

WORLD CLASS END OF LIFE PROGRAM



Orange Palliative Care

Architectural Design Statement



BVN

*We acknowledge the Wiradjuri people as the Traditional Owners of
the land on which the Orange Hospital is on.*

*We pay our respects to your Country, ancestors and the
community that maintains culture from the past, in the present
and into the future.*

*We recognise that the success of this project requires us listening
to the Traditional Owners of the land and other Aboriginal and
Torres Strait Islander People, working with you, and walking
beside you on this journey.*

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DATE	REVISION
28.05.2024	01 FOR REF SUBMISSION

1. Executive Summary

1. Executive Summary

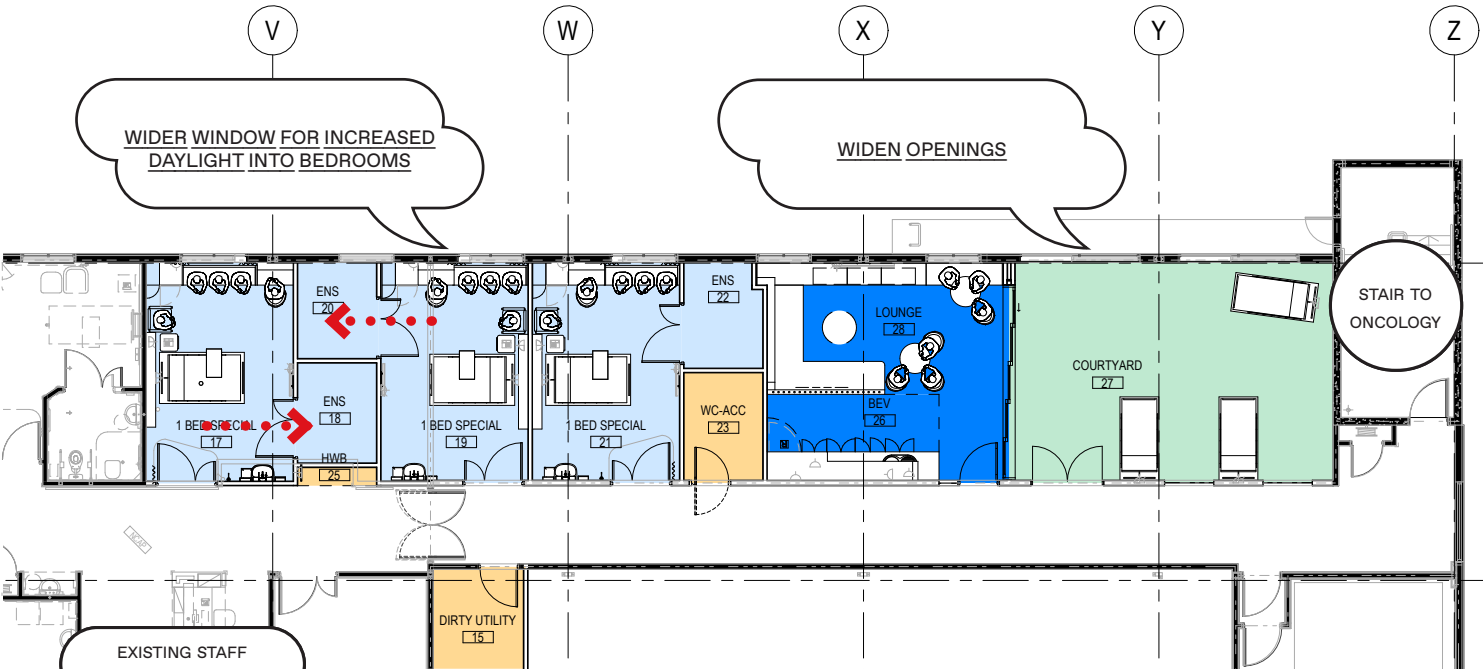
WORLD CLASS END OF LIFE CARE PROGRAM

The World Class End of Life Care program (WCEoLP) commits to ensuring NSW has the best palliative care services and support in Australia, if not the world. This will increase access to end-of-life care locally, deliver purpose-built facilities that support contemporary models of care, improve patient safety and quality of care and improve environments for patients, carers and staff. This program will deliver 3 designated Palliative Care beds within the existing Orange Hospital.

World Class End of Life Care provides patients with access to best quality care in a home-like environment to provide spaces which optimise quality of life. Palliative care is unique as it cannot cure, however it can reduce the severity of symptoms and suffering of patients with serious illness. In addition it can provide spaces which enable families to be together in a calm, tranquil environment. Access to natural light, fresh air, access to outdoors to provide the best quality of life for the time left.

The WCEoLP Orange comprises an additional 3 new palliative care beds located within the existing shell of level 01 Orange Hospital, adjacent Medical B. These beds are additional to the 2 existing palliative care bedrooms currently located on the ground floor of Medical A.

- The location was selected given it
- Provides the functional design briefed area
 - Supports the endorsed model of care
 - Provides safe and high-quality care
 - Provides culturally sensitive care
 - provides access to a covered courtyard dedicated to palliative care



FIT OUT OF LEVEL 01 SHELL SPACE - PROPOSED PALLIATIVE CARE LAYOUT

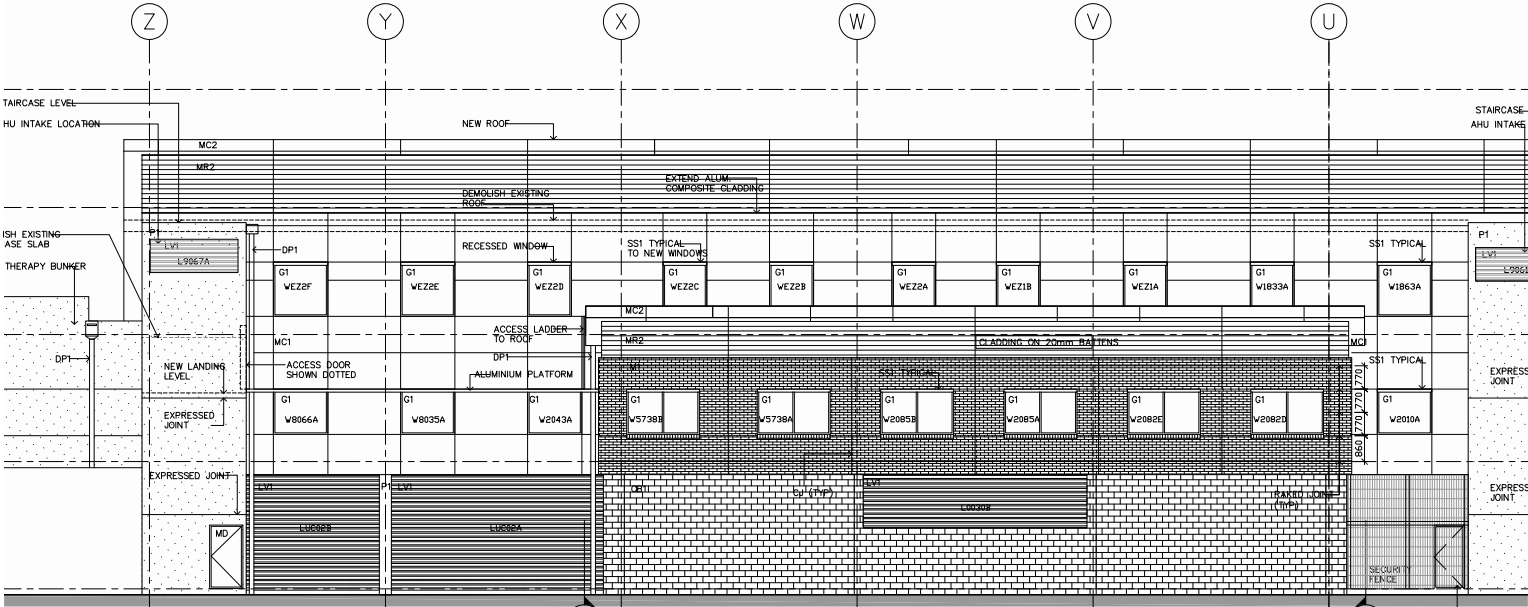
Modifications to the existing facade are required to realise this covered balcony area by

- Removing two existing windows
- Widen the openings to enable fresh air to penetrate the space
- Provide drainage to this covered courtyard

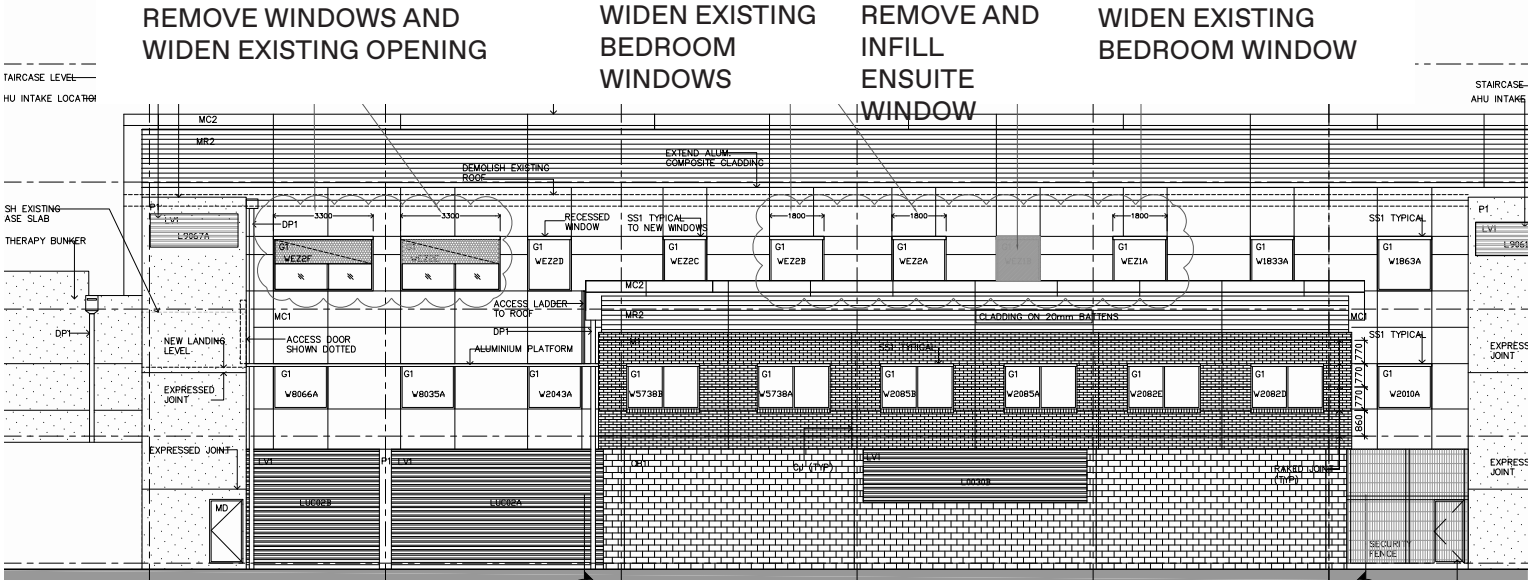
Other modifications to the facade are required to suit the internal planning

- Increase the bedroom windows to increase daylight factor into the room given palliative bedroom sizes are larger than the existing standard hospital bedrooms.
- Infill a window location given ensuite location relative to facade window locations.

The modification to the existing envelope are minor within the context of the existing overall hospital development. The proposed palette of materials is to match existing for the ensuite infill and the balcony balustrading is proposed to be glass at lower level, with a mesh infill at upper level to enable fresh air to permeate this covered courtyard.



EXISTING NORTH ELEVATION



PROPOSED NORTH ELEVATION

2. Design Principles

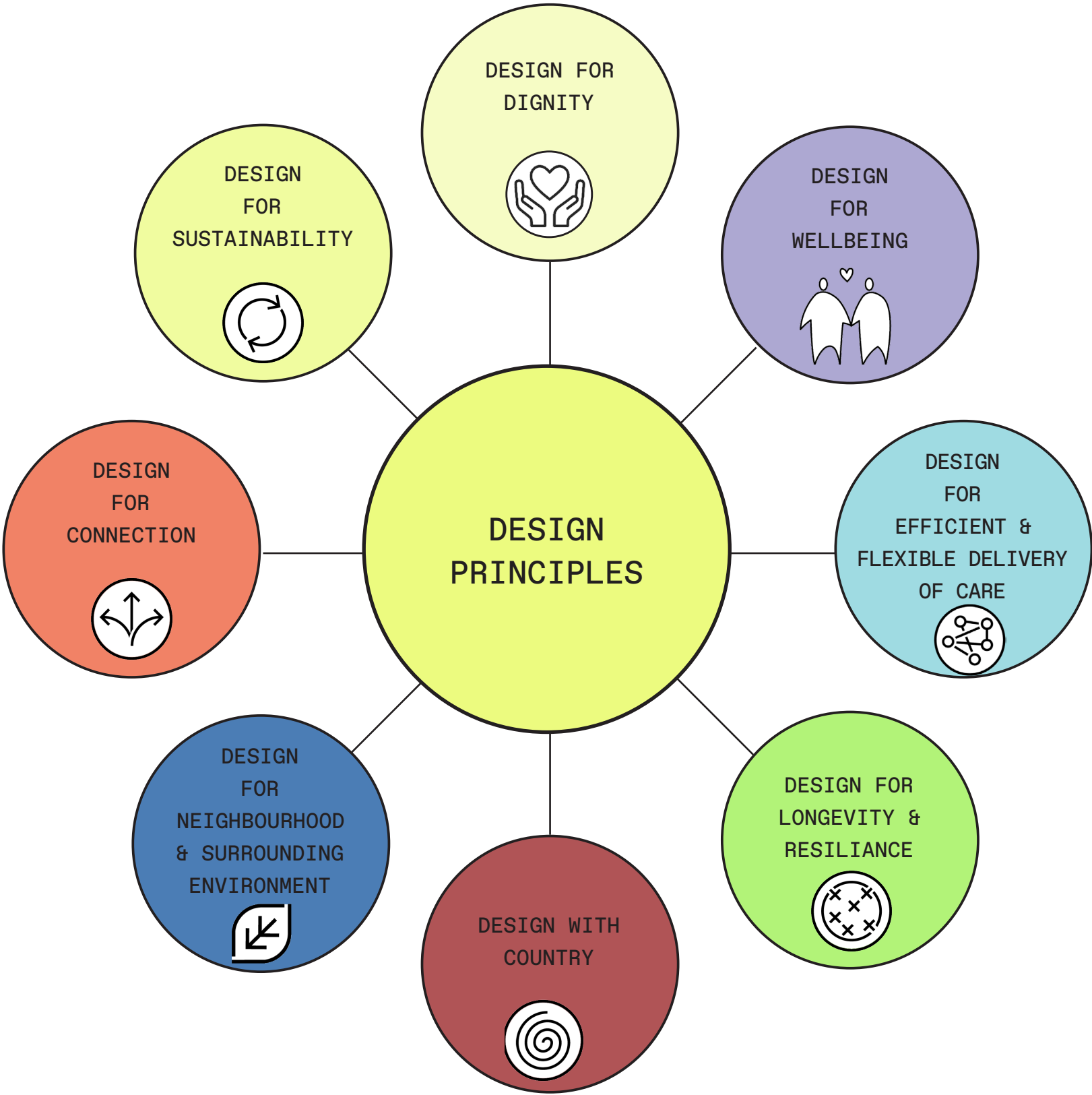
Design Principles

The Orange WCEoLP has been designed in accordance with and acknowledging

- Greener Places Design Guide
- Better Placed
- Design Guide for Health
- Connecting with Country
- CPTED Principles

The following key design principles have been developed to respond to these and underpin the design of the World Class End of Life Wyong Palliative Care unit.

- Design for dignity
- Design for wellbeing
- Design of efficient and flexible delivery of care
- Design for longevity and resilience
- Safety and security
- Design with Country
- Design for the neighbourhood and surrounding environment
- Design for connection
- Design for sustainability



Design Principles

DESIGN FOR DIGNITY

Create spaces which enable privacy and patient control of their environment by providing single bedrooms with the opportunity for individual curation



Rooms should have large windows for patient outlook and maximise daylight within the room. Rooms, where possible, should have direct access to outdoor space to enable the patient to be taken by bed or by chair to the balcony area.

Bedrooms should provide space for carer's and families, to allow for cuddle beds, carer beds and fridges. Materiality should be homelike with soft materials.



ROBINA HOSPITAL CUDDLE BED, QLD, BVN



HIGHLAND HOSPICE, INVERNESS, JDDK

→
larger rooms for families
with cuddle beds & carer
beds

→
homelike spaces

→
large windows to
maximise light & provide
a view



ROYAL CHILDREN'S HOSPITAL, MELBOURNE, BLP & BATES SMART



ST PETER'S HOSPICE, BRISTOL, UK, KKE

Design Principles

DESIGN FOR WELLBEING

Provide a calm & soothing environment in support of staff, patients and their families



Enabling direct access to outdoor spaces to be close to nature and outlook to plants and gardens. Providing external sheltered spaces offering views to the horizon beyond for reflection and mindfulness.

Create internal courtyards which provide direct access to outdoor space and maximises daylight into the building.

Create seating nooks which can be used by families for quiet conversations or by clinicians to discuss patient care.

Pet friendly spaces to reduce patient anxiety given pets are family members too.

→ offer glimpses and views of the nature that surrounds them



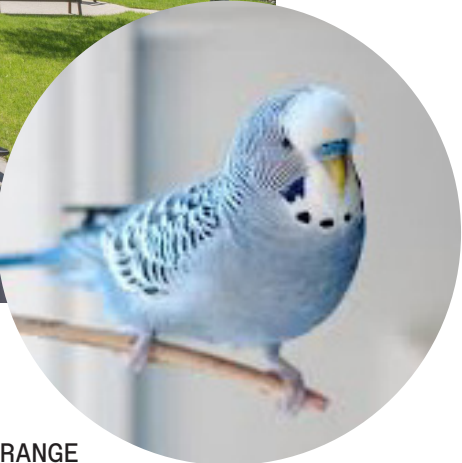
MAGGIE CENTRE, GLASGOW, OMA

→ are calm, friendly and welcoming places, full of light and warmth

→ provide thoughtful spaces to find privacy as well as places to come together as a group



ST PETER'S HOSPICE, BRISTOL, UK, KKE



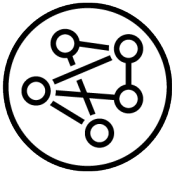
MAGGIE CENTRE, OLDHAM, OMA



ROBINA HOSPITAL EXPANSION, QLD, BVN

DESIGN FOR EFFICIENT & FLEXIBLE DELIVERY OF CARE

Ensure the planning of the department provides for patient, staff, family and support needs in a well considered design response which maximises efficiency and flexibility in the delivery of patient care



Provide multi-functional spaces for group therapies such as music and art therapy. Areas to read and listen to music and be with families. Spaces for massage and pampering. Create spaces which are the best they can be and which optimise quality of life.

A variety of family spaces which need to provide seating for all ages, allowing children to play whilst adults can have quiet conversations. Spaces with soft couches and easy chairs with access to a beverage bay and kitchen facilities.



FAMILY LOUNGE, DINING, CONCORD



→
flexible use of spaces

↓
memory making



→
spaces where people can come together



FAMILY LOUNGE, GOSFORD

Design Principles

DESIGN FOR LONGEVITY & RESILIENCE

Ensure the design considers longer term use and potential future changes to models of care



Select soft durable materials like timberlook vinyls and carpet which are warm and homelike. Create spaces which allow daylight into the room or sounds of nature for reflection and mindfulness.



→
soft palette - reflection
and mindfulness



ST PETER'S HOSPICE, BRISTOL, UK, KKE



→
hard-wearing materials-
durable and warm



FEASIBILITY STUDY NEW PALLIATIVE CARE, NEPEAN, BVN



EXISTING TRESILLIAN BUILDING



Design Principles

DESIGN WITH COUNTRY

Engage with local Indigenous community to understand the local history of the site and to enable culturally appropriate spaces be provided for patients and family



Provide spaces within the palliative and supportive care unit for large indigenous groups to gather. These outdoor spaces connect to surrounding green space, where a ground level is available or alternatively an outdoor balcony space on a rooftop setting. The outdoor space supports cultural rituals and ceremonies and where required enable smoking ceremonies in bedrooms.

Maximise opportunities to connect to landscape and outlook providing connection and shelter.



→
story telling



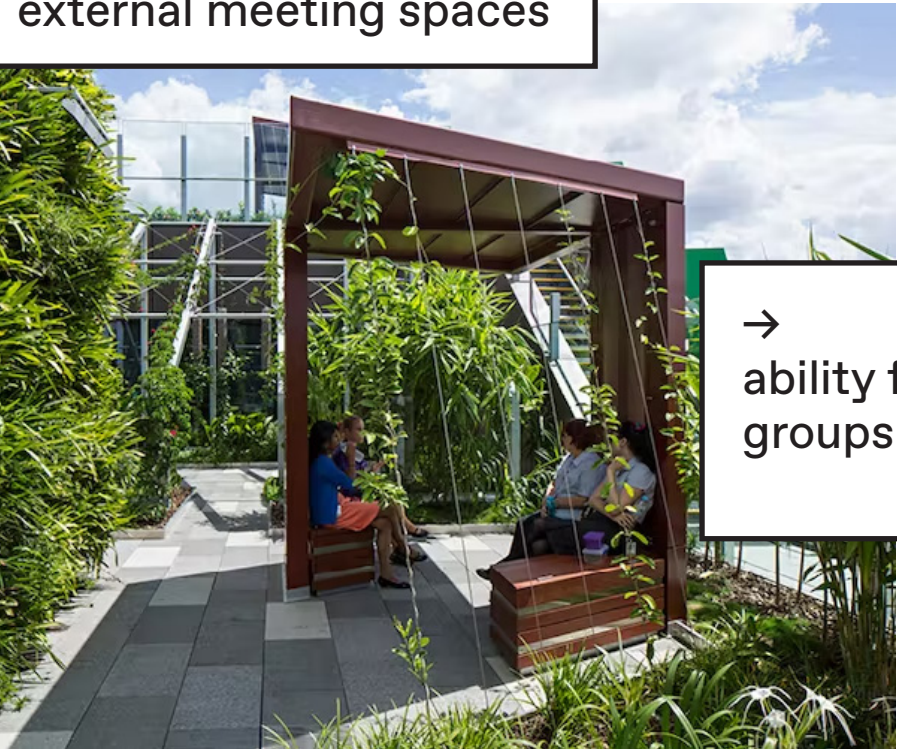
→
ability for smoking ceremonies
in bedrooms



FIREPIT



→
external meeting spaces



→
ability for large
groups to gather



CONNECTION



SHELTER



LANDMARK



LOOKOUT

DESIGN FOR THE NEIGHBOURHOOD & SURROUNDING ENVIRONMENT

Consider how the design of the facility will provide the opportunity to contribute to public spaces in order to strengthen the quality of the built environment



Maximise connection to the surrounding environment by connecting to earth or sky. At ground level consider outlook and space beyond and ability for the communal areas to connect to the landscape. At a rooftop setting maximise views by using glazed balustrading for outlook to the horizon and landscape.

Consider room orientation and ability for sunlight to enter the room for warmth whilst providing solar shading to reduce solar gains.



PALLIATIVE CARE BALCONY, GOSFORD

→
opportunity for outlook

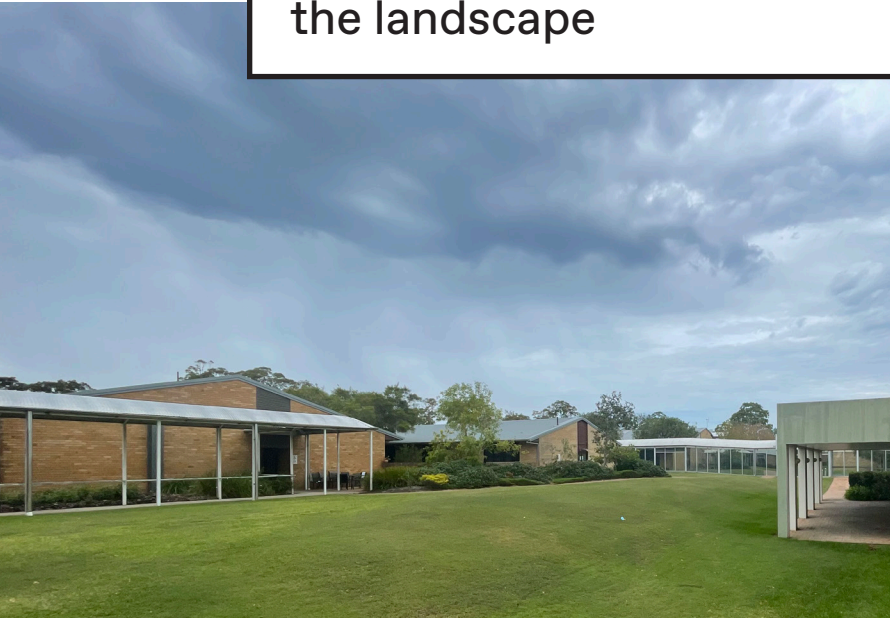


ROOFTOP LOCATION, WESTMEAD



ADOLESCENT & YOUNG ADULT HOSPICE BALCONY & BEDROOM, MANLY, NSW

→
how building sits within
the landscape

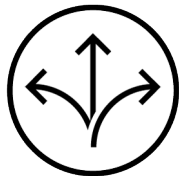


EXTERNAL GROUND LEVEL, WYONG

Design Principles

DESIGN FOR CONNECTION

Consider how the location of the facility can provide access to meet external public transport connections and internal department proximities



Provide parking local to the unit for ease of access to families, carers and visitors. Consider localised parking for patient transport vehicle.

Review connectivity back to main hospital setting and connections to key departments such as medical imaging, mortuary and emergency department.

→
ability to connect into
existing lift cores for
discreet, private access



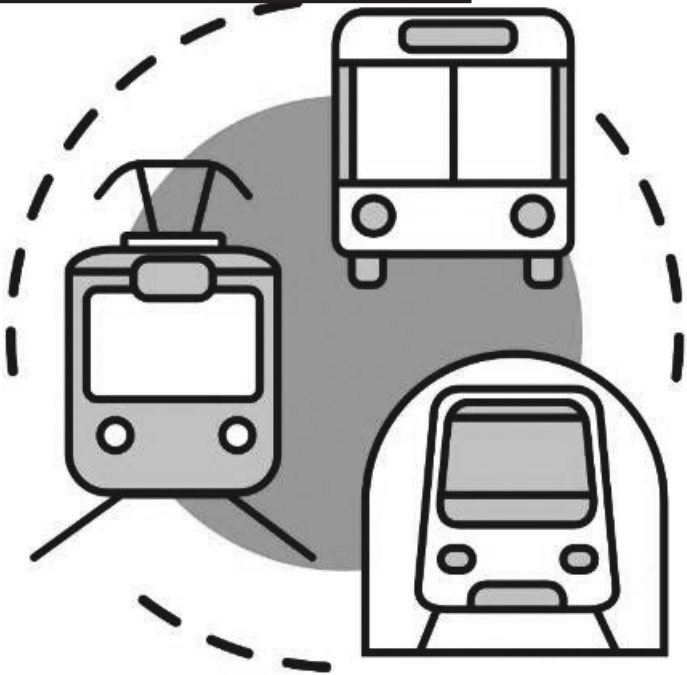
CENTRAL ACUTE SERVICES BUILDING, WESTMEAD, NSW

↓
good access to the rest of
the hospital campus



SHUTTLE BUS BETWEEN WELLINGTON AND KENEPURU HOSPITALS, NZ

→
ease of access to
public transport



→
localised parking

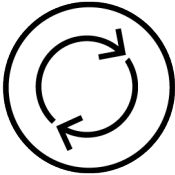


HEALTHCARE CENTRE, HILLEROD, DENMARK, NORD ARCHITECTS

Design Principles

DESIGN FOR SUSTAINABILITY

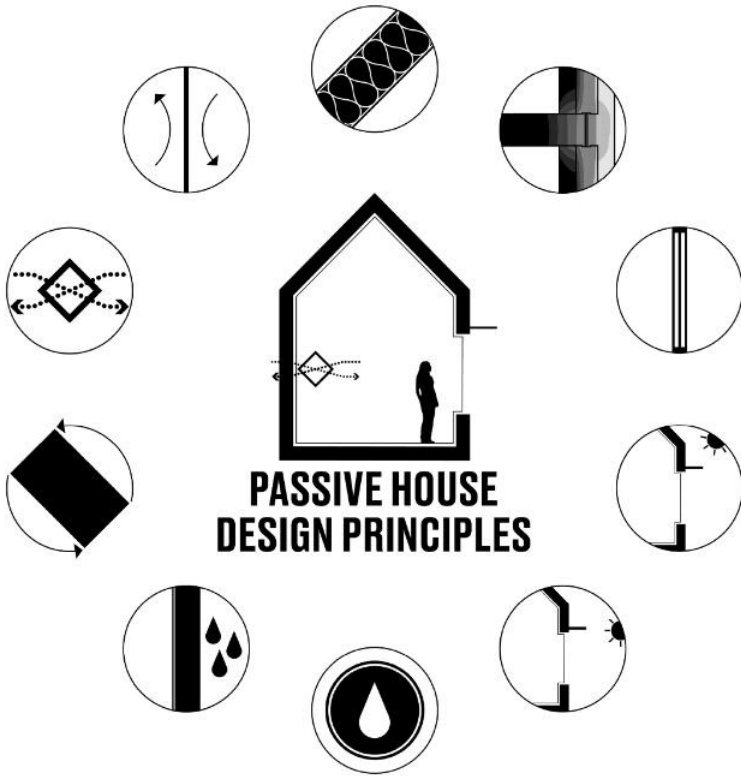
Consider opportunities for inclusion of sustainability initiatives, maximising green spaces, daylight and outlook opportunities



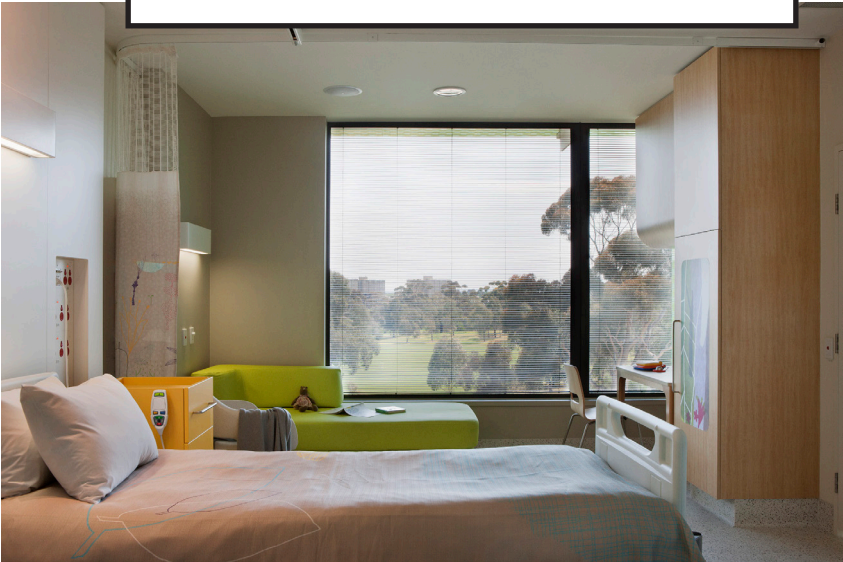
Allow daylight to access the floorplate by maximising areas of glazing to reduce the need for lighting. Consider thermally broken frames to eliminate cold bridging. Utilise internal courtyards for daylight access and to provide connection to outside which assists in orientation and wayfinding.

Implement passive house design principles to ensure the building envelope provides a sealed insulated buffer to outside keeping the inside warm in winter and cool in summer. Provide solar shading, horizontal to north facing facades and vertical shading to east and west facades to minimise solar gains.

Single storey buildings and palliative and supportive care units on rooftops have opportunity for rainwater collection and solar panels.



↓
maximise daylight access



ROYAL CHILDREN'S HOSPITAL, MELBOURNE, BLP & BATES SMART

→
green internal courtyards



ROBINA HOSPITAL EXPANSION, QLD, BVN

↑
sustainable design practices

→
rainwater harvesting



[HTTPS://WWW.MYSANANTONIO.COM/NEWS/ENVIRONMENT/ARTICLE/RAINWATER-COLLECTION-MAKING-A-SPLASH-AS-DROUGHT-1471691.PHP](https://www.mysanantonio.com/news/environment/article/rainwater-collection-making-a-splash-as-drought-1471691.php)

3. Site Context



3. Site Context

LOCATION & ZONING

Location
Orange hospital sits 4km south of Orange CBD and approximately 55km west of Bathurst and 250km west of Sydney. The Orange Hospital Redevelopment project was delivered under a Public Private Partnership (PPP) procurement model on the Bloomfield campus. It comprises a three storey Level 5 hospital and provides Emergency, General Medical and Surgical Services, Intensive Care and High Dependency Unit, Coronary Care Unit, Maternity, Neonatal and Paediatrics, Renal Dialysis, Breastscreen and Cancer Care Centre and Acute Mental Health Services. The project commenced in February 2008 and was completed in March 2011. Orange Health Service is a 270 bed major non-metropolitan referral hospital, serving approximately 300,000 people.

Primary access to the site is via car or taxi with access off Forest Road or single lane entry to the site from Huntley Road connecting to the hospital via internal access roads.

The map insert from NSW Planning Portal Spatial Viewer site, confirms the zoning of the site.

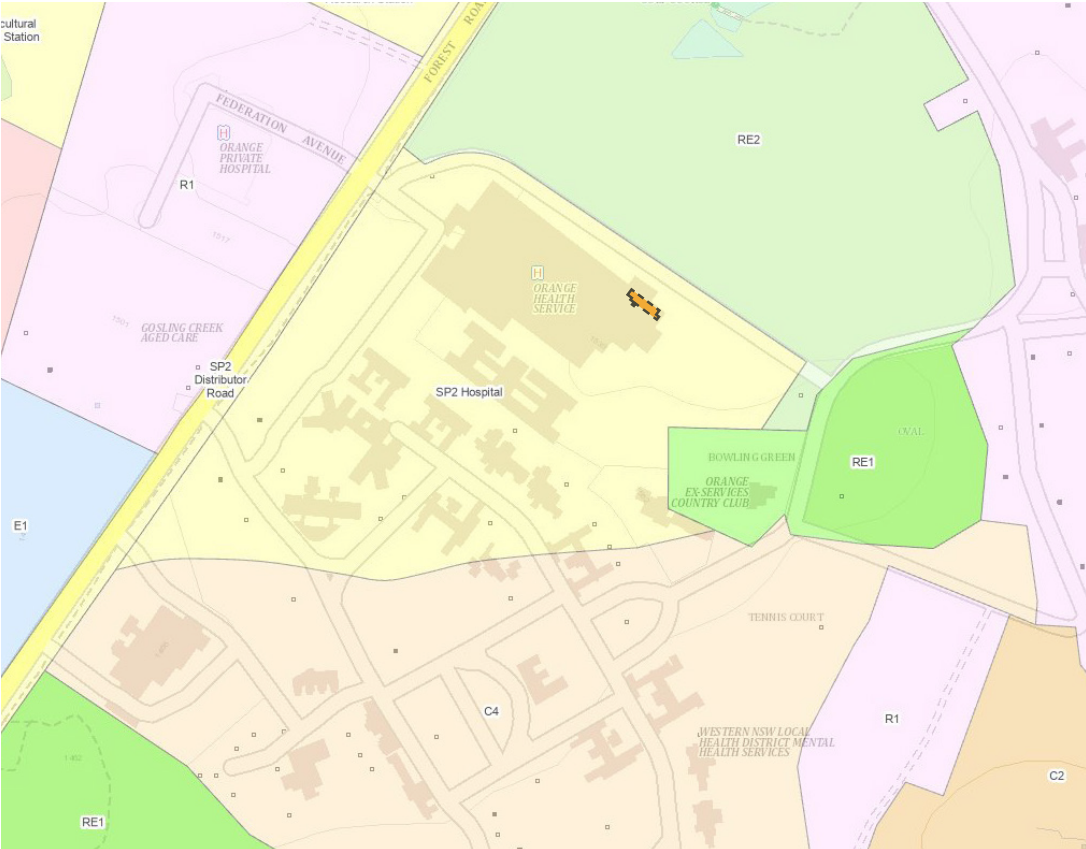
Public transport
Orange train station is 4km from the Bloomfield campus and is served by the 537 bus.

Health context
The Orange Health Service provides Emergency, General Medical and Surgical Services, Intensive Care and High Dependency Unit, Coronary Care Unit, Maternity, Neonatal and Paediatrics, Renal Dialysis, Breastscreen and Cancer Care Centre and Acute Mental Health Services.



ORANGE HOSPITAL BLOOMFIELD CAMPUS LOCATION

- C2 - ENVIRONMENTAL CONSERVATION
- C4 - ENVIRONMENTAL LIVING
- E1 - LOCAL CENTRE
- R1 - GENERAL RESIDENTIAL
- R2 - LOW DENSITY RESIDENTIAL
- RE1 - PUBLIC RECREATION
- RE2 - PRIVATE RECREATION
- SP2 - INFRASTRUCTURE
- SELECTED CONCEPT DESIGN LOCATION



ORANGE HOSPITAL ZONING MAP

3. Site Context

SITE ANALYSIS

SITE ACCESS AND VEHICULAR CIRCULATION:
Main public access to Orange hospital is from the north west off Forest Road, with drop-off to Emergency and Main Entry at the north west and ambulant entry from the south east. A single lane entry is available from the east via Huntley Road and connects with internal access roads.

Ambulance vehicles access from the north west off Forest Road, to the ambulance bays located to the south west of the hospital.

Logistics vehicles access off Forest Road to the road to the north for access to the loading dock.

Orange hospital is served by buses which enter the campus off Forest Road with a bus stop directly adjacent to the emergency and main entries.

TOPOGRAPHY AND LEVELS:

The site slopes in two directions to a low point central to the hospital.

SOLAR ACCESS:

The concept design has 3 bedrooms, patient/family lounge and courtyard located on the northern facade for solar access and views.

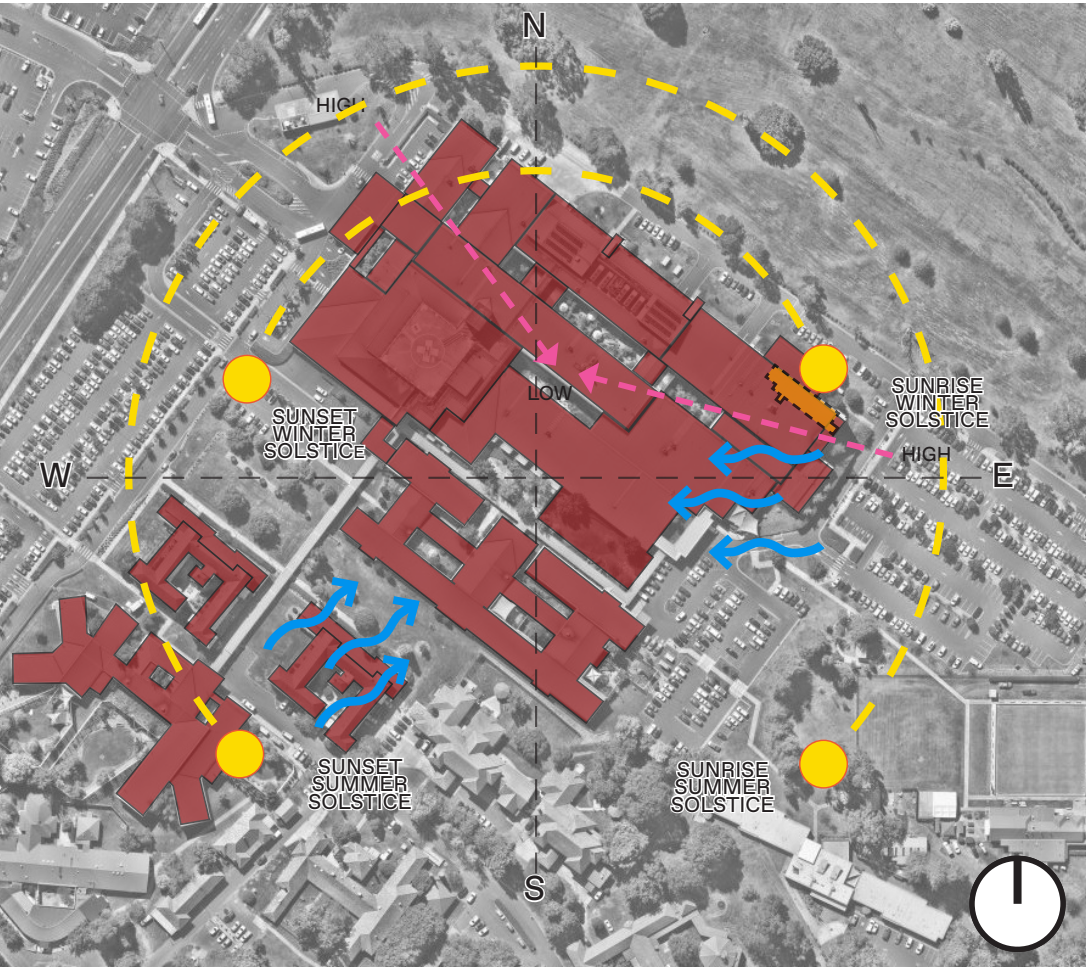
WIND:

The site receives easterly and south westerly winds.

- 1 ORANGE GENERAL HOSPITAL
- 2 ACUTE MENTAL HEALTH
- 3 ADMINISTRATION
- 4 MENTAL HEALTH CLINICAL SERVICES
- 5 WINDAMERE BUILDING FORENSIC MENTAL HEALTH
- MAIN ENTRY
- PUBLIC ENTRY
- EMERGENCY ENTRY
- PUBLIC
- LOGISTICS
- AMBULANCE
- P PUBLIC PARKING
- P STAFF PARKING
- B BUS STOP
- EXISTING BUILDINGS
- H HELIPAD
- GOLF CLUB



ORANGE HOSPITAL SITE ACCESS



ORANGE HOSPITAL SITE ANALYSIS

4. Architectural Design

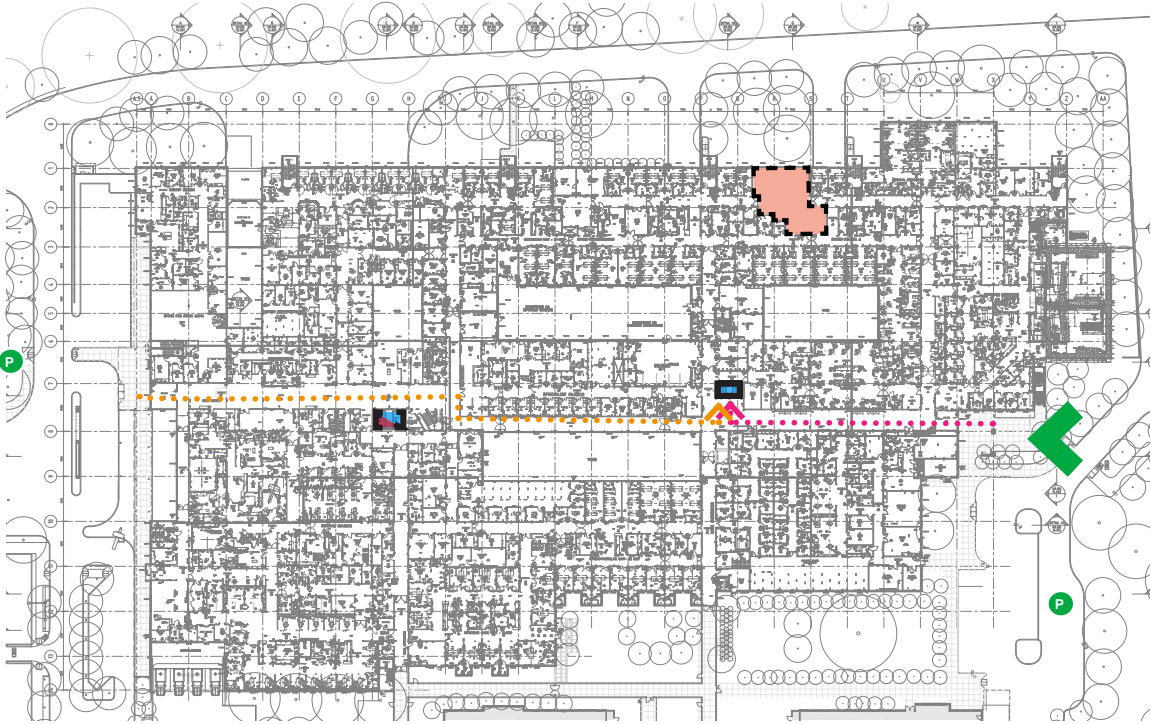
4. Architectural Design

BUILDING ACCESS & CIRCULATION

The new Palliative Care beds [level 01 shell] are proposed to be accessed through the existing hospital. Public parking is provided in car parks to the east and west.

Daytime access to palliative care is proposed to be from car park east through the ambulant entry and up to level 01 via the public lifts. Out of hours access is available from car park west (given increased activity/lighting) up to level 01 via the public lifts. 24/7 access is provided on level 01 through Medical B ward to the new palliative care area.

The new palliative care area is separate from the existing 2 beds provided on ground level. The LHD has confirmed this aligns with their model of care and continuity of care with clinicians to locate the new beds adjacent Medical B.

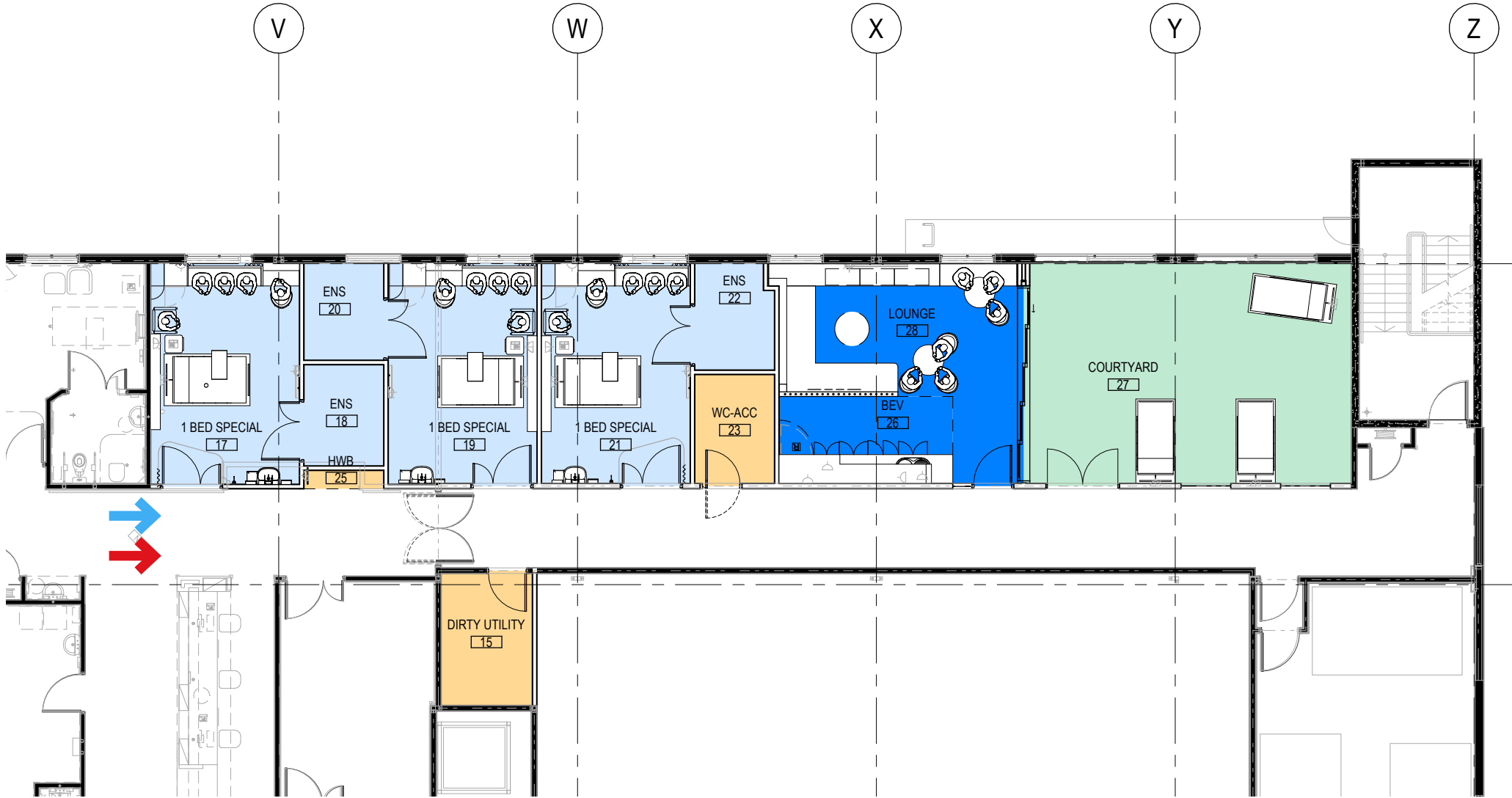


GROUND FLOOR



LEVEL 01

- EXISTING PALLIATIVE CARE BEDS (2 BEDS)
- MAIN AMBULANT ENTRY
- PUBLIC PARKING
- VISITOR ACCESS TO PALLIATIVE CARE (DAYTIME)
- VISITOR ACCESS TO PALLIATIVE CARE (OUT OF HOURS)
- NEW PALLIATIVE CARE UNIT (3 BEDS)
- FUTURE EXPANSION CAPABILITY
- VISITOR ACCESS TO PALLIATIVE CARE 24/7
- PUBLIC LIFTS
- STAFF/BED LIFTS
- PUBLIC ACCESS
- STAFF/BED ACCESS
- SINGLE BEDROOMS
- SUPPORT SPACES
- SHARED SPACES
- COURTYARD



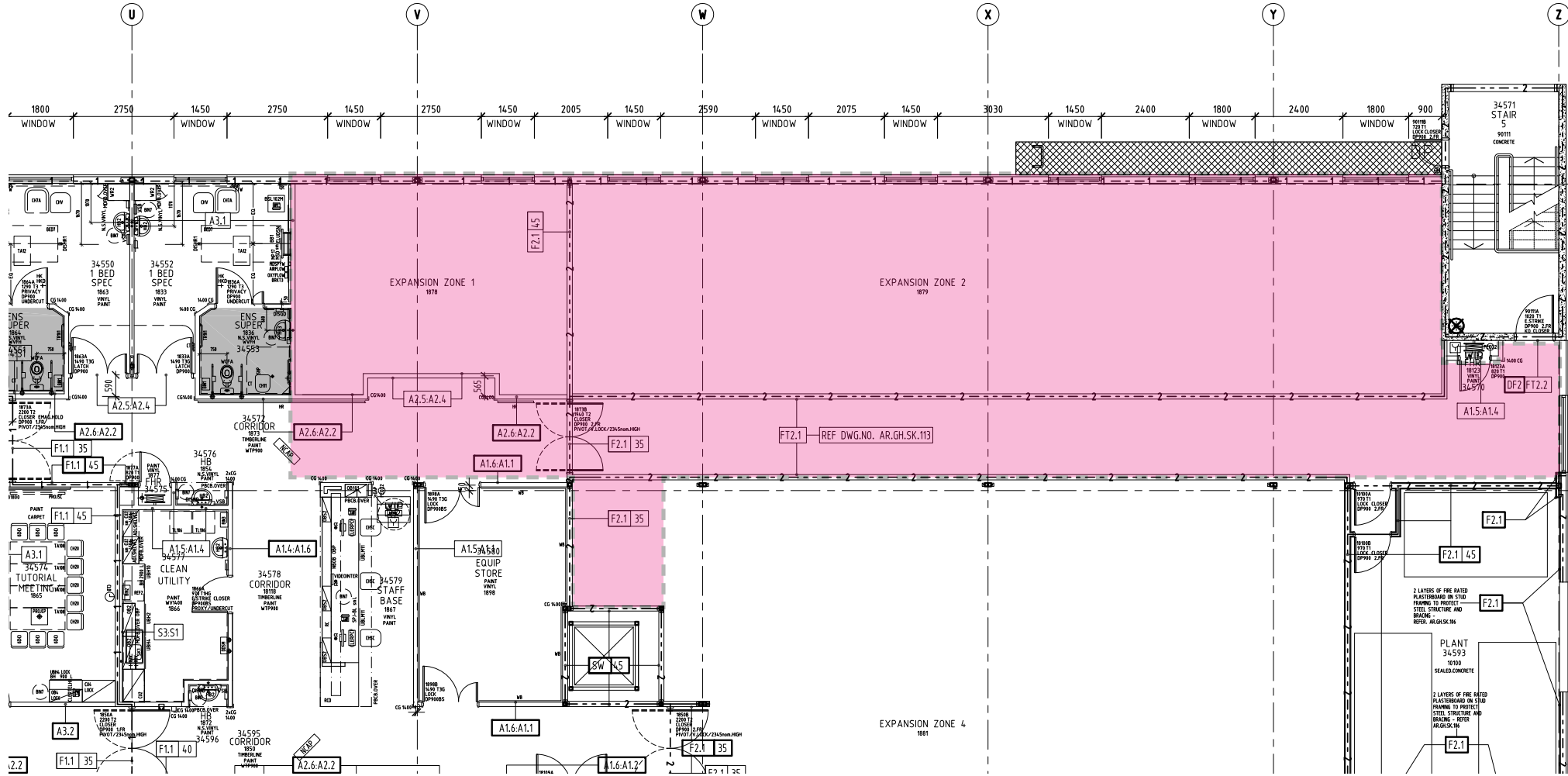
PROPOSED LAYOUT

4. Architectural Design

SPATIAL PLANNING

The existing shell expansion zones 1 & 2 [shown in pink], built as part of the original Orange Hospital Redevelopment, are proposed to be refurbished to provide the 3 new palliative care bedrooms, lounge/ beverage bay and courtyard and supporting spaces as shown in the proposed layout.

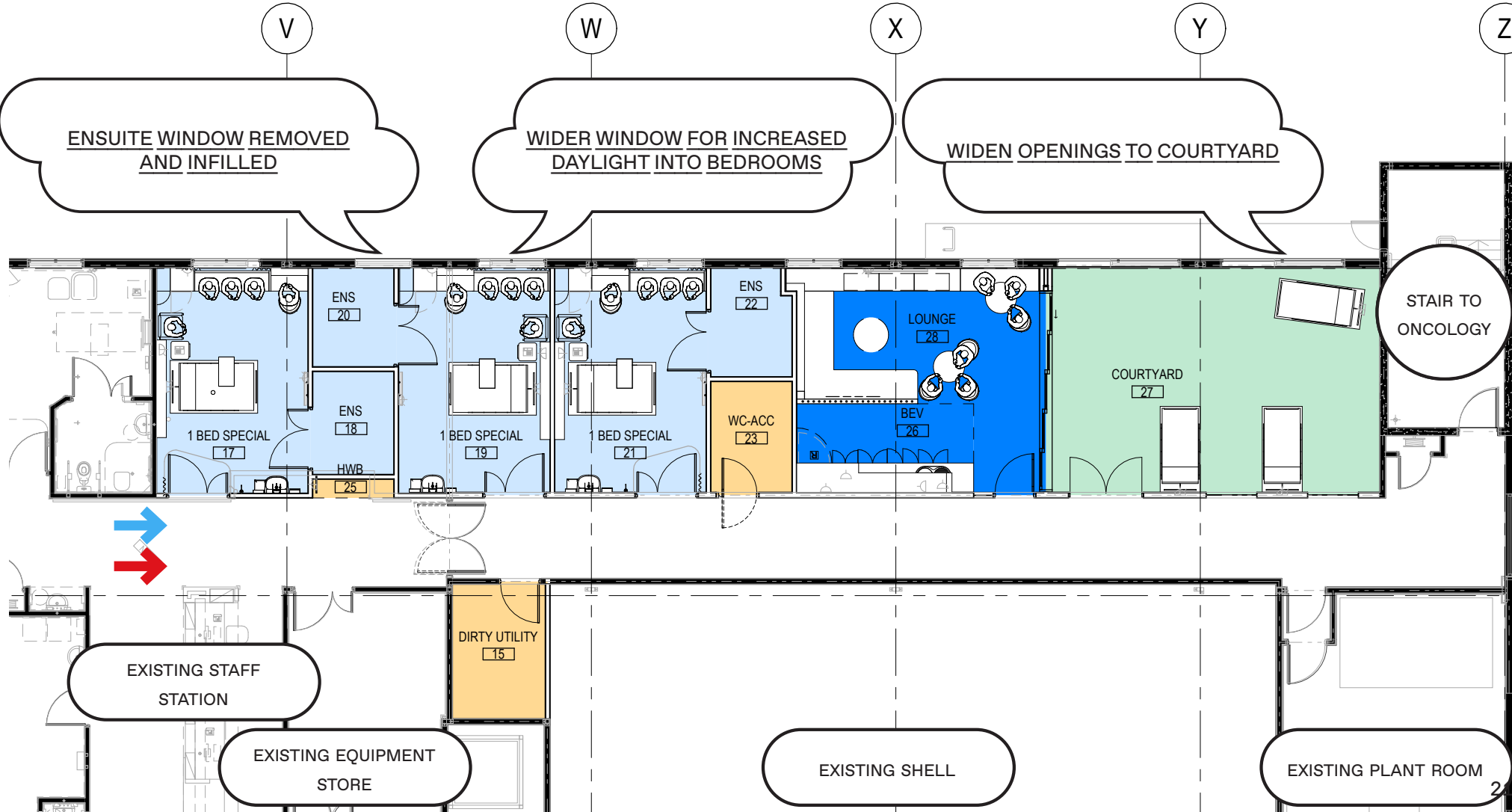
- SHELL SPACE TO BE REFURBISHED
- ← PUBLIC ACCESS
- ← STAFF/BED ACCESS
- SINGLE BEDROOMS
- SUPPORT SPACES
- SHARED SPACES
- COURTYARD



SHELL SPACE EXPANSION ZONES PROVIDED UNDER ORANGE HOSPITAL BLOOMFIELD CAMPUS; FIRST FLOOR PLAN FFL RL916.9



ORANGE OPTION 6 PREFERRED MASTERPLAN LOCATION WITHIN LEVEL 01 SHELL EAST



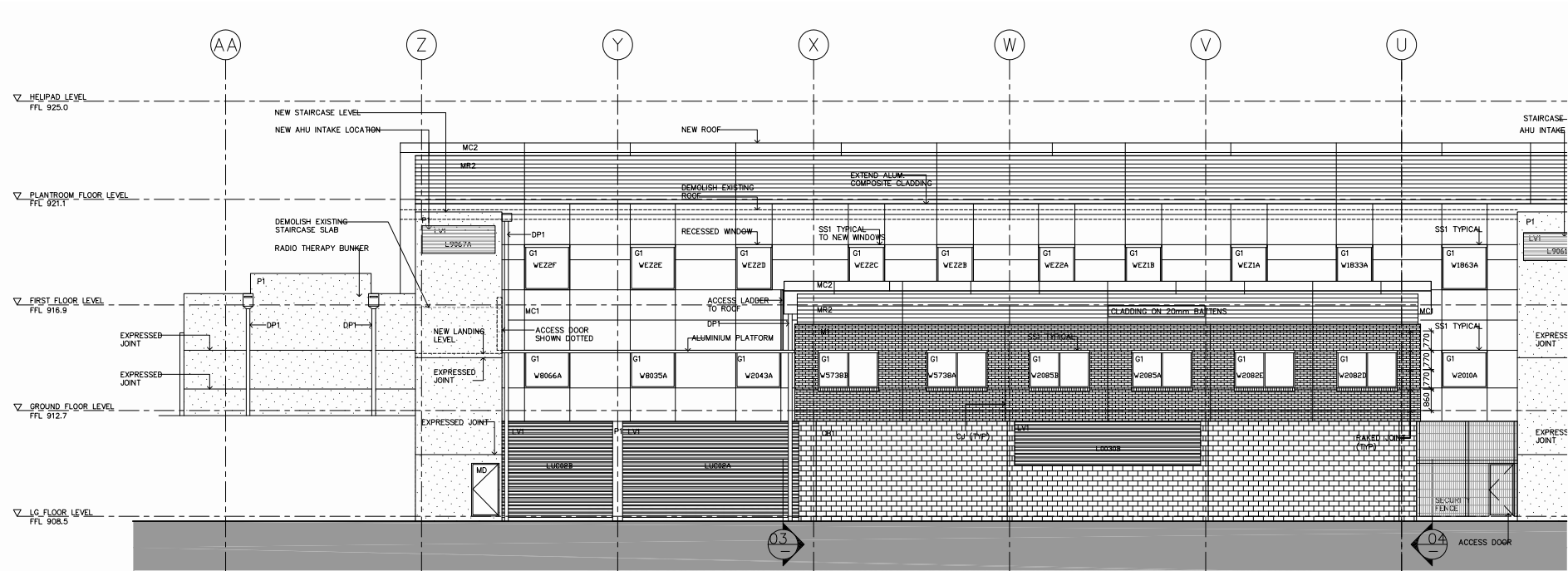
PROPOSED LAYOUT

4. Architectural Design

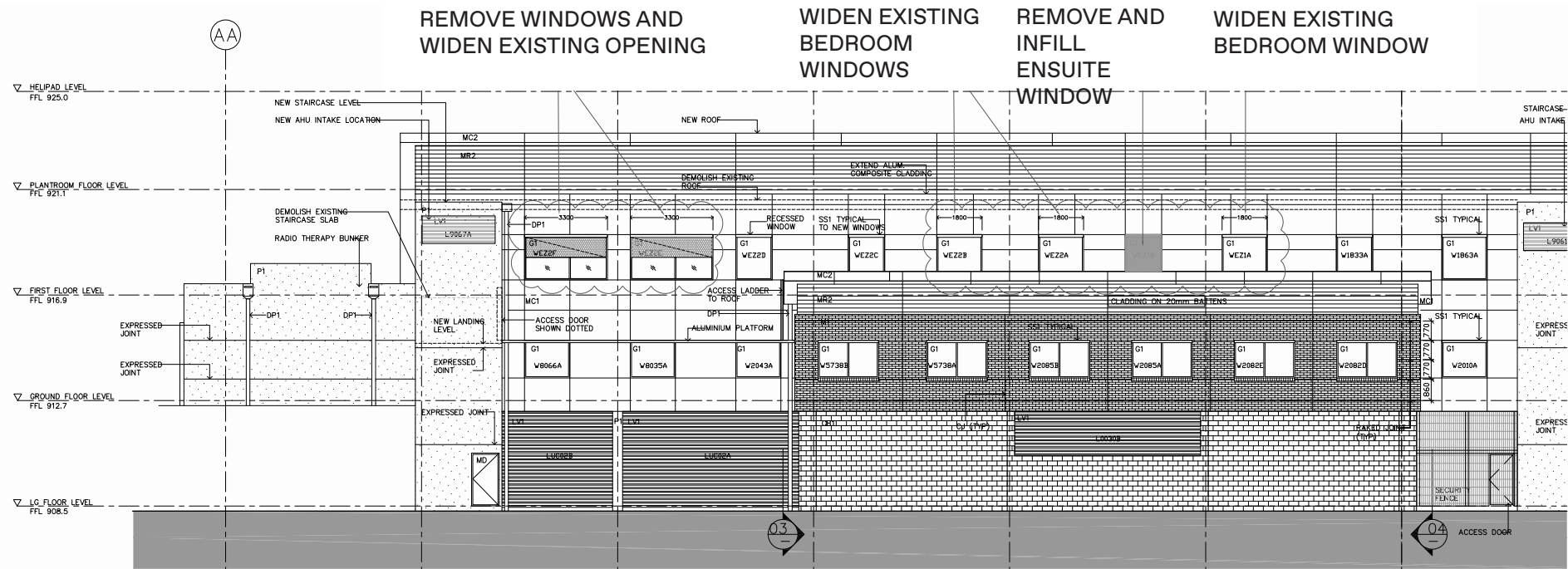
FACADE MODIFICATIONS

The works are within the existing built form provided under the Orange Hospital Redevelopment. Minor modification are required to the Level 01 north facade to suit the Palliative Care fit out as follows

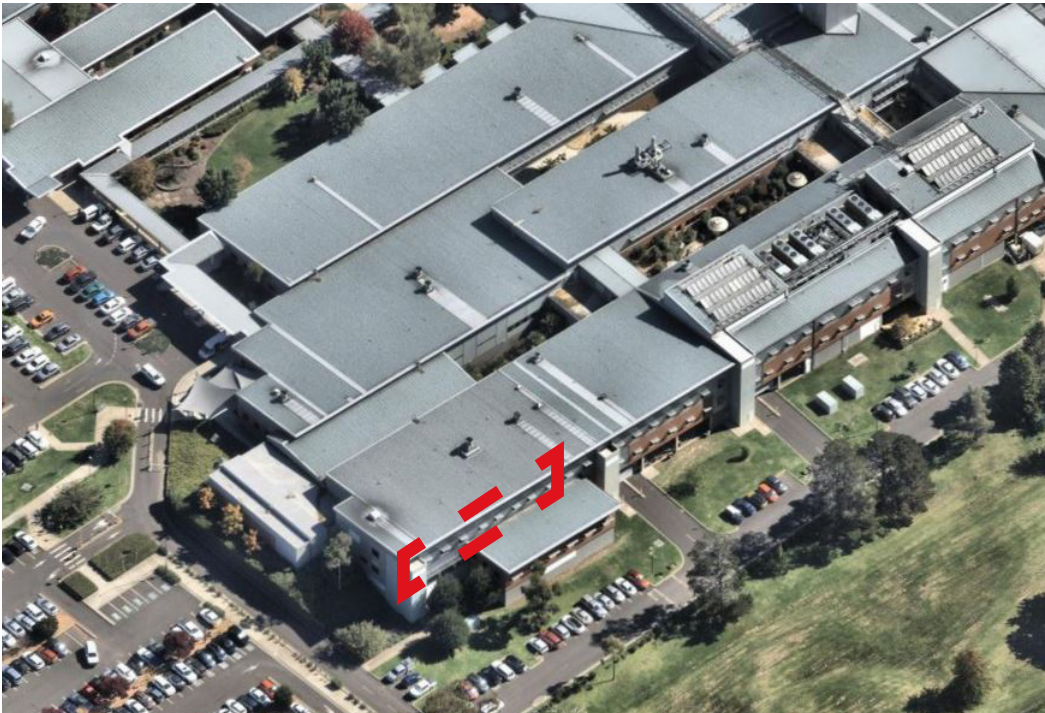
- Larger windows to bedrooms given the increased size for palliative care to meet BCA daylight requirements
- Larger clear openings to the covered courtyard for access to fresh air
- Infill to the ensuite location [to match existing cladding]



EXISTING NORTH ELEVATION



PROPOSED NORTH ELEVATION



BUILT FORM REMAINS AS HOSPITAL WITH SOME MODIFICATIONS TO THE FACADE IN THE AREA SHOWN

5. Appendices

5.1 ARCHITECTURAL REF DRAWINGS

CLIENT



MANAGING CONTRACTOR

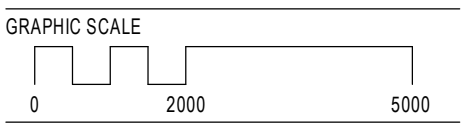
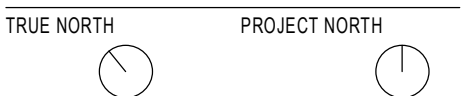
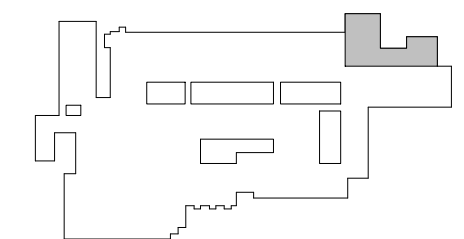


WORLD CLASS END OF LIFE PROGRAM
ORANGE HOSPITAL
1530 FOREST RD, ORANGE NSW 2800

BVN PROJECT NUMBER

2210003

DRAWING KEY



SCALE

1 : 100@A1
STATUS

SCHEMATIC DESIGN

DRAWING

GENERAL ARRANGEMENT -
LEVEL 01

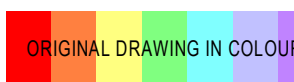
WCP-BVN-DRW-ARC-ORA-
11B-0100001

ISSUE

C



NOT IN SCOPE



LEGEND & GENERAL NOTES:

READ IN CONJUNCTION WITH ROOM DATA
SHEETS WCP-BVN-RDS-ARC-ORA-50W-NL00001
AND INTERIOR MATERIALITY AND COLOURS
REPORT WCP-BVN-REP-ARC-ORA-60R-NL00001

ROOM TAGS:

ROOM
[0000000] ← Abbreviated Room Name
← dRefus Room Number
XX.XX.XX.XX ← Room Asset Number
RLS: 0000000 (Not in Use)

Room layout sheet reference,
refer drawing numbers:
WCL-BVN-RLS-ARC-ORA-50H-0000000

Room Number
as per dRefus

ITEMS IN CORRIDORS AND
ROOMS WITHOUT RLS:

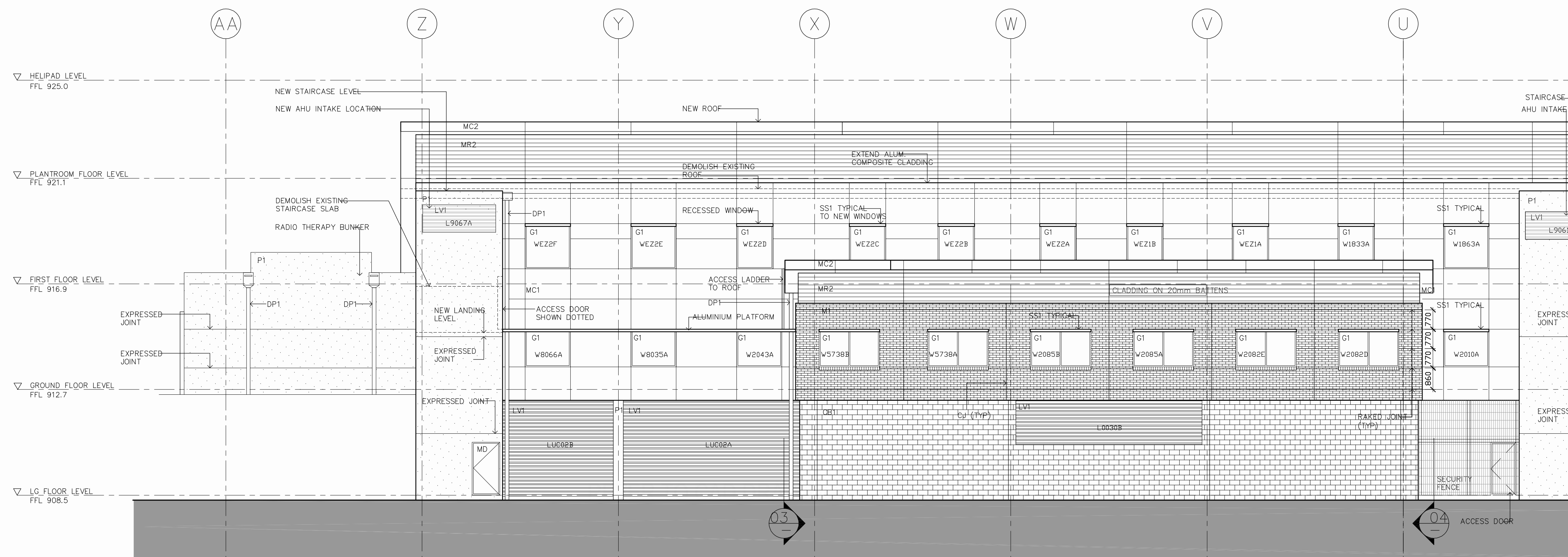
Items located in corridors are not included on Room
Layout Sheets. For finishes and items in rooms,
refer to RDS (WCP-BVN-RDS-ARC-ORA-50W-
NLxxxxx series)



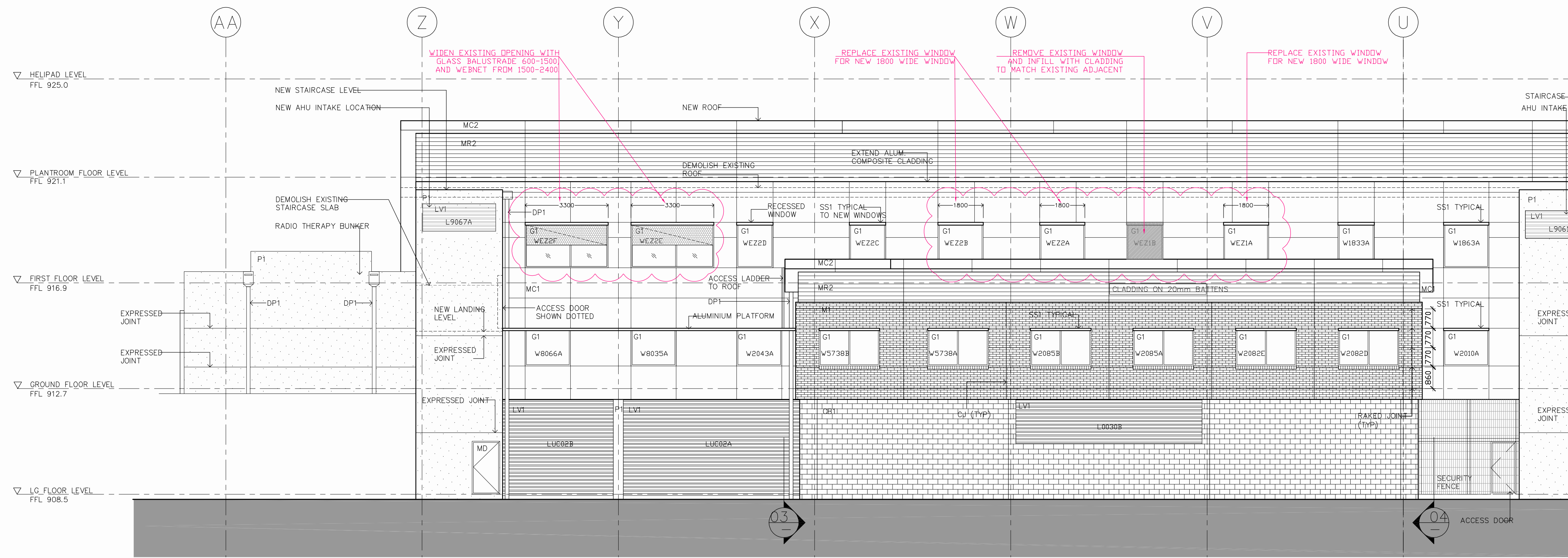
NOT IN SCOPE

ORIGINAL DRAWING IN COLOUR

DRAWINGS PRODUCED BASED ON AS-BUILT DRAWING 'AR.GH.SK.103.DWG', REVISION A.



01 EXISTING NORTH ELEVATION
1:100



02 PROPOSED NORTH ELEVATION
1:100

ORIGINAL DRAWING IN COLOUR

BVN

ARCHITECTS REGISTRATION BOARD /
NOMINATED ARCHITECTS

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7115 JULIAN ASHTON 1595 MARK GRIMMER
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NOTE

CONTRACTOR TO CHECK AND VERIFY ALL DIMENSIONS ON SITE PRIOR TO COMMENCEMENT OF WORK OR PREPARATION OF SHOP DRAWINGS. DO NOT SCALE THIS DRAWING.

ISSUE DATE STATUS
A 06/05/24 SCHEMATIC DESIGN
B 22/05/24 FOR REF SUBMISSION

CLIENT

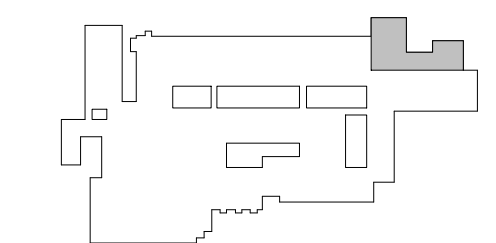
NSW Health
GOVERNMENT Infrastructure

MANAGING CONTRACTOR

capital insight

WORLD CLASS END OF LIFE PROGRAM
ORANGE HOSPITAL
1530 FOREST RD, ORANGE NSW 2800

BVN PROJECT NUMBER
2210003
DRAWING KEY



TRUE NORTH PROJECT NORTH

GRAPHIC SCALE
0 2000 5000

SCALE

@A1 DO NOT SCALE
STATUS

SCHEMATIC DESIGN
DRAWING

EXISTING AND PROPOSED
NORTH ELEVATION

WCP-BVN-DRW-ARC-ORA-
12C-NL00001

ISSUE
B

BVN