 ✓
Meeting Room (Large) 25 m ²	<p><i>Should not be in the middle of clinical area – put where it can be easily utilised by other departments</i></p> <ul style="list-style-type: none"> • Multi power points - around the room • Data points - around the room • Beverage Bar with sink and wash hand basin 	<ul style="list-style-type: none"> • Overhead Projector and Screen • TV/VCR • Seating • Modular Table - with flexibility to extend/stack/store/mobile to serve a multitude of uses/group sizes • White Board - wall mounted • Lecturn • Telephone • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓
Consulting Suites Exam Room 7 x 10 m ² Consult Room 5 x 10 m ²	<p><i>2 x double suites i.e. exam/consult/exam with interlinking doors as well as each room linking through a central corridor</i></p> <p><i>3 x single consult suites with exam/consult only, but with interlinking doors as well as each room linking through to a central corridor</i></p>	<p>Consult Rooms:</p> <ul style="list-style-type: none"> • Desk • Office chair • 2 visitor chairs • Dictaphone • Telephone • Caddy to hold prescription pad, lab forms and x-ray request forms 	<ul style="list-style-type: none"> ✓ 6 ✓ 6 ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓

<p>Large Exam Room 1 x 18 m²</p> <p>Large Consult Room 1 x 16 m²</p>	<p><i>1 x Large exam room for Gynae./Colp./Eye</i></p> <p><i>1 x Large consult suite</i></p> <p>Consult Rooms:</p> <ul style="list-style-type: none"> • Power points - multi • Data points x 2 • Wash hand basin with elbow operated taps and soap dispensers (Tempered H₂O) • Three tier glove box holder • Hand towel dispenser • Natural light <p>Exam Rooms:</p> <ul style="list-style-type: none"> • Wash hand basin with elbow operated taps and soap dispensers • Three tier glove box holder • Hand towel dispenser • Skirting board level power points – multi (4 sockets) • Mid wall height power points at head of bed • Privacy screening at doors • May be enclosed space - natural light not important • Exam room designed for eye-testing (large exam room) needs to have an illuminated (back lit) eye chart with 6 metres of space between the patient and chart) 	<ul style="list-style-type: none"> • Rubbish bin • Scales • 2 light x-ray viewing boxes (Large consulting suite to have a double set of 2 light x-ray viewing boxes to allow viewing of a sequence of films - 1.5 metres long) <p>Exam Rooms:</p> <ul style="list-style-type: none"> • Electric Hi Lo Examination Couch • Extendable Angle Poise lighting above examination couch • Diagnostic sets (otoscope and ophthalmoscope, temperature probe) • Pedal rubbish bin • Anoroid sphygmomanometer - mobile with range of cuff sizes including paediatric • Height adjustable patient chair • 2 drawer trolley 	<p>✓</p> <p>✓</p> <p>✓ 4</p> <p>✓ 2</p> <p>✓ 3</p> <p>✓ 4</p> <p>✓ 1</p> <p>✓ 2</p> <p>✓ 8</p>	<p>✓</p> <p>✓ 4</p> <p>✓ 6</p> <p>✓ 5</p> <p>✓ 4</p> <p>✓ 7</p> <p>✓ 6</p>
<p>Toilet - Unisex assist with baby change area</p> <p>10 m²</p>	<p><i>Needs wheelchair access</i></p> <p><i>Needs to be in close proximity to Exam Rooms</i></p> <ul style="list-style-type: none"> • Toilet 	<ul style="list-style-type: none"> • Baby change table • Rubbish bin 	<p>✓</p>	<p>✓</p>

	<ul style="list-style-type: none"> • Hand rail • Hand basin • Soap dispenser • Hand towel dispenser • Mirror • Call bell 			
Reception/Office 30 m ²	<p><i>Reception desk located in front of an office with half wall/glass sliding windows between</i></p> <ul style="list-style-type: none"> • Power points - multi in different locations • Data points x 4 • Stationary Storage pigeon holes • Duress/emergency alarm 	<ul style="list-style-type: none"> • Reception desk - to fit 2 people's workspace • 2 x office desks • 4 x office chairs • Large workbench to prepare and collate medical records for OP clinics • 3 x Computers • 2 x telephones with voicemail • Printer • Label printer • 2 x 4 drawer filing cabinets • Shelving for Eastlight Files • Fax • Notice Board • White Board 	<ul style="list-style-type: none"> ✓ 4 ✓ 2 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓1 ✓ ✓ ✓ ✓ ✓ ✓ ✓
Dirty Utility 12 m ²	<ul style="list-style-type: none"> • Shelves for wash bowls, urinals, commode bowls - taking note of infection control protocols regarding storage • Shelves for miscellaneous equipment • Sluice sink with shower rose head flexible faucet for sluicing out pans/bowls etc. • Wash hand basin • Soap dispenser • Hand towel dispenser • Space for dirty linen trundlers • Power points 	<ul style="list-style-type: none"> • 2 x sanitisers: one for bowls, one for pans/urinals • 2 x Large pedal rubbish bins 	<ul style="list-style-type: none"> ✓ 2 	<ul style="list-style-type: none"> ✓
Clean Utility 12 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point • Work bench 	<ul style="list-style-type: none"> • Medication storage cupboard • Variety of storage systems: storex baskets - under bench, shelves, 		<ul style="list-style-type: none"> ✓ ✓

	<ul style="list-style-type: none"> • Space for trolleys • Wash hand basin with elbow operated taps • Soap dispenser? • Hand towel dispenser • Secure area 	lockable cupboards		
Equipment Storage 12 m ²	<ul style="list-style-type: none"> • Power points - multi (to recharge electronic equipment) 	<ul style="list-style-type: none"> • Shelving 		✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> • Low sluice sink • Out swinging door • Wall mounted detergent dispenser • Wall mounted broom holder • Wash hand basin • Hand towel dispenser? • Shelves for supplies • Space for cleaners cart, vacuum and polisher 			
Department	<ul style="list-style-type: none"> • Doors need to be 1.3 metres wide and corridors 2 metres wide (throughout all clinical areas and main thoroughfares) • Tea/coffee kiosk in one of the corridors with wash hand basin 	<ul style="list-style-type: none"> • ECG • 2 x Patient monitoring 'dynamap' 		✓ ✓

Accident and Medical

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Observation Area 30 m ²	<ul style="list-style-type: none"> Wash hand basin with elbow operated taps and soap dispenser Three tier glove box holder Hand towel dispenser Vinyl flooring 2 x bed head services including oxygen/vacuum, nurse call bell, emergency call, lighting controls Nurse call/emergency call system Privacy screening around patient examination area Work bench Power points - multi Data points Space for dressing trolleys Note writing area with storage for lab forms/x-ray forms/requisitions 	<ul style="list-style-type: none"> Variety of storage systems - storex baskets under bench, lockable cupboards above Double x-ray viewing boxes Pin board 2 x Visitor chair 2 x trauma trolley ECG IVAC Patient monitor with BP/oxygen sats/temp/pulse/resps – multi size cuffs Diagnostic set of ctoscope and ophthalmoscope 4 x Stethoscopes - Litmann ? Halogen procedure light (mobile) 	✓	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Treatment Area 18 m ²	<ul style="list-style-type: none"> Wash hand basin with elbow operated taps and soap dispenser Three tier glove box holder Hand towel dispenser Vinyl flooring Bed head services including oxygen/vacuum/entnox, nurse call bell, emergency call, lighting controls Privacy screening around patient examination area Work bench Note writing area with storage for lab forms/x-ray forms/requisitions Power Points - multi Data points 	<ul style="list-style-type: none"> Variety of storage systems - storex baskets under bench, lockable cupboards above Double x-ray viewing boxes Pin board 2 x Visitor Chair Trauma trolley Dynamap 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓

Plastering Bay 12 m ²	<ul style="list-style-type: none"> • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Vinyl flooring • Power points - multi • Data points • Work bench • Low sink with plaster drain • Privacy screening • Nurse call system • Storage rails or hooks for crutches - axilla and elbow • Open shelved storage 	<ul style="list-style-type: none"> • Plaster saw with dust bag and vacuum • Equipment trolley • Electric Hi Lo plastering couch - accessible from three sides • Double x-ray viewing boxes 	✓	<ul style="list-style-type: none"> ✓ ✓ ✓
Resus 25 m ²	<ul style="list-style-type: none"> • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Vinyl flooring • Power points - multi • Data points • Nurse call/emergency call system • Privacy screening around patient examination area • Note writing area with storage for lab forms/x-ray forms/requisitions • Work bench • Space for trolleys • Oxygen/vacuum - piped 	<ul style="list-style-type: none"> • Variety of storage systems - storex baskets under bench, lockable and open cupboards • Pin board • Visitor Chair • Trauma trolley - centrally located • IVAC • ECG • Defibrillator • Patient monitor with BP/oxygen sats/temp/pulse/resps • Controlled drug safe 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓
Trolley Park 12 m ²	<ul style="list-style-type: none"> • Vinyl wall protection - from floor level to crash pad height 	<ul style="list-style-type: none"> • 4 x transit wheelchair - attendant propelled 		✓
Toilets (M&F) plus a Unisex Assist	<i>To be located near shared reception so can be used by radiology and laboratory patients</i>	<ul style="list-style-type: none"> • Rubbish bin 		✓

20 m ² (2 x 5 m ² and 1 x 10 m ²)	<ul style="list-style-type: none"> • Toilet • Hand rail (in assist toilet) • Hand basin • Soap dispenser • Hand towel dispenser • Mirror • Call bell (in assist toilet) 			
Equipment Store 15 m ²	<ul style="list-style-type: none"> • Power points - multi (to recharge electronic equipment) 	<ul style="list-style-type: none"> • Shelving • Lockable cupboards 		<ul style="list-style-type: none"> ✓ ✓
Reception/Office 20 m ²	<p><i>Will be shared with Radiology/Laboratory</i></p> <ul style="list-style-type: none"> • Power points - multi • Data points - multi • Stationary storage pigeon holes • Duress/emergency alarm 	<ul style="list-style-type: none"> • 2 x Computers • Reception Desk to fit two people • 2 x office chairs • Photocopier • Fax • Printer • Label printer • Shelving for Eastlight files • Dictaphone transcriber • Notice Board • White Board • 2 drawer filing cabinet • Rubbish bin 	<ul style="list-style-type: none"> ✓ 1 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ 1 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Waiting Area 20 m ²		<ul style="list-style-type: none"> • 15 x visitors chairs • Pamphlet display • Children's toys - washable • Magazine table • Water cooler • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Consulting Room 12 m ²	<ul style="list-style-type: none"> • Power points - multi • Data points • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser 	<ul style="list-style-type: none"> • Computer • Printer • Desk • Office chair • 2 x visitors chairs • 2 light x-ray viewing boxes • Dictaphone 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓

		<ul style="list-style-type: none"> • Caddy to hold prescription pad/lab form and x-ray request forms • Pedal rubbish bin 		✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> • Low sluice sink • Out swinging door • Wall mounted detergent dispenser • Wall mounted broom holder • Wash hand basin • Hand towel dispenser? • Shelves for supplies • Space for cleaners cart, vacuum and polisher • Lockable 			✓
Mobile Surgical Bus (located outside of A&M department)	<p><i>Patient exit and entry to and from the bus must flow without compromising access or function of A&M department</i></p> <ul style="list-style-type: none"> • Cover over transit area from bus to A&M department • External data/electrical cabling source for bus to plug into to • Management of waste water from bus • Parking/turning space for bus 	4 x lazyboy chairs - for surgical bus patient's recovery 2 x Hi Lo electric patient beds - for surgical bus patient's recovery	✓	✓
Department	<p><i>Decontamination shower - located at entrance to A&M in a discrete location. May simply be a shower nozzle attachment to one side of a tiled entrance way. Care needs to be taken with tamper proofing if in a public location.</i></p> <p><i>Need ability to isolate the whole A&M area from the rest of the Hospital - security and contamination</i></p> <p><i>A room is required which can be isolated for interim management of TB/SARS patients - negative pressure</i></p>			

Maternity

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Midwives Office/Station 2 x 12 m ² (or bigger reception/nurses station and smaller office area)	<p><i>Configuration - Provide a small nurses station/reception area (for two people) with a staff office located behind to provide a private area for note writing/phone calls (Independent Midwives could use the reception counter for note writing/storage and display of pamphlets/educational material)</i></p> <ul style="list-style-type: none"> • Power points - multi • Data points • Stationery storage pigeonholes 	<ul style="list-style-type: none"> • 2 x Computers • Printer • Reception desk (to fit 2 people) • Office desk • 3 x office chairs • 2 x telephones with voicemail • 2 x 4 drawer file cabinets • Label printer • Fax • Portable phone for patients use • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Staff Toilet - Unisex 5 m ²	<ul style="list-style-type: none"> • Toilet • Hand basin • Soap dispenser • Hand towel dispenser • Mirror • Lockable 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	
Postnatal Rooms 4 x 20 m ²	<ul style="list-style-type: none"> • Bed head services including oxygen/vacuum/entenox, nurse call bell, emergency call, lighting controls • Power points - multi (one set at floor level below bed head services to plug in electric Hi Lo bed) • Data points • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser 	<ul style="list-style-type: none"> • Electric Hi Lo Bed • Patient Chair • 2 x visitor chairs • Bedside locker • Over bed table 	<ul style="list-style-type: none"> ✓ 8 ✓ 4 ✓ 4 	<ul style="list-style-type: none"> ✓ 4 ✓ 4
Postnatal Room Ensuities - with Toilet and Bidet	<ul style="list-style-type: none"> • Shower - shower rose able to be handheld and have the ability to be positioned at varying heights • Call bell 	<ul style="list-style-type: none"> • Rubbish bin • Sanitary towel disposal 	<ul style="list-style-type: none"> ✓ ✓ 	

4 x 10 m ²	<ul style="list-style-type: none"> • Toilet • Bidet - to have back flow prevention • Wash hand basin with elbow operated taps • Hand towel dispenser • Soap dispenser • Mirror • Towel rail • Coat hook • Shelf for personal toiletries - close to wash hand basin • Hand rails at wash hand basin, shower, bidet and toilet • Out swinging door 			
Birthing Suite 20 m ²	<ul style="list-style-type: none"> • Bed head services including oxygen/vacuum/entnox, nurse call bell, emergency call, lighting controls • Oxygen vacuum power source for infant resus trolley • Power points - multi around room including under bed head services • Data points • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Shelving for consumables, delivery packs, instruments and equipment • Writing area/surface for documentation during labour 	<ul style="list-style-type: none"> • Electric Hi Lo delivery bed • Infant resus trolley • Delivery trolley - 2 tier • Bean bag • Stool for LMC - mobile • TV/Stereo • Cot - next to power source for electric blanket • Coffee table • PT locker • 4 chairs • Resuscitair 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Birthing Room Ensuite 12 m ²	<ul style="list-style-type: none"> • Oxygen/vacuum/entnox points • Call bell • Toilet • Bidet - to have back flow prevention • Shower 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	

	<ul style="list-style-type: none"> • Bath • Wash hand basin with elbow operated taps • Hand towel dispenser • Soap dispenser • Mirror • Towel rail • Hand rails at wash hand basin, bath, shower, bidet and toilet • Out swinging door 			
Patient Kitchen/Lounge 20 m ²	<ul style="list-style-type: none"> • Kitchen bench and sink • Hot water zip • Power points • Public pay phone 	<ul style="list-style-type: none"> • Under bench fridge • Dishwasher • Arm chair seating • Coffee tables • TV • Rubbish bin 	✓ ✓ ✓ ✓	✓ ✓
Milk Room	<ul style="list-style-type: none"> • Power points - for expressing machine • Sink and bench with cupboards underneath • Wash hand basin • Hand towel dispenser • Soap dispenser • Beverage Bar - with bi-folding doors • Space for seating for woman/midwife when expressing milk 	<ul style="list-style-type: none"> • Expressing machine • Small fridge • Breastfeeding chair • Chair 	✓ ✓ ✓	✓
Clean Utility 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Work bench • Space for trolleys • Wash hand basin with elbow operated taps • Soap dispenser? • Hand towel dispenser • Secure area • Space for IVAC to be plugged in to charge 	<ul style="list-style-type: none"> • Medication storage cupboard - lockable • Controlled drug cupboard • Variety of storage systems: storex baskets - under bench, shelves, lockable cupboards • IV storage fluid • Drug fridge • Rubbish bins 	✓ ✓ ✓	✓ ✓ ✓

	<ul style="list-style-type: none"> Shelving to store delivery packs/instrument packs 			
Dirty Utility 10 m ²	<ul style="list-style-type: none"> Shelves for wash bowls, urinals, commode bowls - taking note of infection control protocols regarding storage Shelves for miscellaneous equipment Sluice sink with shower rose head flexible faucet for sluicing out pans/bowls etc. Wash hand basin Soap dispenser? Hand towel dispenser? Space for dirty linen trundlers Power points? 	<ul style="list-style-type: none"> 2 x sanitisers: one for bowls, one for pans/urinals Rubbish bins Microwave for heating wheat packs 	✓ 2 ✓ ✓	
Linen Store 6 m ²	<ul style="list-style-type: none"> Parking space for clean linen transport wagon 	<ul style="list-style-type: none"> Shelving 		✓
Equipment Store 15 m ²	<ul style="list-style-type: none"> Power points - multi (to recharge electronic equipment) 	<ul style="list-style-type: none"> Shelving Phototherapy unit Bean bags Full length mirror Babies bath Transport car seat 2 x spare cots Fans Baby scales Transport incubator 	✓ ✓ ✓ ✓ ✓	✓ ✓ 1 ✓ 3 ✓ ✓ ✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> Low sluice sink Out swinging door Wall mounted detergent dispenser Wall mounted broom holder Wash hand basin Hand towel dispenser? Shelves for supplies Space for cleaners cart, vacuum and polisher 			

	<ul style="list-style-type: none">• Lockable			
Department	<ul style="list-style-type: none">• Security: Intercom with buzzer, CCTV, door release at nurses station and midwives station	<ul style="list-style-type: none">• Public phone in a private location		

Inpatients

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Single Bedrooms 14 x 15 m ²	<p><i>Should one of the single rooms have negative pressure to treat TB patients?</i></p> <p><i>Inpatient rooms need to accommodate at times: mobility aids, ambulance trolleys, lifting hoist, dressing trolleys, defibrillator and diagnostic equipment - therefore circulation and access required.</i></p> <ul style="list-style-type: none"> • Bed head services including oxygen/vacuum, nurse call bell, emergency call, lighting controls • Power points - multi (one set below bed head services to plug in electric Hi Lo bed) • Data points • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Wardrobe (500 x 300mm) • Shelf for flowers • Body protected area? 	<ul style="list-style-type: none"> • Electric Hi Lo Bed • Patient Chair – with arms • 2 x visitor chairs • Bedside locker • Over bed table 	✓ 6 ✓ 28 ✓ 14 ✓ 14	✓ 8 ✓ 14
Double Bedrooms 5 x 25 m ²	<p><i>Inpatient rooms need to accommodate at times: mobility aids, ambulance trolleys, lifting hoist, dressing trolleys, defibrillator and diagnostic equipment - therefore circulation and access required.</i></p> <ul style="list-style-type: none"> • 2 x Bed head services including oxygen/vacuum, nurse call bell, emergency call, lighting controls • Power points - multi (one set below bed 	<ul style="list-style-type: none"> • 2 x Electric Hi Lo Bed • 2 x Patient Chair – with arms • 4 x visitor chairs • 2 x bedside locker • 2 x over bed table <p>* have non electric beds</p>	✓ 10* ✓ 5 ✓ 10 ✓ 10	✓ 5 ✓ 10 ✓ 10

	<p>head services to plug in electric Hi Lo beds)</p> <ul style="list-style-type: none"> • Data points • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • 2 x wardrobe (500 x 300mm) • 2 x shelf for flowers • Body protected area? 			
<p>Ensuites</p> <p>14 x 10 m²</p> <p>1 per double room 12 of the single rooms will share an ensuite between 2 rooms 2 of the single rooms will have own ensuite</p>	<p><i>2 or more ensuites need trolley access to shower</i></p> <p><i>Suggest layout of ensuites is all the same. Mirror image of ensuites will allow CVA patients with either L or R sided hemiplegia to be better managed with rehab in a specific bathroom (some toilets located on right side of ensuite and some located on the left side)</i></p> <ul style="list-style-type: none"> • Wet area floor – non slip surface • Toilet • Shower • Wash hand basin with elbow operated taps • Hand towel dispenser • Soap dispenser • Mirror • Call bell • Coat hook • Hand rails at wash hand basin, shower and toilet • Out swinging door • Shelf for personal toiletries - near wash hand basin 	<ul style="list-style-type: none"> • Rubbish bin • Sanitary towel disposal 		<p>✓</p> <p>✓</p>

	<ul style="list-style-type: none"> direct line to PNH Space to accommodate trolley holding patient folders/x-rays 	<ul style="list-style-type: none"> Label printer Photocopier Paper shredder 2 light x-ray viewing box Shelving, filing and cupboards - for resource material, educational material, stationery, old patient notes Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Linen Store 10 m ²	<ul style="list-style-type: none"> Parking space for 2 x clean linen transport wagons 	<ul style="list-style-type: none"> Shelving 		<ul style="list-style-type: none"> ✓
Staff toilet - unisex 5 m ²	<ul style="list-style-type: none"> Toilet Hand basin Soap dispenser Hand towel dispenser Mirror Lockable 	<ul style="list-style-type: none"> Rubbish Container 		<ul style="list-style-type: none"> ✓
Assist Bathroom 15 m ²	<ul style="list-style-type: none"> Bath - to be accessed from three sides to allow access by patient hoist Hand held shower rose on a long hose Wet area floor Privacy curtaining at door Wash hand basin with elbow operated taps Hand towel dispenser Soap dispenser Call bell Shelf for personal toiletries near wash hand basin Towel rails Hand rails at wash hand basin and in front of bath Coat hook 1200mm wide door to allow shower 			

	trolley to be used in this room			
Clean Utility 12 m ²	<ul style="list-style-type: none"> • Power points - multi • Work bench • Space for drug and dressing trolleys • Wash hand basin with elbow operated taps • Soap dispenser? • Hand towel dispenser • Secure area 	<ul style="list-style-type: none"> • Large Medication storage cupboard - lockable • Controlled drug cupboard • Variety of storage systems: storex baskets - under bench, shelves, lockable cupboards • IV storage fluid • Blood fridge • Rubbish bins 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓
Dirty Utility 12 m ²	<ul style="list-style-type: none"> • Shelves for wash bowls, urinals, commode bowls - taking note of infection control protocols regarding storage • Shelves for miscellaneous equipment • Sluice sink with shower rose head flexible faucet for sluicing out pans/bowls etc. • Wash hand basin • Soap dispenser? • Hand towel dispenser? • Space for dirty linen trundlers • Power points? 	<ul style="list-style-type: none"> • 2 x sanitisers: one for bowls, one for pans/urinals • Rubbish bins • Microwave for heating wheat packs 	<ul style="list-style-type: none"> ✓ ✓ ✓ 	
Equipment Storage 15 m ²	<ul style="list-style-type: none"> • Power points - multi (to recharge electronic equipment) • Wall mounted hooks • Open space for a variety of ward related equipment • Bench space 	<ul style="list-style-type: none"> • Shelving • Lockable cupboards/drawers 		<ul style="list-style-type: none"> ✓ ✓
Doctors Office 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Data points 	<ul style="list-style-type: none"> • Office Desk • Office chair • Computer • 1 x 4 drawer file cabinet • Notice board • 2 x visitor chairs 	<ul style="list-style-type: none"> ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓

		<ul style="list-style-type: none"> • Shelving for Eastlight folders, text books, journals • Telephone with voice mail • Rubbish bin 	✓	✓
Interview/Multidisciplinary Meeting Room 20 m ²	<p><i>Ideally this room needs to be link into the nurses office</i></p> <ul style="list-style-type: none"> • Power points - multi • Data points • Good ventilation • Soundproofing in walls 	<ul style="list-style-type: none"> • OHP and screen • White board - wall mounted • TV/VCR • Seating for 20 people • Flexible table system which is easily added to or reduced, rearranged, able to be stored easily • Rubbish bin • Clock 	✓ OHP	<ul style="list-style-type: none"> ✓ Screen ✓ ✓ ✓ ✓ ✓ ✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> • Low sluice sink • Out swinging door • Wall mounted detergent dispenser • Wall mounted broom holder • Wash hand basin • Hand towel dispenser? • Shelves for supplies • Space for cleaners cart, vacuum and polisher • Lockable 			
Department		<ul style="list-style-type: none"> • Shower Trolley 	✓	

Administration/Staff/'Hub' Area

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Staff Lunch/Dining/Kitchen 40 m ²	<ul style="list-style-type: none"> • Power points - multi • Data points • Kitchen sink and bench with storage cupboards below • Hot water zip • Wash hand basin • Soap dispenser • Hand towel dispenser 	<ul style="list-style-type: none"> • Fridge • Microwave • Table x 2 • Kitchen table chairs x 16 • Arm chairs • Sofas • Pin/notice boards • Dishwasher • Water cooler • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Staff Change, Toilet and Shower (male) 20 m ²	<ul style="list-style-type: none"> • Staff lockers - to be recessed into wall to present a flush frontage • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Shower • Towel rail • Mirror • Secure area 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	
Staff Change, Toilet and Shower (Female) 20 m ²	<ul style="list-style-type: none"> • Staff lockers - to be recessed into wall to present a flush frontage • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Shower • Towel rail • Mirror • Secure area 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	
Staff Overnight Room	<i>To be located close to staff change rooms</i>	<ul style="list-style-type: none"> • Single bed • Bedside shelf 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓

	<i>and outpatients desk</i>			
	<ul style="list-style-type: none"> Vinyl Flooring 			
Managers Office 20 m ²	Power points - multi Data points Securable door	<ul style="list-style-type: none"> Workstation Office Chair Computer Printer Meeting table for 6 people 6 x meeting chairs Fax Shelving Lockable file cabinets - for staff files Telephone with voice mail Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓
Storage - Medical Records 60 m ²	Power points -multi	<ul style="list-style-type: none"> Mobile shelving units (refer to OSH specifications for height) 		✓
Storage - Cleaning 10 m ²	<ul style="list-style-type: none"> Power points Lockable door 	<ul style="list-style-type: none"> Shelving - open 		✓
Storage - Supplies and Consumables 20 m ²	<i>Needs to be near service entrance</i> <ul style="list-style-type: none"> Power points Data points Lockable door 	<ul style="list-style-type: none"> Shelving - open Cupboards 		<ul style="list-style-type: none"> ✓ ✓
Storage - Equipment 30 m ²	<i>Needs to be near service entrance</i> <ul style="list-style-type: none"> Power points Lockable door 	<ul style="list-style-type: none"> Shelving Cupboards 		<ul style="list-style-type: none"> ✓ ✓
Wheelchair Park 4 m ²	<i>Needs to be near main reception/outpatient area</i> <ul style="list-style-type: none"> Vinyl wall protection within trolley park - from floor level to crash pad height 	<ul style="list-style-type: none"> 6 x attendant propelled transit wheelchairs 	✓ 3	✓ 3

Med Gas Storeroom 15 m ²	<p><i>Needs to be near service entrance</i></p> <ul style="list-style-type: none"> • Oxygen bank of 8 x G size cylinders, plus storage for 8 x G size back up oxygen bank • Entenox bank of 2 x D size cylinders, plus storage for 2 x D size back up entenox cylinders • Storage only for up to 6 size D and A oxygen cylinders 			
Dirty Linen and Waste 20 m ²	<p><i>Needs to be near service entrance for pick up</i></p> <ul style="list-style-type: none"> • Securable door • Floor drain • Low sluice sink • Shelving • Good ventilation • Room for 3-4 biohazard wheelie bins 			
PABX Server Room 20 m ²	<p><i>Ideally centrally located for cabling purposes</i></p> <p><i>If separate buildings are constructed, each building will require a closet (at least 600mm deep) for network device, small communications frame, UPS etc. and will require at least 2 double power outlets</i></p> <ul style="list-style-type: none"> • Securable door • Power points - multi • Cat 6 cabling • PABX • UPS • File Server • Rack mount cabinet • Back-up tape unit • Communications Frame 			
Orderly Room	<ul style="list-style-type: none"> • Power points 	<ul style="list-style-type: none"> • Desk 		✓

10 m ²	<ul style="list-style-type: none"> Data point 	<ul style="list-style-type: none"> 2 x chairs 		✓
Kitchen/Servery 20 m ²	<p><i>To be located near inpatients and maternity</i></p> <ul style="list-style-type: none"> Lockable wide door (for bain marie access) Workbench with sink and waste disposal unit Wash hand basin Hand towel dispenser Under bench cupboards Over bench cupboards Power points – multi Pantry cupboard 	<ul style="list-style-type: none"> Bain Marie Dispensing Ice Machine Commercial dishwasher Microwave Domestic range Toasters Large fridge/freezer Rubbish bag holder 	✓ ✓ ✓	✓ ✓ ✓ ✓ ✓
Family/Whanau Rooms 2 x 15 m ²	<p><i>To be located rear inpatient and maternity area</i></p> <p><i>Have rooms adjoining with lockable room divider so can be made into one large room for large whanau groups if required)</i></p> <p><i>Needs access to public toilets</i></p> <ul style="list-style-type: none"> Power points – multi Beverage bar with sink bench Wash hand basin Hand towel dispenser 	<ul style="list-style-type: none"> Microwave TV 2 x sofas that can be converted to beds Small dining table 4 x dining chairs Wall mounted phone (with toll bar) Rubbish bin Clock Small fridge Dishwasher 	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓
Body Holding Area 10 m ²	<p><i>Interlink with Quiet Room/Chapel so can accommodate large whanau groups</i></p> <ul style="list-style-type: none"> Small wash hand basin Hand towel dispenser Cool airconditioning 	<ul style="list-style-type: none"> Rubbish bin 	✓	
Meeting/Seminar Room	<p><i>Needs external access so can be used by community groups etc. in the evenings.</i></p>	Meeting Room: <ul style="list-style-type: none"> Overhead projector and screen TV/VCR 		✓ ✓

<p>40 m²</p> <p>(35 m² for meeting room and 5 m² for unisex toilet)</p>	<p>Meeting Room:</p> <ul style="list-style-type: none"> • Power points – multi • Data points • External door – lockable • Internal door – lockable • Hot Water Zip • Small bench with sink • Cupboards under bench • Wash Hand basin • Hand towel dispenser • Good ventilation <p>Unisex Toilet:</p> <ul style="list-style-type: none"> • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Mirror • Lockable door 	<ul style="list-style-type: none"> • Whiteboard – freestanding with printer • Seating for 40 • Modular table – with flexibility to extend/stack/store/mobile to serve a multitude of uses/group sizes • Lecturn • Rubbish bin • Notice Boards <p>Unisex Toilet:</p> <ul style="list-style-type: none"> • Rubbish Bin 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
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	<p>File Room:</p> <ul style="list-style-type: none">• Shelving – must comply with OSH guidelines regarding height suitable to house x-ray packets <p>Patient Change Cubicles:</p> <ul style="list-style-type: none">• Need controlled access entry to imaging suites• Coat hooks• Shelf• Seating• Mirror <p>Office:</p> <ul style="list-style-type: none">• Power points – multi• Data points <p>General:</p> <ul style="list-style-type: none">• Power points – multi• Data points• Storage for small amount of linen• Shelves and cupboards for storage of x-ray positioning aids• Oxygen port• Emergency call bell• Wash hand basin• Soap dispenser• Hand towel dispenser			
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Laboratory

NOTE: MidCentral to provide infrastructure and Medlab to provide equipment

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Laboratory 30 m ²	<p><i>Will share reception with A&M/Radiology</i></p> <p><i>Will share toilets with A&M/Radiology</i></p> <p><i>Will share waiting area with A&M/Radiology</i></p> <p>Office: Power points – multi Datapoints</p> <p>Laboratory Work Area:</p> <ul style="list-style-type: none"> • Power points – multi • Data points • Bench/work space for two laboratory technicians • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser <p>Bleeding Room:</p> <ul style="list-style-type: none"> • Privacy screening • Space for 2 x bleeding chairs • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Emergency call bell • Good lighting plus spot lighting – halogen 	<p>Office:</p> <ul style="list-style-type: none"> • Office desk • Office Chair • Computer • Printer • Shelving for Eastlight files • Two drawer filing cabinet • Notice board • Rubbish bin <p>Laboratory Work Area:</p> <ul style="list-style-type: none"> • Blood Fridge • Billimetre (shared with maternity?) <p>Bleeding Room</p> <ul style="list-style-type: none"> • 2 x bleeding chairs • 2 x visitor chairs 		

Ambulance – St John

NOTE: MidCentral to provide infrastructure and St John to provide equipment

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Office 15 m ²	<ul style="list-style-type: none"> • Power points – multi • Data points – multi • Map display area 	<ul style="list-style-type: none"> • 3 x office desk • 3 x office Chair • Computer • Printer • Fax/Photocopier • Whiteboard – wall mounted • 4 x drawer filing cabinets • Rubbish bin 		
Station Managers Office 10 m ²	<ul style="list-style-type: none"> • Power points – multi • Data point • Shelving for files 	<ul style="list-style-type: none"> • Office desk • Office Chair • Visitor chair • Computer • Printer • Pin Board • 3 drawer filing cabinet • Rubbish bin 		
Clean Utility/Store 20 m ²	<p><i>Interconnecting to garaging area to allow restocking of vehicles and equipment</i></p> <ul style="list-style-type: none"> • Power points - multi • Data point • Work bench • Wash hand basin with elbow operated taps and soap dispenser • Hand towel dispenser • Secure area 	<ul style="list-style-type: none"> • Controlled drug storage • Variety of storage systems: storex baskets - under bench, shelves, lockable cupboards for consumable supplies • Shelves for linen storage and mass casualty bags 		
Dirty Utility	<i>Interconnecting to garaging area</i>			

10 m ²	<ul style="list-style-type: none"> • Drying/airing cupboard for equipment used on ambulance • Sluice sink with hand held shower attachment • Wash hand basin • Soap dispenser • Hand towel dispenser • Storage area for soiled linen trundler • Rubbish bag holder • Storage for cleaning equipment • Sharps container 			
Staff Lounge/ Kitchen/Dining 20 m ²	<p><i>To accommodate three on-duty staff</i></p> <ul style="list-style-type: none"> • Power points - multi • Data points • Kitchen sink and bench with garbage disposal unit • Storage cupboards below bench • Small stove • Hot water zip • Wash hand basin • Soap dispenser • Hand towel dispenser 	<ul style="list-style-type: none"> • Fridge/freezer • Microwave • 4 seat table • TV/VCR • 4 x table chairs • Arm chairs/sofas • Pin/notice boards • Dishwasher • Water cooler • Rubbish holder • Coffee table • Book shelf • Rubbish bin 		
Staff Locker Room – Male 10 m ²	<ul style="list-style-type: none"> • Staff lockers - to be recessed into wall to present a flush frontage • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Shower • Towel rail • Mirror • Secure area 	<ul style="list-style-type: none"> • Rubbish bin 		
Staff Locker Room –	<ul style="list-style-type: none"> • Staff lockers - to be recessed into wall to 	<ul style="list-style-type: none"> • Rubbish bin 		

Female 10 m ²	<p>present a flush frontage</p> <ul style="list-style-type: none"> • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Shower • Towel rail • Mirror • Secure area 			
Staff Overnight Room 3 x 10 m ²	<ul style="list-style-type: none"> • Power points – multi • Data point • Coat hooks • Wardrobe 	<ul style="list-style-type: none"> • Domestic single bed • Bedside cabinet • Study desk with desk light 		
Training/Lecture Room 30 m ²	<ul style="list-style-type: none"> • Lockable storage cupboards – for resuscitation mannequins • Power points – multi • Data points 	<ul style="list-style-type: none"> • White Board • OHP • TV/VCR • Seating • Modular table – with flexibility to extend/stack/store/mobile to serve a multitude of uses/group sizes • Rubbish bin 		
Storage/Records Room 15 m ²	<ul style="list-style-type: none"> • Power points – multi • Data point 	<ul style="list-style-type: none"> • File storage for Civil Defence records • Equipment storage 		
Parking Bays 80 m ²	<ul style="list-style-type: none"> • Garaging for three ambulances undercover with securable doors • Cleaning bay with hose reel for cleaning ambulance vehicles – may be outside of garaging area • Storage for 25 medical gas cylinders – oxygen and entenox • Storage for Civil Defence equipment – stretchers (stokes basket), extendable 			

	<p>ladder</p> <ul style="list-style-type: none">• Work bench and storage for tool for small repairs• Wet area to decontaminate Ambulance Officers			
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Community Support

Service Area	Infrastructure	Equipment Per Room	Reuse	New
Physio – Gym 60 m ²	<ul style="list-style-type: none"> Parallel Bars Wash hand basin Soap dispenser Hand towel dispenser Power points - multi 	<ul style="list-style-type: none"> 2 x double size exercise bed Exercycle Tilt table Standing frame 	<ul style="list-style-type: none"> ✓ 1 ✓ 	<ul style="list-style-type: none"> ✓ 1 ✓ ✓
Physio – Storage 30 m ²	<ul style="list-style-type: none"> Power points – multi Hooks Space for mobile equipment and trolleys 	<ul style="list-style-type: none"> Open shelving 		<ul style="list-style-type: none"> ✓
Physio – Consult Rooms 2 x 15 m ²	<ul style="list-style-type: none"> Power points – multi Data points Coat hooks Wash hand basin Soap dispenser Hand towel dispenser Privacy screening 	<ul style="list-style-type: none"> Workstations Office chair 2 x visitor chairs Rubbish bin Electric Hi Lo examination couch Equipment trolley 2 x light x-ray viewing boxes Dictaphone 	<ul style="list-style-type: none"> ✓ 2 ✓ 2 ✓ 4 ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
Physio – Office 12 m ²	<ul style="list-style-type: none"> Power points – multi Data points 	<ul style="list-style-type: none"> Workstations Office chair Visitor chair Computer Fax 4 drawer file cabinet Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
OT – Office 12 m ²	<ul style="list-style-type: none"> Power points – multi Data points 	<ul style="list-style-type: none"> 2 x Workstations 2 x Office chair Workbench/table for extra staff Computer 2 x 4 drawer file cabinet 2 x Rubbish bin Clock Shelving for Eastlight files 	<ul style="list-style-type: none"> ✓ 2 ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓

		<ul style="list-style-type: none"> • Notice Board – Large • 2 x small notice boards (above desks) • Lockable Cupboard • 3 x telephones with voicemail 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
OT – Storage/Workshop 30 m ²	<p><i>Needs to be near external entrance with vehicle access</i></p> <p><i>Need access to an area to wash down equipment prior to storage e.g. 20 m² for storage and 10 m² for wet bay area with floor drainage and shelf for cleaning products</i></p> <ul style="list-style-type: none"> • Power points – multi • Data points • Hooks • Large sink and bench • Space for mobile equipment and trolleys • Open space for equipment and packaging 	<ul style="list-style-type: none"> • Open shelving - wide • Cupboards – lockable for sharps/poisons etc. • Tool cupboard with shadowboard • Trolley for equipment transfer • Workbench with bench vice • Worktable – to fit large sewing machine • 6 x chairs • Electric fan • Clock • Sewing machine – industrial (able to work with seat belt webbing) 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
OT – Assessment Bathroom 15 m ²	<ul style="list-style-type: none"> • Bath with taps at one end, hand held shower, shower head, curtain and mastrack, handrails • Showerbox (900 x 900) with stainless steel base, curtain entrance, handrails and handheld slide shower. • Toilet – wheelchair accessible with handrails • Basin with mirror over – no cupboard underneath so wheelchair accessible • Call bell near shower/bath 	<ul style="list-style-type: none"> • Non-slip mats • Fan heater • Linen skip • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
Day Hospital – Exam Rooms 2 x 12 m ²	<p><i>Collocate near Outpatient Department and OT/Physiotherapy</i></p> <p><i>Need wide access space</i></p> <p><i>Need privacy screening dividing the room – within privacy screening need to fit patient on</i></p>	<ul style="list-style-type: none"> • Electric Hi Lo examination bed • Extendable Angel Poise lights for over bed • Over bed table • Seated weight scale • 2 exam trolleys 	<ul style="list-style-type: none"> ✓ ✓ 2 ✓ ✓ 	<ul style="list-style-type: none"> ✓

	<p><i>examination bed with Doctor and RN attending. Outside privacy screening need waiting space for relatives, plus space for walking aids and equipment</i></p> <p><i>One exam room needs to be wide enough to use a lifting hoist</i></p> <p><i>Need proximity and access to linen store, equipment store, clean utility, dirty utility and disabled toilet – Outpatients?</i></p> <ul style="list-style-type: none"> • Body protected area • Privacy screening • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Bed head services including oxygen/vacuum, nurse call/emergency bell, lighting controls/ BP units • Coat hooks 	<ul style="list-style-type: none"> • Eye chart– need to be viewed from a distance of 6 metres away and have an adjustable light source positioned directly above the chart • ECG • Pulse Oxyimetre • Diagnostic sets • Pamphlet display • Tuning fork set • 2 x Visitor chairs 	<p>✓</p> <p>✓ 4</p>	<p>✓ 1</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>Day Hospital – Interview Room</p> <p>15 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points 	<ul style="list-style-type: none"> • Chairs for 10 people 		<p>✓</p>
<p>Day Hospital – Office</p> <p>12 m²</p>	<p><i>Outside aspect for office would be greatly appreciated</i></p> <p><i>Require access to meeting room once a week for multidisciplinary meetings</i></p> <p><i>Located close to main entry point and parking for easy access by elderly and infirm clientele</i></p>	<p>Need access to shredder and photocopier</p> <ul style="list-style-type: none"> • 2 x workstations – with lockable drawers and file drawers • 2 x office chairs • Computers • Printer • Shelving for Eastlight folders • 2 x phones with voice mail 	<p>✓ 2</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>

	<p><i>Uses corridor to carry out assessments of day hospital patient's mobility. Preferable that this corridor is not a main thoroughfare to provide a modicum of privacy</i></p> <p><i>Need tea/coffee making facilities nearby</i></p> <p><i>Needs waiting area for 4 people close to Day Hospital, but not located outside day hospital office</i></p> <p><i>Needs to be near wheelchair bay</i></p> <ul style="list-style-type: none"> • Power points – multi • Data points • Stationery pigeon holes 	<ul style="list-style-type: none"> • Chart trolley • 2 x light x-ray viewing boxes • 2 x four drawer filing cabinet • Notice board • Rubbish bin 	<p>✓ 2</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>
<p>Medical Social Worker Office</p> <p>2 x 10 m²</p>	<p><i>Needs natural light and ventilation and some for of privacy in respect to windows</i></p> <p><i>Needs a discrete entrance to protect confidentiality</i></p> <ul style="list-style-type: none"> • Power points – multi • Data points • Soundproofing 	<p><i>Needs access to photocopier</i></p> <ul style="list-style-type: none"> • Office Desk • Office Chair • 2 x visitor chairs • Computer (Shared) • Notice board • Shelving for Eastlight files • 1 x 4 drawer filing cabinet – lockable • Pamphlet display for resource/education material • Phone with voicemail • Rubbish bin 	<p>✓ 2</p> <p>✓ 4</p> <p>✓ 2</p>	<p>✓</p> <p>✓ 1</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>Neuro-Development Therapist Office</p> <p>10 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points 	<ul style="list-style-type: none"> • Office Desk • Office Chair • 2 x visitor chairs • Computer • Notice board • Shelving for Eastlight files/equipment 	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>

		<ul style="list-style-type: none"> catalogues • 2 x 2 drawer filing cabinet • Phone with voicemail • Rubbish bin 	✓ 2 ✓	✓
Neuro-Development Therapist – Store 15 m ²	<i>Needs to be near external entrance with vehicle access – needs to have undercover area for therapist to pick up and drop off equipment</i> <i>Need access to an area to wash down returned equipment prior to storage or packaging for couriering - share with OT store</i> <i>Need to be near Physiotherapy and OT area</i> <i>Needs to be close to secure parking for therapist who has a car full of equipment</i> <i>Needs access to meeting room once a month</i> <i>Needs to be disabled toilet with changing facilities</i> <ul style="list-style-type: none"> • Power points – multi • Data points • Hooks • Open space for equipment and packaging 	<ul style="list-style-type: none"> • Open shelving 		✓
Community Psychogeriatric Nurse Office 10 m ²	<i>Outside aspect if possible</i> <ul style="list-style-type: none"> • Power points – multi • Data points 	<ul style="list-style-type: none"> • 2 x Office Desk • 2 x Office Chair • 4 x visitor chairs • Computer • Notice board • Shelving for Eastlight files • 3 drawer filing cabinet • 2 x Phone with voicemail • Rubbish bin 	✓ 1 ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ 1 ✓ ✓ ✓

<p>Diabetes Nurse Educator Office</p> <p>10 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points 	<p><i>Needs access to photocopier and shredder</i></p> <ul style="list-style-type: none"> • Office Desk • Office Chair • 2 x visitor chairs • Computer • Notice board • Shelving for Eastlight files • 4 x 4 drawer filing cabinet • Phone with voicemail • Fax • Rubbish bin 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>Diabetes Nurse Educator – Exam Room</p> <p>15 m²</p>	<p><i>Needs access to unisex toilet</i></p> <p><i>Needs access to food preparation area – tea, cereal and toast – to manage patients having fasting blood sugar testing</i></p> <p><i>Close to Outpatients Department for access to Endocrinology Consultant and Paediatric Clinics</i></p> <ul style="list-style-type: none"> • Power points – mult • Data point • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser • Secure cupboard for needles and syringes 	<ul style="list-style-type: none"> • Refrigerator for insulin • Electric Hi Lo examination bed • Weigh scales • Pamphlet display - large • Post display boards – multi 	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p>
<p>Diabetes Field Study Office/Exam Room</p> <p>10 m²</p>	<ul style="list-style-type: none"> • Power points - multi • Data point • Privacy screening around bed • Wash hand basin with elbow operated taps and soap dispenser • Three tier glove box holder • Hand towel dispenser 	<ul style="list-style-type: none"> • Office Desk • Office chair • Visitor chair • Telephone • Rubbish bin • Electric Hi Lo examination bed 	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>

<p>Dietician Office</p> <p>10 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points 	<p><i>Needs access to photocopier and shredder</i></p> <ul style="list-style-type: none"> • Office Desk • Office Chair • 2 x visitor chairs • Notice board • Shelving for Eastlight files • 4 x 4 drawer filing cabinet • Phone with voicemail • Rubbish bin 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>District Nurses – Office</p> <p>2 x 20 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points 	<p><i>Needs access to photocopier and shredder</i></p> <ul style="list-style-type: none"> • 3 x Office Desk • 3 x Office Chair • 3 x Computer • Printer (Share) • Notice board • Shelving for Eastlight files • 4 x 4 drawer filing cabinet • 3 x phone with voicemail • Fax • 3 x Rubbish bin • Whiteboard • Bench fridge 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓ 1</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>District Nurses – Storage</p> <p>15 m²</p>	<ul style="list-style-type: none"> • Power points – mult • Data points 	<ul style="list-style-type: none"> • Open shelving • Lockable cupboards • Rubbish bin 		<p>✓</p> <p>✓</p> <p>✓</p>
<p>Sexual Health Reception/Lab/Office</p> <p>10 m²</p>	<p><i>Access to receptionist from waiting area via a 'ticket' window with a securable roller blind cover</i></p> <p><i>Receptionist must be within view of the sexual health waiting area</i></p> <p><i>Office to include a small partitioned off space to</i></p>	<ul style="list-style-type: none"> • Solid table to hold microscope • Office desk • Office chair • Computer • Fax • Rubbish bin • Notice board 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	

	<p><i>house s/s laboratory sink and small workbench</i></p> <p><i>The laboratory end of the room needed to interconnect (via an opaque sliding glass window) to patient's toilet)</i></p> <ul style="list-style-type: none"> • Power points – multi • Data points • s/s laboratory sink • Garbage disposal unit • Wash hand basin • Soap dispenser • Hand towel dispenser • Small work bench 	<ul style="list-style-type: none"> • Phone with voice mail 	✓	
<p>Sexual Health/Public Health Exam/Treatment Rooms</p> <p>2 x 15 m²</p>	<p><i>Interlink with patient toilets which in turn interlinks with laboratory section of Sexual Health Office</i></p> <ul style="list-style-type: none"> • Body protected area • Securable • Space for examination bed to be accessed on three sides • Power points – multi • Data point • Work bench with lockable cupboards above • Note writing area • Privacy screening partitioning off examination bed and patient wash hand basin • Small wash hand basin within privacy screening (cultural) • Wash hand basin outside privacy screening with elbow operated taps and soap dispensers • Three tier glove box holder • Hand towel dispenser 	<ul style="list-style-type: none"> • Electric Hi Lo examination bed • Mobile halogen light source • 2 drawer 2 tier dressing trolleys • Linen bag/rubbish bag/biohazard bag holder • Storex baskets for below workbench • Vaccine fridge (one room only) 	<p>✓ 1</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓ 1</p> <p>✓</p> <p>✓</p>

	<ul style="list-style-type: none"> • Coat hook • Duress alarm • Cupboards for consumables 			
Sexual Health/Public Health Unisex Toilets 2 x 2.5 m ²	<p><i>Interconnects with sexual health/public health examination rooms and interlinks with sexual health reception/lab</i></p> <ul style="list-style-type: none"> • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser 	<ul style="list-style-type: none"> • Rubbish bin 	✓	
Sexual Health – Consult Room 10 m ²	<ul style="list-style-type: none"> • Power points – multi • Data points • Duress alarm 	<ul style="list-style-type: none"> • Office Desk • Office Chair • 3 x patient chairs 	✓ ✓ ✓ 3	
Sexual Health Waiting Area 10 m ²	<p><i>Sexual Health requires a discrete waiting area, for up to 8 people, where the clients cannot be seen by other facility users.</i></p> <p><i>Locate sexual health away from GP services – collocate with Public Health</i></p>	<ul style="list-style-type: none"> • 8 x Chairs • Coffee table for magazines • Washable children’s toys 	✓ 8	✓ ✓
Unisex Assist Toilet with Baby Change Table 10 m ²	<ul style="list-style-type: none"> • Toilet • Hand rail • Hand basin • Soap dispenser • Hand towel dispenser • Mirror • Call bell • Coat hooks 	<ul style="list-style-type: none"> • Baby change table • Rubbish bin 		✓ ✓
Dirty Utility 5 m ²	<ul style="list-style-type: none"> • Sluice sink • Shelves for miscellaneous equipment • Wash hand basin? • Soap dispenser? • Hand towel dispenser? 	<ul style="list-style-type: none"> • Sharps container • Dirty linen holder 		✓ ✓

<p>Office – Supportlinks</p> <p>4 x 10 m²</p>	<ul style="list-style-type: none"> • Power points? • Power points - multi • Data point 	<p>EQUIPMENT TO BE SUPPLIED BY S/L</p> <p><i>Needs access to photocopier and shredder</i></p> <ul style="list-style-type: none"> • Office desk • Office chair • 2 x visitor chairs • Computer • Printer (Shared) • Fax (Shared) • Shelving for Eastlight folders • 4 drawer filing cabinet • Phone with voicemail • Notice board • Whiteboard • Rubbish bin 	<p>✓ 3</p> <p>✓ 4</p> <p>✓ 1</p> <p>✓ 1</p> <p>✓ 3</p> <p>✓</p>	<p>✓ 1</p> <p>✓ 4</p> <p>✓</p> <p>✓ 1</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>Public Health Nurses – Office</p> <p>2 x 15 m²</p>	<ul style="list-style-type: none"> • Power points – multi • Data points - multi 	<ul style="list-style-type: none"> • 2 x office desks (one office 3 x) • 2 x office chairs (one office 3 x) • 4 x visitor chairs • 2 x computers • Shelving for Eastlight Folders • 3 x 4 drawer filing cabinet • 2 x Notice board (one office 3 x) • 2 x Rubbish bin 	<p>✓ 2</p> <p>✓ 5</p> <p>✓</p>	<p>✓ 3</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
<p>Quiet Room/Chapel</p> <p>20 m²</p>	<p><i>Interconnect with body holding area by using bifold securable door – need to have same décor in both rooms</i></p> <p><i>Lighting needs to be discrete, with dimmers</i></p> <p><i>Provision for reinstallation of stained glass window to be considered</i></p> <p><i>Doors need to be wide enough for wheelchairs</i></p>	<ul style="list-style-type: none"> • Seating for 10 people – chairs with arms • Piano • Vases for flowers • Tables for flowers etc. • Storage cupboards - lockable 	<p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>

Meals on Wheels – Office 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point 	<i>Needs access to photocopier and shredder</i> <ul style="list-style-type: none"> • Office desk • Office chair • 2 x visitors chairs • Computer • Printer • Fax • Shelving for Eastlight folders • 2 drawer filing cabinet • Notice board • Rubbish bin • Whiteboard 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> • Low sluice sink • Out swinging door • Wall mounted detergent dispenser • Wall mounted broom holder • Wash hand basin • Hand towel dispenser? • Shelves for supplies • Space for cleaners cart, vacuum and polisher 			
Department	Tea/Coffee kiosk in corridor – with toaster and small fridge for diabetes nurse use	<ul style="list-style-type: none"> • Network printer 		<ul style="list-style-type: none"> ✓

Mental Health

Service Area	Infrastructure	Equipment Per Room	Reuse	New
<u>Community Mental Health</u>				
Offices 6 x 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point • Soundproofing 	<p><i>Will use central network printer, fax and photocopier at reception area</i></p> <ul style="list-style-type: none"> • 2x Office desk • 2 Office chair • 2 x visitor chairs • Computer • Shelving for Eastlight folders • 2 drawer filing cabinet • Notice board • Rubbish bin 	<ul style="list-style-type: none"> ✓ 6 ✓ ✓ 	<ul style="list-style-type: none"> ✓ 6 ✓ ✓ ✓
Meeting Room/Whanau Room (Large) 30 m ²	<ul style="list-style-type: none"> • Multi power points - around the room • Data points - around the room • Beverage Bar with sink and wash hand basin 	<ul style="list-style-type: none"> • Seating - stakable • Modular Table - with flexibility to extend/stack/store/mobile to serve a multitude of uses/group sizes • White Board - wall mounted • Telephone • Under bench fridge • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Storage 10 m ²	<i>Adjoining meeting room to accommodate storage of tables and resources</i>	<ul style="list-style-type: none"> • Shelving 		<ul style="list-style-type: none"> ✓
Reception and Waiting Area 20 m ²	<p><i>To interconnect with medical records room</i></p> <p><i>Consideration given to separation of reception from waiting area for privacy issues</i></p> <ul style="list-style-type: none"> • Power points – multi • Data points – multi • Stationery storage pigeon holes 	<ul style="list-style-type: none"> • Reception desk to fit two people • 2 x office chairs • 2 x computers • Printer - network • Fax • Photocopier • Label Printer • Shelving for Eastlight files 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓

	<ul style="list-style-type: none"> • Duress alarm 	<ul style="list-style-type: none"> • Seating for 10 people • Magazine table • Water cooler • Pamphlet display 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
Staff Toilet 5 m ²	<ul style="list-style-type: none"> • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Mirror • Lockable 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	
Public Toilet - Unisex 5 m ²	<ul style="list-style-type: none"> • Toilet • Wash hand basin • Soap dispenser • Hand towel dispenser • Mirror • Lockable 	<ul style="list-style-type: none"> • Rubbish bin 	<ul style="list-style-type: none"> ✓ 	
Treatment Room 12 m ²	<ul style="list-style-type: none"> • Securable • Work bench with sink with lockable cupboards above • Wash hand basin with elbow operated taps and soap dispenser • Hand towel dispenser • Duress alarm • Power points – multi • Data point 	<ul style="list-style-type: none"> • Electric Ho Lo examination bed • Controlled drug cupboard • Fridge • Storex baskets for under bench 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
Medical Records Room 18 m ²	<ul style="list-style-type: none"> • Power points • Data points 	<ul style="list-style-type: none"> • Mobile shelving which complies with OSH regulations 		<ul style="list-style-type: none"> ✓
Cleaners Cupboard 2.5 m ²	<ul style="list-style-type: none"> • Low sluice sink • Out swinging door • Wall mounted detergent dispenser • Wall mounted broom holder • Wash hand basin • Hand towel dispenser? 			

	<ul style="list-style-type: none"> • Shelves for supplies • Space for cleaners cart, vacuum and polisher 			
CAFS				
Waiting Area 10 m ²	Needs to be a separate area from adult mental health and A&D clients	<ul style="list-style-type: none"> • Seating • Washable toys • Pamphlet display • Magazine table 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Offices 5 x 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point • Soundproofing 	<i>Will use central printer, fax and photocopier at Community Mental Health reception area</i> <ul style="list-style-type: none"> • Office desk • Office chair • 2 x visitor chairs • Computer (in two offices only) • Shelving for Eastlight folders • 4 drawer filing cabinet • White board on wall • Rubbish bin • Small Coffee Table 	<ul style="list-style-type: none"> ✓ 5 ✓ 10 	<ul style="list-style-type: none"> ✓ ✓ 2 ✓ ✓ ✓ ✓ ✓
Child Play Therapy Area 12 m ²	<ul style="list-style-type: none"> • Soundproof • Cork board area on wall • Half vinyl floor (with floor drain) and half carpeting • Wipeable walls • Power points – multi • Water outlet – near water play tray 	<ul style="list-style-type: none"> • Raised sand box • Raised water play tray • 2 x easels and paint pot holders • Open shelving and closed cupboards for toys • Large mirror at child height on wall 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓
Observation/Video Room 6 m ²	<p><i>This room to be located between child play therapy area and interview lounge</i></p> <p><i>One way mirror into child play therapy room</i></p> <ul style="list-style-type: none"> • Power points • Data points 	<ul style="list-style-type: none"> • Video camera and monitor 		<ul style="list-style-type: none"> ✓
Interview Lounge	<i>To be located on the other side of the</i>	<ul style="list-style-type: none"> • Wall mounted white board 		<ul style="list-style-type: none"> ✓

20 m ²	<p><i>observation/video room</i></p> <p>Power points - multi Data point</p>	<ul style="list-style-type: none"> • 3 seater sofa • 2 seater sofa • 2 x arm chairs • Coffee table • Toy box with washable toys • Bean bag 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ 	
<u>Alcohol and Drug</u>				
Office 1 x 20 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point • Soundproofing 	<p><i>Will use central printer, fax and photocopier at Community Mental Health Reception Area</i></p> <ul style="list-style-type: none"> • 2x Office desk/workstations • 3x Office chair • 2 x visitor chairs • 2 x Computer • Stationery cupboard • 4 drawer filing cabinet • 2 x 2 drawer filing cabinet • Notice board • Bookcase • 2 x rubbish bins • Hand held duress alarm • Pamphlet display stand • Tea Trolley • Table • 2 x storage cupboards 	<ul style="list-style-type: none"> ✓ 2 ✓ 3 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓
Medical Officer's Office 10 m ²	<ul style="list-style-type: none"> • Power points – multi • Data point • Soundproofing 	<ul style="list-style-type: none"> • Desk • Office chair • 2 x visitor chairs • Notice board • Mirror • Electric Hi Lo examination bed • Storage cupboard • Rubbish bin 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓
Counseling Offices	<ul style="list-style-type: none"> • Power points – multi • Data point 	<ul style="list-style-type: none"> • Whiteboard • 5 x chairs 	<ul style="list-style-type: none"> ✓ ✓ 4 	<ul style="list-style-type: none"> ✓ 6

2 x 10 m ²	<ul style="list-style-type: none"> • Soundproofing 	<ul style="list-style-type: none"> • Coffee table • TV/VCR with stand (one room only) • Rubbish bin 	✓ ✓	✓
<u>Orango Hinengaro</u>				
Offices 2 x 10 m ²	<ul style="list-style-type: none"> • Power points - multi • Data point • Soundproofing 	<i>Will use central printer, fax and photocopier at Community Mental Health reception area</i> <ul style="list-style-type: none"> • Office desk • Office chair • 2 x visitor chairs • Computer • Shelving for Eastlight folders • 4 drawer filing cabinet • White board on wall • Pin board • Rubbish bin 	✓ ✓	✓ ✓ ✓ ✓ ✓ ✓
Department	Tea/Coffee kiosk in one of the corridors			

Infection Control Comments

- Walls to be of a smooth washable finish without dados/texture/ledges
- Clean demarcation between 'clean' and 'dirty' areas of the building including corridors and entry/exit points for 'clean' or 'dirty' goods
- Cleaning cupboard for each area to avoid cross contamination by using mops from another department
- Sump and drainage for biohazard waste
- Should one room have negative pressure to treat TB patients?
- Wash hand basins in all treatment areas, food preparation areas including tea/coffee kiosks
- Staff lockers to be recessed into the wall to present a flush frontage – no dust traps on top of lockers
- Chair coverings to be wipeable fabric
- Call bells to have plastic coating for hygiene reasons
- Allow for storage space in the meeting room that is used for antenatal classes for exercise pads

ATTACHMENT E

Detailed Financial Analysis

**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION 14 CAPITAL EXPENDITURE UPDATE

CONTENTS

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**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION 12

EXECUTIVE SUMMARY

Introduction

The following financial analysis measures the financial viability of a new Integrated Health Care Facility in Levin. It has been prepared using information provided by MidCentral Health and in conjunction with MidCentral Operational Management.

The configuration of the new health facility represents input from Community, Primary Health, Medical Staff and Management.

Approach

This business case provides the following information:

New Integrated Health Care facility Business case	P/L, Cashflow and Balance Sheet ROI on Comparison of New facility v Status Quo EBITDA \$,000 (earnings before interest, tax and depreciation) Surplus / (Deficit) of new unit after corporate overhead and WACC
---	--

This scenario assumes that the existing land and buildings will be sold for \$2m and that the Weighted average cost of capital (WACC) is 8%.

Options

This business case looks at 3 Scenarios:

- a) New facility based on existing site excluding St John and GP's
- b) New facility based on existing site including St John and GP's
- c) New facility based in Levin including St John and GP's

The preferred Scenario is B and the results are based on this.

Results

- a) The new facility produces a small deficit before finance costs of \$36k pa. The current facility is losing \$1.7m. The turn around (after taking out the impact of exiting ID and CC) is \$1.7m achieved as follows:
 - i) Net increase in revenue of \$0.78m (including new revenue from A & M of \$0.29m and commercial rents of \$0.48m)
 - ii) Net reduction in staff costs of \$0.30m (approximately 5.3 fte's)
 - iii) Clinical costs remain constant
 - iv) Net reduction in other costs of \$0.96m. This is largely facility costs and includes large reductions in laundry, maintenance, food, vehicles, cleaning, phones and utilities. See page 18 for analysis.
 - v) Increase in depreciation of \$0.33m per annum.
- b) The new facility produces an EBITDA of \$682k
- c) After financing costs the new facility produces a deficit of \$972k
- d) The current facility is currently generating a loss of \$2.0m per annum - before financing costs
- e) The new facility shows an improvement of \$1.1 m per annum after full cost of capital deducted. NB - a cost of capital has not been applied to status quo but on site valuation of \$2m would equate to a further improvement of \$160k per annum.
- f) This equates to a return on investment of 19% and payback within 6 years.

Sensitivity Analysis

- 1) If Corporate overhead reduced to \$400k per annum the return increases to 24% and the deficit after overhead and WACC reduces to \$510k.
- 2) A 5% reduction in Capital costs would increase the return to 20% and reduce the deficit after financing to \$881k.
- 3) A \$250k increase in revenue/margin for A and M and Transport would increase the return to 21% and reduce the deficit after financing to \$772k.
- 4) A 10% reduction in Capital costs would increase the return to 22% and reduce the deficit after financing to \$791k.
- 5) A 10% reduction in Capital Costs, reduction in Corporate overhead to \$400k and an increase in revenue/margin of \$250k would increase the returns to 29% and reduce the deficit after financing to \$79k.

**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION 14

FINANCIAL SUMMARY

Base Case (Scenario B)	Year 1 \$,000	Year 2 \$,000	Year 5 \$,000	Year 10 \$,000
Profitability				
Contribution to Corporate Overhead	826	826	826	826
Corporate Overhead	862	862	862	862
Net Surplus / (Deficit) before Financing	(36)	(36)	(36)	(36)
Financing Costs (at 8%)	936	923	878	776
Net Surplus / (Deficit) after Financing	(972)	(959)	(914)	(812)
Comparison against Status Quo				
Net Surplus / (Deficit)	(2,044)	(2,044)	(2,044)	(2,044)
Improvement	1,072	1,085	1,130	1,232
Net Present Value \$,000	9,150			
Return on Investment %	19%			
Payback - Year	6			

Key Financing Assumptions

Proceeds from Sale of Hospital Site \$,000	2,000
Interest Rate	8%
Repayment of Loan - Years	10

**HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE**

SCENARIOS / SENSITIVITIES

Key Assumptions	Scenario A	Scenario B	Scenario C
Scenario	Existing Site	Existing Site GP's and Ambulance	New Site GP's and Ambulance
Key Assumptions			
Sale proceeds of current Hospital Site (GV = \$4m)	2,000,000	2,000,000	3,000,000
Capital Spend \$,000	10,636,500	13,702,500	14,668,500
Weighted Average Cost of Capital	8.0%	8.0%	8.0%
Commercial Rental Income (10%)	68,586	474,504	474,504
Corporate Overhead	862,000	862,000	862,000
Estimated Useful Life of Building - Years	20	20	20
Current EBITDA \$,000	(1,407)	(1,407)	(1,407)
Returns			
Base Case			
NPV \$,000 @ 8%	7,877	9,150	9,048
IRR	20%	19%	19%
EBITDA \$,000 (includes overhead)	276	682	682
Surplus / (deficit) after Overhead and WACC \$,000	(972)	(972)	(1,020)
Sensitivity 1 - Corporate overhead \$400k			
NPV \$,000 @ 8%	13,041	14,314	14,212
IRR	27%	24%	24%
EBITDA \$,000 (includes overhead)	738	1,144	1,144
Surplus/ (deficit) after Overhead and WACC \$,000	(510)	(510)	(558)
Sensitivity 2 - 5% reduction in capex			
NPV \$,000 @ 8%	8,444	9,880	9,829
IRR	22%	20%	20%
EBITDA \$,000 (includes overhead)	276	682	682
Surplus/ (deficit) after Overhead and WACC \$,000	(902)	(881)	(923)
Sensitivity 3 - \$250k increase in revenue / margin revenue/margin			
NPV \$,000 @ 8%	10,672	11,945	11,824
IRR	24%	21%	21%
EBITDA \$,000 (includes overhead)	526	932	932
Surplus/ (deficit) after Overhead and WACC \$,000	(722)	(722)	(770)
Sensitivity 4 - 10% reduction in capex			
NPV \$,000 @ 8%	9,010	10,609	10,610
IRR	24%	22%	22%
EBITDA \$,000 (includes overhead)	276	682	682
Surplus/ (deficit) after Overhead and WACC \$,000	(831)	(791)	(826)
Sensitivity 5 - 10% reduction in capex, \$250k increase in revenue/margin and Corporate overhead at \$400k.			
NPV \$,000 @ 8%	16,968	18,567	18,568
IRR	34%	29%	30%
EBITDA \$,000 (includes overhead)	988	1,394	1,394
Surplus/ (deficit) after Overhead and WACC \$,000	(119)	(79)	(114)

KEY ASSUMPTIONS

Inpatients	Assumptions	Notes / Comments
Physical Configuration	24 Moss Managed Beds 12 ATR (65 +) 12 General Purpose	24 Hours 7 days a week 24 hours, 7 days a week
Volumes	ATR - 156 patients at ALOS of 16.0 Rural Inpatients - 500 patients at ALOS of 8.0 ACC - 179 patients at ALOS of 8.0	Assumes same volume and ALOS as Horowhenua
Revenue	ATR - \$365 per bed day Rural Inpatients - \$148 per bed day ACC - \$377 per bed day Day Hospital - \$238k pa	current revenue
Staffing	Moss - 2.9 Fte's at \$122k salary Nurse Rn - 9.4 FTE's at \$42k salary Nurse EN - 7.0 Fte's at \$32k salary Care Assistant 2.8 Fte's at \$26k Clinical Nurse Co-ordinator 1.0 Fte at 52k salary Specialist 0.4 Ftes at \$150k salary	Includes Day Hospital Staff
Clinical Costs	11.0% of revenue	Reduced from 14% at Horowhenua Hospital Based on Benchmarked from similar facilities

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE**

KEY ASSUMPTIONS

Maternity	Assumptions	Notes / Comments
Physical Configuration	4 Post-Natal Beds 1 Delivery Suite	
Volumes	Births - 110 pa with ALOS of 1.0 Post natal - 230 pa with ALOS of 1.0	
Revenue	Births at \$1,363 per birth Post natal at \$2,044 per person	
Staffing	Midwives - 3.0 FTE's at \$47k pa	
Clinical Costs	4.6% of revenue	As per Horowhenua Hospital

Outpatients	Assumptions	Notes / Comments
Physical Configuration	6 Consulting rooms , 4 adjoining procedure rooms 1 Procedure Room, Day Hospital Area	
Volumes	See list of Clinics per business plan	Per Horowhenua Hospital
Revenue	\$189k per Horowhenua hospital	
Staffing	Nurse - RN - 1.0 Fte's at salary of \$42k Nurse EN - 1.0 Fte's at salary of \$32k Administration / Reception - 1.0 Fte's at salary of \$30k.	Specialists paid at PN
Clinical Costs	29.6% of revenue	As per Horowhenua Hospital - includes outsourced costs

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE**

KEY ASSUMPTIONS

A and M	Assumptions	Notes / Comments
Physical Configuration	Level 1 A and M GP Managed	
Volumes	12 visits a day - weekday 15 visits a day weekend	
Revenue	Assumes ACC Payment of \$50 (in gst) and a Co-payment of \$20 (inc gst) per patient	
Staffing	Triage Nurse 2.4 Fte's at \$50k salary Nurse RN - 0.16 Fte's at 42k salary Administration - 0.08 Fte' at \$30k salary	
Clinical Costs	\$5 per visit GP's paid \$500 per week for after hours cover	
Support Services	Assumptions	Notes / Comments
Physical Configuration	Radiology and Lab Services 2 xray rooms	
Volumes / Revenue	\$400k pa - based on current volumes increased to cover AM	
Staffing	Radiographer - 1.6 Fte's at \$45k salary Radiologist - 0.4 Fte's at \$126k salary Lab Technician - 1.0 Fte's at \$35k salary	
Clinical Costs	Estimate of 15% of Revenue	

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE
VERSION**

Community	Assumptions	Notes / Comments
Physical Configuration	SW, DN's PHN and MoW Physio, OT, Sexual Health and small gym	
Revenue	Meals on Wheels at \$155k pa Home Help at \$102k pa District Nursing at \$423k pa Public Health Services at \$1,027 pa Physio / OT/ SW - at \$\$227k pa Diabetes Revenue \$28k Neuro Nurse Revenue \$50k - new	Current revenue Current revenue Current revenue Current revenue (25% of region) Based on current volumes
Staffing	Social Worker - 1.4 Fte's at \$42k salary Physio - 2.0 Fte's at \$45k salary Physio / OT Aid - 1.88 Fte's at \$27k salary OT - 1.8 Fte's at \$45k salary Diabetes Nurse Educator - 0.5 Fte's at \$42k salary Support Links - 3.5 Fte's at \$45k salary Dietician - 0.8 Fte's at \$42k salary Pschogeriatric Nurse 1.6 Fte's at \$45k Neuro Development Nurse 0.8 Fte's at \$45k District Nurses - 4.4 Ftes's at \$45k salary Public Health Nurses - 3.5 Fte's at \$45k salary Sexual Health Nurses - 0.4 Fte's at \$42k salary Meals on Wheels Co-Ordinator - 0.3 Fte's at \$30k salary	<i>Not included - currently funded by Spotless</i>
Clinical Costs	Estimate of 5% of Revenue plus \$440k of PH costs	Public Health contribution remains constant with status quo

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE
VERSION**

Community Mental Health	Assumptions	Notes / Comments
Physical Configuration	MH, CAF's, OH, AD 18 offices Large Meeting room	
Revenue	Community Mental Health Contract - \$1,208k pa Additional FTE Costs (see below) - \$260k	
Staffing		
General MH	Reception / Admin - 2.0 Fte's at \$30k Psychiastrist - 0.6 FTE's at \$164k Moss - 0.6 FTE's at \$88.5k Registrar - 1.0 Fte's at \$60k Social Worker - 1.7 Fte's at \$43k Psychologist - 1.0 Fte's at \$51k CPN - 3.6 Fte's at \$42k OT - 1.0 Fte's at \$45k Team Leader - 0.5 Fte's at \$53k	
CAFS	Counsellor / Psychologist - 3.2 Fte's at \$51k OH- 0.2 Fte's at \$43k Admin - 1.0 Fte's at \$30k	
OH	CPN - 2.0 Fte's at \$43k	
A & D	Social Worker / Counsellor - 1.4 Fte's at \$43k Youth worker - 0.2 Fte's at \$43k. Medical Officer - 0.1 Fte at \$140k.	
Clinical Costs	Estimate of 2% of Revenue	

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
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Administration	Assumptions	Notes / Comments
Physical Configuration	Incorporated into design	
Staffing	Manager - 1.0 Fte's at \$70k pa Ward Clerk - 1.0 Fte's at \$30k pa Receptionist - 1.0 Fte's at \$30k pa Orderly - 2.8 Fte's at \$28k pa Domestic - 2.0 Fte's at \$26k pa General Office - 1.0 Fte's at \$30k pa	includes security
Other Staffing Costs	Assumptions	Notes / Comments
ACC	Assumes 2.5% of Gross payroll costs	
Uniform Costs	\$50 per FTE per annum	
Staff Procurement	\$100 per FTE per annum	
Training and Conference	\$125 per FTE per annum	
Other Revenue	Assumptions	Notes / Comments
Community Facility - rental	3 Meetings per week at \$20 per time	20
Koha	\$5,000 per annum	5,000
Commercial rentals	\$336k per annum fro GP's St John, Radiology and Labs	
Other	Donations - have assumed zero	This will increase if set up as a community trust

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE
VERSION**

Non Clinical Costs	Assumptions	Notes / Comments
Laundry Food - Meals on Wheels Food Costs	\$6.08 per bed day \$11.70 per bed day \$106k pa	Current cost
Facility Costs		
Cleaning	\$1,500 per week	Benchmarked with Other facility costs
Security	\$100 per week plus orderlies	
Mediwaste	\$200 per week	
Phone and Fax - add	\$750 per week	
Power	\$5,000 per month	
Postage, Freight, Couriers	\$100 per week	
Printing and Stationery	\$2,000 per month	
Refreshments / Catering	\$100 per week	
Advertising	\$500 per month	
Adornments	\$2,000 per annum	
Other Admin	\$100 per week	
Rates	\$500 per month	
Landscaping / Gardening	\$100 per week	
Maintenance	\$400 per week	
Insurance	Included in Corporate Overhead	
Mobile phones	\$30k per annum	
Vehicle Costs		
Lease Costs	10 vehicles at \$400 per month	
Running Costs	\$100 per week per vehicle	
Mini Bus Costs		
Lease Costs	10 Seater Mini van - \$9,000 pa	
Driver	1.5 Drivers at \$30k = \$45k	
Running Costs	10 cents per KM	
Revenue	\$3 per one way trip - 2 round trips a day M-F - 50% full	
Depreciation		
Building	SL over 40 years	
Furniture	SL over 10 years	
Computers etc	SL over 5 years	
Specialist Medical Equipment	SL over 7 years	

**HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY
FINANCIAL BUSINESS CASE
VERSION**

Capex	Assumptions	Notes / Comments
Land	No assumptions - will depend on whether at existing site or in town	Per Grafton calculation
Building Costs	3,566 sq metres at \$1,821 per metre Plus professional fees and contingency	
Furniture and Fittings	\$340k	
Computers / Copiers etc	\$140k	
Specialist Medical Equipment	\$450k	

Other	Assumptions	Notes / Comments
Corporate Overheads	See schedule	MidCentral to review Calculated for Kimberly At \$474k pa based on recovering costs of their space
Redundancy	Reduction in staff at \$20k per staff member	
Rental	Re rentals from GP's St John, radiology and Labs	
Continuing Care	Saving of \$276k pa taken if outsourced in Community Based on Average Bed day cost in private at \$125 per day	Jeff Small - Commercial Services Mid Central - property dept.
ID	Currently costing net \$67k pa - this would be saved if exited	
Sale proceeds of Hospital site	Assumed to be \$2m	
Kitchen reduction	Estimate of savings in existing hospital if Kitchen closed	
Exceptional Maintenance Costs	Estimate of Additional maintenance costs over next 10 years if hospital retained	

General	Assumptions	Notes / Comments
Inflation	Model built in current day prices	
Growth	Population growth assumed to be minimal	
Interest rates - WACC%	8%	
Term of Loan - years	10	

HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE

VERSION

14

BUSINESS CASE -CASHFLOWS

NET PRESENT VALUE - SUBTRACTIVE ANALYSIS

	Note	Year 0 \$,\$000	Year 1 \$,\$000	Year 2 \$,\$000	Year 3 \$,\$000	Year 4 \$,\$000	Year 5 \$,\$000	Year 6 \$,\$000	Year 7 \$,\$000	Year 8 \$,\$000	Year 9 \$,\$000	Year 10 \$,\$000	Year 11+ \$,\$000
New Facility													
Net Cashflow from New ICF (before financing)		(13,953)	790	682	682	682	682	682	682	682	682	29	
Other Cashflow implications ;													
Sale Proceeds of Hospital Site		2,250											
Redundancy Costs		(836)											
Savings in Continuing Care Contract			(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	
Savings in ID Contract			199	199	199	199	199	199	199	199	199	199	
Net Cash Flow		(12,539)	955	846	846	846	846	846	846	846	846	194	-
Status Quo (with closure of ID)													
Current Operating Deficit			(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	(2,044)	
Add Depreciation			385	385	385	385	385	385	385	385	385	385	
Closure of ID			199	199	199	199	199	199	199	199	199	199	
Impact of Kitchen Reduction			200	400	400	400	400	400	400	400	400	400	
Exceptional Maintenance Costs			(100)	(129)	(300)								
Redundancy Costs (closure of ID)		(730)											
Net Cash Flow		(730)	(1,360)	(1,189)	(1,360)	(1,060)	(1,060)	(1,060)	(1,060)	(1,060)	(1,060)	(1,060)	-
Difference		(11,809)	2,315	2,036	2,207	1,907	1,907	1,907	1,907	1,907	1,907	1,254	19,755
Accumulated Difference		(11,809)	(9,494)	(7,458)	(5,252)	(3,345)	(1,438)	469	2,375	4,282	6,189	7,443	
NPV \$,000	8%	9,150											
ROI %		19%											
Payback		Year 4											
NPV to year 10 \$,000	8%	\$1,305											
ROI % to year 10		11%											

**HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE**

VERSION

14

INCOME AND EXPENDITURE

	Note	Year 1 \$,'000	Year 2 \$,'000	Year 3 \$,'000	Year 4 \$,'000	Year 5 \$,'000	Year 6 \$,'000	Year 7 \$,'000	Year 8 \$,'000	Year 9 \$,'000	Year 10 \$,'000
Revenue											
Inpatients		2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281
Maternity		625	625	625	625	625	625	625	625	625	625
Outpatients		189	189	189	189	189	189	189	189	189	189
A and M		293	293	293	293	293	293	293	293	293	293
Community		2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012
Support Services		400	400	400	400	400	400	400	400	400	400
Community Mental Health		1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432
Other Revenue		483	483	483	483	483	483	483	483	483	483
Total Revenue		7,714	7,714	7,714	7,714	7,714	7,714	7,714	7,714	7,714	7,714
Staffing Costs											
Inpatients		1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387
Maternity		141	141	141	141	141	141	141	141	141	141
Outpatients		114	114	114	114	114	114	114	114	114	114
A and M		147	147	147	147	147	147	147	147	147	147
Community		949	949	949	949	949	949	949	949	949	949
Support Services		173	173	173	173	173	173	173	173	173	173
Community Mental Health		1,091	1,091	1,091	1,091	1,091	1,091	1,091	1,091	1,091	1,091
Administration		326	326	326	326	326	326	326	326	326	326
ACC		108	108	108	108	108	108	108	108	108	108
Total Payroll Costs		4,434	4,434	4,434	4,434	4,434	4,434	4,434	4,434	4,434	4,434
Clinical Costs											
Inpatients		251	251	251	251	251	251	251	251	251	251
Maternity		25	25	25	25	25	25	25	25	25	25
Outpatients		56	56	56	56	56	56	56	56	56	56
A and M		49	49	49	49	49	49	49	49	49	49
Community		101	101	101	101	101	101	101	101	101	101
Support Services		60	60	60	60	60	60	60	60	60	60
Community Mental Health		29	29	29	29	29	29	29	29	29	29
Total Clinical Costs		571	571	571	571	571	571	571	571	571	571
Other Direct Costs - Non clinical											
Other Staff Costs		24	24	24	24	24	24	24	24	24	24
Other Operational Costs		1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001
Rent											
Vehicle Costs		110	110	110	110	110	110	110	110	110	110
Mini Bus Costs		31	31	31	31	31	31	31	31	31	31
Depreciation		718	718	718	718	718	718	718	718	718	718
Total Non - Clinical Direct Costs		1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883
Total Direct Costs		6,888	6,888	6,888	6,888	6,888	6,888	6,888	6,888	6,888	6,888
Contribution to Overhead		826	826	826	826	826	826	826	826	826	826
Overheads											
Corporate Overhead		862	862	862	862	862	862	862	862	862	862
Total Overheads		862	862	862	862	862	862	862	862	862	862
Surplus / (Deficit) before Financing		(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)
Financing Costs		936	923	910	895	878	861	842	822	800	776
Surplus / (deficit) after financing		(972)	(959)	(945)	(931)	(914)	(897)	(878)	(858)	(836)	(812)
EBITDA		682	682	682	682	682	682	682	682	682	682

HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE

VERSION 14

CASH FLOW

	Note	Year 0 \$,000	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
Balance B/Fwd		0	-	(306)	(721)	(1,135)	(1,549)	(1,964)	(2,378)	(2,793)	(3,207)	(3,621)
Cash In												
Revenue			8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679
GST		1,463	-	-	-	-	-	-	-	-	-	-
Loan		11,703										
Other Revenue - sale proceeds		2,250										
Total Cash In		15,415	8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679	8,679
Cash Out												
Salary / Paye			4,326	4,326	4,326	4,326	4,326	4,326	4,326	4,326	4,326	4,326
ACC				108	108	108	108	108	108	108	108	108
Clinical Costs			642	642	642	642	642	642	642	642	642	642
Other Staff Costs			27	27	27	27	27	27	27	27	27	27
Other Operational Costs			1,126	1,126	1,126	1,126	1,126	1,126	1,126	1,126	1,126	1,126
Rent			-	-	-	-	-	-	-	-	-	-
Vehicle Costs			124	124	124	124	124	124	124	124	124	124
Mini Bus Costs			35	35	35	35	35	35	35	35	35	35
Corporate Overhead			970	970	970	970	970	970	970	970	970	970
Capital Expenditure		15,415	-	-	-	-	-	-	-	-	-	734
Loan Repayments		-	1,096	1,096	1,096	1,096	1,096	1,096	1,096	1,096	1,096	1,096
GST		-	640	640	640	640	640	640	640	640	640	558
Total Cash Out		15,415	8,985	9,093	9,093	9,093	9,093	9,093	9,093	9,093	9,093	9,746
Net Cash Flow		-	(306)	(414)	(414)	(414)	(414)	(414)	(414)	(414)	(414)	(1,067)
Balance C/Fwd		-	(306)	(721)	(1,135)	(1,549)	(1,964)	(2,378)	(2,793)	(3,207)	(3,621)	(4,688)

GST		Year 0 \$,000	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
Outputs		250	964	964	964	964	964	964	964	964	964	964
Inputs		1,713	325	325	325	325	325	325	325	325	325	406
Net		(1,463)	640	640	640	640	640	640	640	640	640	558
Balance B/Fwd		-	-	-	-	-	-	-	-	-	-	-
Net		(1,463)	640	640	640	640	640	640	640	640	640	558
Paid / (refund)		(1,463)	640	640	640	640	640	640	640	640	640	558
Balance C/Fwd		-	-	-	-	-	-	-	-	-	-	-

HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE

VERSION

14

BALANCE SHEET

	Note	Year 0 \$,\$,000	Year 1 \$,\$,000	Year 2 \$,\$,000	Year 3 \$,\$,000	Year 4 \$,\$,000	Year 5 \$,\$,000	Year 6 \$,\$,000	Year 7 \$,\$,000	Year 8 \$,\$,000	Year 9 \$,\$,000	Year 10 \$,\$,000
Fixed Assets		13,703	12,985	12,267	11,549	10,832	10,114	9,396	8,678	7,961	7,243	7,178
Current Assets												
Cash		0	-	-	-	-	-	-	-	-	-	-
Debtors												
Total Current Assets		0	-	-	-	-	-	-	-	-	-	-
Current Liabilities												
Bank Overdraft		-	306	721	1,135	1,549	1,964	2,378	2,793	3,207	3,621	4,688
Creditors												
Provision for Tax / ACC GST			108	108	108	108	108	108	108	108	108	108
Total Current Liabilities		-	414	829	1,243	1,658	2,072	2,486	2,901	3,315	3,730	4,797
Term Liabilities		11,703	11,542	11,370	11,183	10,981	10,763	10,528	10,274	10,000	9,704	9,384
Net Assets		2,000	1,028	69	(877)	(1,807)	(2,722)	(3,619)	(4,497)	(5,355)	(6,190)	(7,003)
Represented by :												
Balance B/Fwd		2,000	2,000	1,028	69	(877)	(1,807)	(2,722)	(3,619)	(4,497)	(5,355)	(6,190)
Surplus / (Deficit) for year		-	(972)	(959)	(945)	(931)	(914)	(897)	(878)	(858)	(836)	(812)
Accumulated Surplus / (Deficit)		2,000	1,028	69	(877)	(1,807)	(2,722)	(3,619)	(4,497)	(5,355)	(6,190)	(7,003)
		-	-	(0)	(0)	-	-	-	-	-	-	(0)
				(0)	-	0	-	-	-	-	-	(0)

HOROWHENUA - OTAKI
HEALTH SERVICES

FINANCIAL BUSINESS CASE

VERSION 14

CAPITAL EXPENDITURE

Summary of Proposed Capital Expenditure	Per Mtr	Sq Mtr	Cost \$'000	Expected Life Years	Annual Dep'n \$,000
Land			0		
Facility and Operational Consultancy	-	4,934	13,050		
Construction					
Funding (??)					
Project Site Specifics					
Professional Fees					
Total Building Costs		1.00	13,050		
Hard Fit Out		70%	9,135	20	457
Building Shell		30%	3,915	20	196
Total Buildings			13,050		653
Furniture and Fittings		1.00	653	10	65
Computers / Copiers etc				5	-
Specialist Medical Equipment				7	-
Total Project Budget			13,703		718

	Year 0 \$,000	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
Additions											
Land	-										
Buildings	13,050										653
Furniture and Fittings	653										-
Computers	-					-					-
Specialist Medical Equipment	-										-
Total	13,703	-	-	-	-	-	-	-	-	-	653
Accumulated Cost											
Land	-	-	-	-	-	-	-	-	-	-	-
Buildings	13,050	13,050	13,050	13,050	13,050	13,050	13,050	13,050	13,050	13,050	13,050
Furniture and Fittings	653	653	653	653	653	653	653	653	653	653	1,305
Computers	-	-	-	-	-	-	-	-	-	-	-
Specialist Medical Equipment	-	-	-	-	-	-	-	-	-	-	-
Total	13,703	13,703	13,703	13,703	13,703	13,703	13,703	13,703	13,703	13,703	14,355
Annual Depreciation											
Land	-	-	-	-	-	-	-	-	-	-	-
Buildings	653	653	653	653	653	653	653	653	653	653	653
Furniture and Fittings	65	65	65	65	65	65	65	65	65	65	65
Computers	-	-	-	-	-	-	-	-	-	-	-
Specialist Medical Equipment	-	-	-	-	-	-	-	-	-	-	-
Total	-	718	718	718	718	718	718	718	718	718	718
Accumulated Depreciation											
Land	-	-	-	-	-	-	-	-	-	-	-
Buildings	-	653	1,305	1,958	2,610	3,263	3,915	4,568	5,220	5,873	6,525
Furniture and Fittings	-	65	131	196	261	326	392	457	522	587	653
Computers	-	-	-	-	-	-	-	-	-	-	-
Specialist Medical Equipment	-	-	-	-	-	-	-	-	-	-	-
Total	-	718	1,436	2,153	2,871	3,589	4,307	5,024	5,742	6,460	7,178
NBV											
Land	-	-	-	-	-	-	-	-	-	-	-
Buildings	13,050	12,398	11,745	11,093	10,440	9,788	9,135	8,483	7,830	7,178	6,525
Furniture and Fittings	653	587	522	457	392	326	261	196	131	65	653
Computers	-	-	-	-	-	-	-	-	-	-	-
Specialist Medical Equipment	-	-	-	-	-	-	-	-	-	-	-
Total	13,703	12,985	12,267	11,549	10,832	10,114	9,396	8,678	7,961	7,243	7,178

HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE

VERSION 14

VOLUMES / REVENUE

Department	Beds	Annual Capacity Bed days	Capacity %	Contract	Volumes			Unit Revenue \$	Revenue \$,000	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
					Patients	ALOS	Total Bed days												
Inpatients ATR	12	4,380	90%	ATR ACC	156	16.0	2,496	365	911										
					179	8.0	1,432	377	540										
General Day Hospital	12	4,380	91%	Rural Inpatients	500	8.0	4,000	148	592										
									238										
Total Inpatients	24	8,760	91%		835	9.49	7,928		2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281	2,281
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Maternity	4	1,460	23%	Births - Facility Post Natal HBL	110	1	110	1,363	150										
					230	1	230	2,044	470										
Total Maternity							340		625	625	625	625	625	625	625	625	625	625	625
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Outpatients				???					189	189	189	189	189	189	189	189	189	189	189
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
A and M	Level 1 A and M			ACC / Co-payments	4,680			62.56	293	293	293	293	293	293	293	293	293	293	293
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Community	Meals on Wheels Home Help District Nursing Public Health Services Diabetes / Neuro Physio / OT / SW								155										
									102										
Total Community									2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012	2,012
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Support Services	Community Radiology								400										
Total Support Services									400	400	400	400	400	400	400	400	400	400	400
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mental Health	Community Mental Health Other - currently PN								1,172										
Total Community Health									1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other Revenue	Rents																		
Total Other Revenue									0	0	0	0	0	0	0	0	0	0	0
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Revenue							8,268		7,232	7,232	7,232	7,232	7,232	7,232	7,232	7,232	7,232	7,232	7,232
	Growth Factor								0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

HOROWHENUA - OTAKI
HEALTH SERVICES

FINANCIAL BUSINESS CASE

VERSION 14

STAFFING - FTE'S AND COSTS

Department	Job Title	FTE's	Notes
Administration	Manager	1.0	Main - inc. assessment centre work 24/ 7 - includes security includes food distribution, cleaning, linen Clerical support, radiology and lab reception
	Ward Clerk	1.0	
	Receptionist	1.0	
	Orderly	2.8	
	Domestic	2.0	
	General Office	1.0	
Total Administration		8.8	
Inpatients (Includes Day Hospital)	Moss	2.9	Includes infection control
	Nurse Rn	9.4	
	Nurse EN	7.0	
	Care Assistant	2.8	
	Clinical Nurse Co-ordinator	1.0	
	Specialist	0.4	
Total Inpatients		23.50	
Maternity	Midwives	3.00	
Outpatients	Nurse - RN	1.0	
	Nurse EN	1.0	
	Administration / Reception	1.0	
Total Outpatients		3.0	
A and M	Triage Nurse	2.4	M- F (6pm - 8am) S/S 24 hours Surgical Bus ?
	Nurse RN	0.16	
	Administration	0.08	
Total A and M		2.64	

HOROWHENUA - OTAKI
NEW HEALTH CARE FACILITY

FINANCIAL BUSINESS CASE

VERSION

STAFFING - FTE'S AND COSTS (cont.)

Department	Job Title	FTE's	Notes
Community	Social Worker	1.4	
	Physio	2.0	
	Physio / OT Aid	1.88	
	OT	1.8	
	Diabetes Nurse Educator	0.5	
	Support Links	3.5	
	Dietician	-	
	District Nurses	4.4	
	Psychogeriatric Nurse	1.6	
	Neuro Development Nurse	0.8	
	Public Health Nurses	3.5	
	Sexual Health Nurses	0.4	
	Meals on Wheels Co-Ordinator	0.3	
Total Community		22.1	
Support Services	Radiographer	1.6	
	Radiologist	0.4	(currently contracted out ?)
	Lab Technician	1.0	
	Total Support Services		3.00
Mental Health General CAFS OH A & D	Reception / Admin	2.0	
	Psychiastrist	0.6	
	Moss	0.6	
	Registrar	1.0	
	Social Worker	1.7	
	Psychologist	1.0	
	CPN	3.6	
	OT	1.0	
	Team Leader	0.5	
	Counsellor / Psychologist	3.2	
	OH	0.2	
	Admin	1.0	
	CPN	2.0	
	Social Worker / Counsellor	1.4	
	Youth Worker	0.2	
Medical Officer	0.1		
Total Mental Health		20.1	
Total		86.12	

HOROWHENUA - OTAKI
HEALTH SERVICES

FINANCIAL BUSINESS CASE

VERSION 14

CLINICAL COSTS

	Revenue \$,\$000	Clinical Costs % Rev	Clinical Costs \$,\$000	Current \$,\$000	Reduction \$,\$000	
Inpatients	2,281	11.0%	251	319	(68)	Blood \$25k, Clin Equip \$16k, Consumables \$12k, Drugs \$10k, Other \$5k
Maternity	625	4.0%	25	29	(4)	
Outpatients	189	29.6%	56	56	-	
A and M	293	17%	49	0	49	New
Community	2,012	5%	101	101	-	
Support Services	400	15%	60	60	-	
Community Mental Health	1,432	2%	29	29	-	
ID				144	(144)	
CC				64	(64)	
Total	7,232	7.9%	571	801	(231)	

260

Current	Rev \$,\$000	O/S \$,\$000	Clinical Supplies \$,\$000	Total \$,\$000	%
Inpatients					
Ward 4	1,970	63	226	289	
Day	238		15	15	
Other			6	6	
Total	2,208	63	247	310	14.0%
Maternity	625	1	28	29	4.6%
Outpatients	189	47	9	56	29.6%
Support Services					
Physio			7	7	
OT			2	2	
SW			0	0	
				9	
New Services					
A and M	293	26 Doc	23 \$5 visit	49	

**HOROWHENUA - OTAKI
HEALTH SERVICES**
**FINANCIAL BUSINESS CASE
NEW FACILITY OVERHEAD**

	Annual Cost \$	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
Revenue											
Other Revenue		483	483	483	483	483	483	483	483	483	483
Total Revenue		483	483	483	483	483	483	483	483	483	483
Facility Costs											
Other Staff Costs											
Uniform Costs		4	4	4	4	4	4	4	4	4	4
Staff Procurement		9	9	9	9	9	9	9	9	9	9
Training and Conference		11	11	11	11	11	11	11	11	11	11
Total Other Staff Costs		24	24	24	24	24	24	24	24	24	24
Vehicles Costs	Number	10	10	10	10	10	10	10	10	10	10
Lease	4,800	48	48	48	48	48	48	48	48	48	48
Running	5,200	52	52	52	52	52	52	52	52	52	52
Surgead Bus	10,000	10	10	10	10	10	10	10	10	10	10
Total	10,000	110	110	110	110	110	110	110	110	110	110
Mini Bus Costs		31	31	31	31	31	31	31	31	31	31
Other Operational Costs											
Laundry		50	50	50	50	50	50	50	50	50	50
Food -		97	97	97	97	97	97	97	97	97	97
Meals on Wheels Food Costs		106	106	106	106	106	106	106	106	106	106
Cleaning	78,000	78	78	78	78	78	78	78	78	78	78
Security	5,200	5	5	5	5	5	5	5	5	5	5
Medwaste	10,400	10	10	10	10	10	10	10	10	10	10
Phone and Fax	39,000	39	39	39	39	39	39	39	39	39	39
Power	60,000	60	60	60	60	60	60	60	60	60	60
Postage, Freight, Couriers	5,200	5	5	5	5	5	5	5	5	5	5
Stationery	24,000	24	24	24	24	24	24	24	24	24	24
Refreshments / Catering	5,200	5	5	5	5	5	5	5	5	5	5
Advertising	6,000	6	6	6	6	6	6	6	6	6	6
Adornments	2,000	2	2	2	2	2	2	2	2	2	2
Other Admin	5,200	5	5	5	5	5	5	5	5	5	5
Rates	6,000	6	6	6	6	6	6	6	6	6	6
Landscaping / Gardening	5,200	5	5	5	5	5	5	5	5	5	5
Maintenance	20,800	21	21	21	21	21	21	21	21	21	21
Sundry Purchases	5,000	5	5	5	5	5	5	5	5	5	5
Mobile phones	30,000	30	30	30	30	30	30	30	30	30	30
Other Public Health Costs	440,651	441	441	441	441	441	441	441	441	441	441
Insurance	-	-	-	-	-	-	-	-	-	-	-
Total Other Costs	747,851	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001
Depreciation - Building		653	653	653	653	653	653	653	653	653	653
Depreciation - medical equip		-	-	-	-	-	-	-	-	-	-
Depreciation - Other		65	65	65	65	65	65	65	65	65	65
Total Depreciation		718	718	718	718	718	718	718	718	718	718
Total Non Clinical Costs		1,860	1,860	1,860	1,860	1,860	1,860	1,860	1,860	1,860	1,860

ASSUMPTIONS

	Year 1 2002/03	Year 2 2003/04	Year 3 2004/05	Year 4 2005/06	Year 5 2006/07	Year 6 2007/08	Year 7 2008/09	Year 8 2009/10	Year 9 2010/11	Year 10 2011/12
Volumes										
Community Facility use per annum	156	156	156	156	156	156	156	156	156	156
Total Bed days	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,268
Number of Vehicles										
FTE's	86.1	86.1	86.1	86.1	86.1	86.1	86.1	86.1	86.1	86.1
Revenue										
Community Facility										
Rental per use	20	20	20	20	20	20	20	20	20	20
Koha	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Community Facility	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120
Facility Rental	474,504	474,504	474,504	474,504	474,504	474,504	474,504	474,504	474,504	474,504
Revenue	482,624	482,624	482,624	482,624	482,624	482,624	482,624	482,624	482,624	482,624
Other Staff Costs										
Uniform Costs (per FTE)	50	50	50	50	50	50	50	50	50	50
Staff Procurement (per FTE)	100	100	100	100	100	100	100	100	100	100
Training and Conference (per FTE)	125	125	125	125	125	125	125	125	125	125
Catering Cost per Bed Day	11.70	11.70	11.70	11.70	11.70	11.70	11.70	11.70	11.70	11.70
Laundry Cost per Bed Day	6.08	6.08	6.08	6.08	6.08	6.08	6.08	6.08	6.08	6.08
Net / Mini Bus Costs										
Mini Bus Driver (1.5 Fte's)	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000
Lease Costs - pa	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
Total KM Pa	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000
Cost per KM	0.10	10,528	10,528	10,528	10,528	10,528	10,528	10,528	10,528	10,528
Subsidy	0.40	(25,811)	(25,811)	(25,811)	(25,811)	(25,811)	(25,811)	(25,811)	(25,811)	(25,811)
Revenue per day	-30	-7,800	-7,800	-7,800	-7,800	-7,800	-7,800	-7,800	-7,800	-7,800
Net Costs	30,917	30,917	30,917	30,917	30,917	30,917	30,917	30,917	30,917	30,917
Specific Costs'										
Vehicles	110	110	110	110	110	110	110	110	110	110
Food	97	97	97	97	97	97	97	97	97	97
Laundry	50	50	50	50	50	50	50	50	50	50
Meals on Wheels costs	106	106	106	106	106	106	106	106	106	106
Public Health costs	441	441	441	441	441	441	441	441	441	441
Specific Costs	804	804	804	804	804	804	804	804	804	804
Non Specific	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056
Community % (staff)	49%	517	517	517	517	517	517	517	517	517
Community costs - vehicles	100	100	100	100	100	100	100	100	100	100
Total Community Costs	617	617	617	617	617	617	617	617	617	617
PH Costs (% staff)	8%	51	51	51	51	51	51	51	51	51
PH Specific	441	441	441	441	441	441	441	441	441	441
Total Public Health	492	492	492	492	492	492	492	492	492	492

**HOROWHENUA - OTAKI
HEALTH SERVICES**

**FINANCIAL BUSINESS CASE
CORPORATE OVERHEADS**

Company Overheads	Horo site \$,000	HoroHosp \$,000	Total Hosp \$,000	B & E \$,000	Foxtan DN \$,000	Maty Property \$,000	Shannon \$,000	CMHT \$,000	Home Help MOW \$,000	Total Dist \$,000	Overall Total \$,000
Risk Mgt	5	101	106	0	0	7	1	0	0	9	116
Company Wide	106	(3)	103	3	0	(0)	0	1	1	5	108
Information Systems	78	0	78	0	0	0	0	10	5	14	93
CEO	75	(1)	73	2	0	(0)	0	4	2	7	80
Interest	6	60	66	0	1	0	1	0	0	2	68
Finance	60	(1)	59	2	0	(0)	0	4	1	6	65
Employee Relations	43	0	43	1	0	0	0	2	1	4	47
HROD	43	0	43	1	0	0	0	2	1	4	46
Transport Contract	0	27	27	0	0	1	0	0	0	1	27
Corporate Services	18	(0)	18	0	0	(0)	0	1	0	2	20
Payroll Dept	17	0	17	0	0	0	0	1	0	2	19
Staff Development	16	0	16	0	0	0	0	1	0	1	17
Company Development	14	0	14	0	0	0	0	5	2	8	22
Company Manager	11	0	11	0	0	0	0	0	0	0	11
Service Improvement	11	0	11	0	0	0	0	0	0	0	11
Maori health Unit	10	0	10	0	0	0	0	0	0	0	10
Medical Library	8	0	8	0	0	0	0	2	0	2	10
Sterile Supply	3	0	3	0	0	0	0	0	0	0	3
Depreciation	0	1	1	0	0	0	0	0	0	0	2
Company Manager MH	0	0	0	0	0	0	0	81	0	81	81
Company manager Commercial	0	0	0	6	0	0	0	0	0	6	6
Total	524	183	708	15	1	8	1	115	14	154	862

**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION 14

POTENTIAL REDUNDANCY COSTS

	New Facility	Status Quo
Horowhenua Hospital	FTE's	FTE's
Current Staffing	82.7	82.7
Proposed Staffing at new Facility (Ex Community etc)	40.9	
Status Quo - less ID		46.2
Reduction in Staffing	41.8	36.5
Average Redundancy Cost	\$ 20,000	\$ 20,000
Total Redundancy Cost \$,000	836	730
	5.3	

Net Reduction in staff

5.32

**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION 14

SAVINGS IN EXITED CONTRACTS

Continuing Care	\$,000
Current Revenue (less co-payments)	565
Current Annual Volumes - Bed days	4,797
Cost per bed day in Private sector	125
Total Cost \$,000	600
New Contribution	(35)

ID - Awatea ward	\$,000
Current Revenue	1,276
Current Costs	1,475
Current Loss	(199)

**HOROWHENUA - OTAKI
HEALTH SERVICES
FINANCIAL BUSINESS CASE**

VERSION **14** **Interest Rate** **8%**
Term of Loan - Years **25**

LOAN SCHEDULE

	Note	Year 0 \$,000	Year 1 \$,000	Year 2 \$,000	Year 3 \$,000	Year 4 \$,000	Year 5 \$,000	Year 6 \$,000	Year 7 \$,000	Year 8 \$,000	Year 9 \$,000	Year 10 \$,000
Balance B/Fwd		0	11,703	11,542	11,370	11,183	10,981	10,763	10,528	10,274	10,000	9,704
New Loan		11,703										
Interest			936	923	910	895	878	861	842	822	800	776
Repayments			(1,096)	(1,096)	(1,096)	(1,096)	(1,096)	(1,096)	(1,096)	(1,096)	(1,096)	(1,096)
Balance C /Fwd		11,703	11,542	11,370	11,183	10,981	10,763	10,528	10,274	10,000	9,704	9,384

**HOROWHENUA - OTAKI
HEALTH SERVICES**

FINANCIAL BUSINESS CASE

VERSION

REVENUE RECONCILIATION

COMPARISON OF NEW MEDICAL CENTRE V HOROWHENUA HOSPITAL

	New Facility \$,000	Current \$,000	Difference \$,000	Comments
Inpatients				
ATR	911	953	(42)	
ACC	540	566	(26)	
Rural Inpatients	592	451	141	Increase in Vols
Day Hospital	238	238	-	
Continuing care		876	(876)	Outsourced
ID		1,276	(1,276)	Outsourced
Total Inpatients	2,281	4,360	(2,079)	
Maternity				
Births - Facility	150	150	(0)	
Post Natal	470	470	0	
HBL	5	5	-	
Total Maternity	625	625	0	
Outpatients	189	189	-	
A and M	293	0	293	New Service
Meals on Wheels	155	155	-	
Home Help	102	102	-	
District Nursing	423	423	-	
Public Health Services	1,027	1027	-	
Physio / OT / SW	227	155	72	Increased Volumes
Community Radiology	400	558	(158)	Reduced Volumes
Mental Health	1,432	1,208	224	Revenue attached to staff currently showing in PN
Diabetes/ Neuro	78		78	New Revenue
Sundry Income	483	64	419	
Total Income	7,714	8,866	(1,152)	
Ex ID and CC	7,714	6,714	1,000	

HOROWHENUA - OTAKI
HEALTH SERVICES

FINANCIAL BUSINESS CASE

VERSION 14

MOVEMENT FROM STATUS QUO

Overview

	New	Status Quo	Diff	ID	CC	Others	Diff
	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000
Revenue	7,714	9,090	(1,376)	1,276	876	6,938	776
Staff Costs	4,434	6,285	(1,851)	997	550	4,738	(304)
Clinical Costs	571	801	(231)	144	64	593	(23)
Other Costs	1,165	2,800	(1,635)	334	340	2,126	(961)
Depreciation	718	385	333			385	333
Total Costs	6,888	10,272	(3,384)	1,475	954	7,843	(955)
Contributon	826	(1,182)	2,008	(199)	(78)	(905)	1,731
Corporate Overhead	862	862	0				0
Net profit before Financing	(36)	(2,044)	2,008	(199)	(78)	(905)	1,731

Inp \$73k , AM \$293k, Comm Rad (\$158k), Supp \$72k, Rentals \$474k, Other \$22k
 Net 5.3 Staff - average of \$57k
 AM \$49k increase Inpatients (\$91k savings)
 See analysis below

Non Clinical Costs	New	Status Quo	Diff	Comments
Major items	\$,000	\$,000	\$,000	
Laundry	50	216	(166)	reduced beds - more effective charging - based on benchmarked rates
Maintenance	21	397	(376)	New facility - ensure kept up to date using depreciation fund
Food	102	389	(287)	Outsourced - more effectively - based on benchmarked rates
Vehicle Costs	110	274	(164)	10 vehicles pooled to new facility
Power	60	170	(110)	Reduced space
Cleaning	78	156	(78)	Reduced space
Phone	39	144	(105)	Current charging seems very high
Mobile Phones	30	38	(8)	More efficient monitoring
Meals on Wheels	106	106	-	Potential savings by outsourcing
Minor Purchases	-	77	(77)	New facility - minimal - purchased in future out of depreciation reserve
Stationary etc	29	71	(42)	More effective pooling between services
Other	25	49	(24)	
Med waste	10	47	(37)	
Grounds	5	36	(31)	Minimal grounds
Other staff costs	24	28	(4)	
Security	5	8	(3)	
Orderlies		170	(170)	Included in staff in new facility = \$100k pa
Transport Costs	31		31	New Expense - Transport to PN
Total	726	2,376	(1,650)	
Other	440	424	15	
Total	1,165	2,800	(1,635)	

HOROWHENUA HOSPITAL

SUMMARY OF ADJUSTED FINANCIAL POSITION

		2001/02 Budget										
		Revenue	Med Personnel	Admin Personnel	Outsourced Services	Clin Supplies	Non Clinical	Internal Charges	Direct Costs	Contribution	Indirect Overhead	P/L
		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
26	Medical Staff - Horo	-	477	1		2	9		489	(489)		(489)
61	Horowhenua Hospital							15	15	(15)		(15)
82	Physiotherapy - Horo	9	113	12		7	18		150	(141)		(141)
92	Occupational Therapy - Horo	2	117	12		2	33		164	(162)		(162)
252	Social Work Dept - Horo		51	2		-	14		67	(67)		(67)
493	Podiatrists - Levin		3			1			4	(4)		(4)
510	Day Hospital	238	40	-		15			55	183		183
550	Outpatients - Horowhenua	189	66	26	47	9	22		170	19		19
551	Awatea Ward ID		949	48	8	136	334		1,475	(1,475)		(1,475)
552	Ward 2 - Continuing Care	876	494	56	4	60	340		954	(78)		(78)
554	Ward 4 - ATR / Rural	2,711	970	29	63	226	625		1,913	798		798
733	House Management	81				(1)	137		136	(75)		(75)
787	Levin Maternity	625	271		1	28	154		454	171		171
791	Nursing Dept		205	23		1	5		234	(234)		(234)
957	Co-ordinator - Horo District	1	7	144		3	135		289	(288)		(288)
Total - Management Accounts		4,712	3,763	353	123	489	1,826	15	6,569	(1,857)	-	(1,857)
Adjustments												
Adjustments for outsourced contracts							295		295	(295)		(295)
Subsidy		(741)								(741)	708	(741)
Corporate Overhead												(708)
Contract Revenue - ID		1,276								1,276		1,276
Physio, OT, SW Revenue		146								146		146
Total Adjustment		681	-	-	-	-	295	-	295	386	708	(322)
Horowhenua Hospital		5,393	3,763	353	123	489	2,121	15	6,864	(1,471)	708	(2,179)
		55%	5%	2%	7%	31%	0%					
Other Community Services		5,329				15%		52%		(1,535)		(2,243)
Community Radiology		558							553	5		5
Meals on Wheels		155							124	31		31
Home Help		102							106	(4)		(4)
Community Mental Health		1,208							1,296	(88)		(88)
District Nursing		423							332	91		91
Public Health Services		1,027							773	254		254
Corporate Overhead											154	(154)
Total Community Based Services		3,473	-	-	-	-	-	-	3,184	289	154	135
External Providers		1,662							1,662	-	0	-
Total Horowhenua and Otaki District		10,528	3,763	353	123	489	2,121	15	11,710	(1,182)	862	(2,044)
ID - Awatea		1,276	949	48	8	136	387	-	1,528	(252)	-	(252)
Excluding ID (Awatea)/External		7,590	2,814	305	115	353	1,734	15	8,520	(930)	862	(1,792)

Depreciation 385
EBITDA (1,407)

4,116

Summary	Revenue	Salary	Clinical	Non Clinical	Direct Costs	Contrib	O/Head	Profit/(Loss)
	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000
Horowhenua Hospital	5,393	4,116	612	2,136	6,864	(1,471)	708	(2,179)
Variable		4,116	612	641				
Fixed				1,495				
Variable Costs % of Salary			15%	16%				

(1,072)

Estimate	Clin Costs %	Staff Costs \$	Clinical \$	Other \$	Total \$
Community Mental Health	5%	1,117	29	150	1,296
Community	4%	828	161	900	1,888
Total		1,945	189	1,049	2,135

**RIDER HUNT CAPITAL VALUATIONS
ESTIMATED CAPITAL COSTS**

			Option A \$	Option B \$	Option C \$
Less					
Construction Per Rider Hunt			9,409,075	9,409,075	9,409,075
Less GP	697	2,100	1,463,700		
Less Ambulance	250	1,800	450,000		
Less Common	237	1,225	290,325		
Total Construction			7,205,050	9,409,075	9,409,075
Site Costs					
Demolition			100,000	100,000	40,000
Roading/Carparking			125,000	260,000	310,000
Standby Generator			30,000	30,000	200,000
External Storage			20,000	20,000	20,000
Sundry Plant Rooms			10,000	10,000	10,000
Transformer and Enclosure			100,000	100,000	100,000
Landscaping			25,000	25,000	100,000
Site Fencing			20,000	20,000	20,000
Entry Canopies			80,000	80,000	80,000
Site Services Reticulation			100,000	100,000	300,000
Main Entry Signage			30,000	30,000	30,000
Total Site Costs			640,000	775,000	1,210,000
Consulting			1,180,000	1,500,000	1,600,925
Contingency			784,950	1,010,000	1,100,000
Escalation			150,000	185,000	200,000
Hospital management Costs			150,000	150,000	150,000
Land Purchase			-	-	250,000
Council Fees			20,000	20,925	50,000
Total Project Allowances			2,284,950	2,865,925	3,350,925
Total Project Costs			10,130,000	13,050,000	13,970,000
Fixtures and Fittings	5.0%		506,500	652,500	698,500
Total Capital Expenditure			10,636,500	13,702,500	14,668,500
Sensitivity					
Potential Reductions	5%		531,825	685,125	733,425
Potential Capital Expenditure			10,104,675	13,017,375	13,935,075

ATTACHMENT F

Verification