

### **Design & Construction Forum**

# Refurbishment Case Studies: "The Good, The Bad and The Ugly"



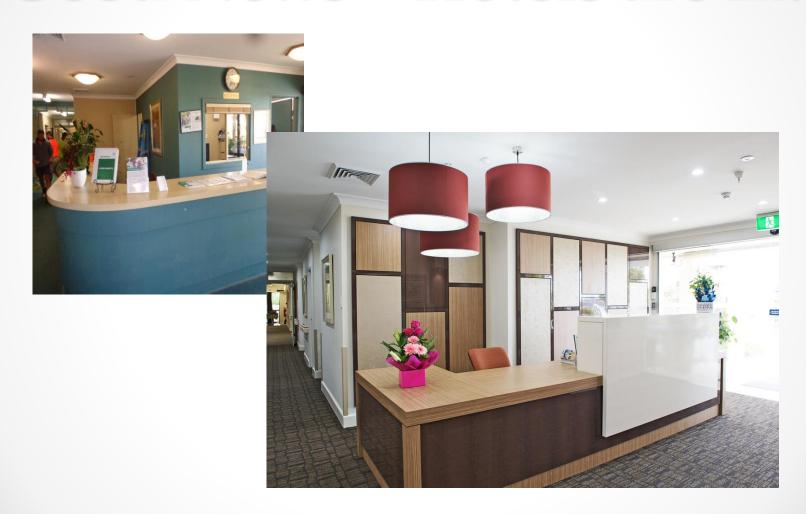




# Introduction

- Recent changes in LLLB, Accommodation Pricing and Significant Refurbishment have highlighted the more market response to refurbishment in aged care.
- These changes mirror those of new design and construction generally: that of Hotel design for FFE
- However paradoxically, trends in social aspects of Aged Care point to the need for more sub- acute Hospital Health care settings:
- So Good News is 'Hotel look' is in, Bad News!
   Hospital need is on the rise, and rising
- but Ugly Truth, 'there's no place like home....'

# Good News - Hotels are in!



● SummitCare Smithfield October 2015 ● 3

# Good News - Hotels are in!

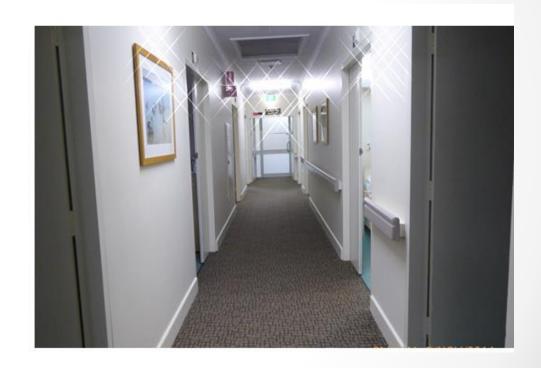




### Good News - Hotels are in!

Carpet vs vinyl







#### About SummitCare's Significant Refurbishment

In addition to sprinklers (\$2.75 Million – \$3.5 k per bed)

No loss of bed days/occupancy – 5 Sig. Refurb. applications

Near 60% on average concessional – \$5M ROI over three years

\$52 PRPD x 2 equates to RAD/DAP of 275 k bond...so

Had to demonstrate 'significant' (carpet obvious example)

Legislation was not tightly drafted (40% supported ....or...)

## Bad News - Hospitals aren't out!

- Despite the trend: Health Care "hospital settings"
- Higher level of Acuity, Shorter Length of Stay, Older Age at Admission, reduced mobility
- Dementia and particular demands –being met
- Palliative Care emerging speciality in home
- Clinical demands co-morbidities, complex wound care, etc. – means age care health settings are increasingly becoming sub-acute hospitals
- Daily cost of care etc. ACFI costs reflects this
- Listed companies 3 recent Japara, Regis & Estia
- All based in effect on the growing 'transfer' from tax

# Bad News - Hospitals aren't out!

- Intergenerational Report longer and more of us
- (ACAR) rounds increasing y reflect this –high level
- Concessional Rate 40% not sustainable ?
- RADs v DAPS combination
- Income & Assets testing
- Technology always the innovative answer
- Rates of Dementia stabilising?
- 50sqm per resident similar to residential density
- 75% of cost is direct government transfer
- Labour issues, equipment size, etc.



#### 'Triple H' Health Care Challenge

has lead to a paradox: We call this the HHH challenge

Look of a Hotel
Worth of a hotel guest



Feel of Home

Warmth of a resident

Care of a Hospital

Wellbeing of a patient







Hotel? Hospital? Home?

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### The Ugly Truth – There's no place like home!

- CDC and Growth of Home Care Level 5 required?
- Huge implications for existing high spec'd aged care market ROI?
- Design & Construction costs at heart of this:
- Land cost per sqm varies, not ACFI /construction per sqm
- Need to understand maintenance costs: \$53 PRPD
- How to accommodate the 'low care' hostel market?
- How to answer the call: 'home –like' not sexy, but key to answering emerging demand for new supply

#### The Ugly Truth – There's no place like home!

- The new challenge how to compete with 'home'
- Cost P.D: home \$100, RACF \$400, hospital \$1100
- New Additional Services extra services stalled
- Everyone now gets a standard room (18sqm plus en-suite) – this means the base satisfied – garden?
- Nearly 80 % of older people prefer to stay home
- Only 1% of population in residential aged care
- Top –end of the market is saturated
- Occupancy has been in decline on average
- The regulated supply of beds / packages –reducing



#### Our Approach to Aged Care



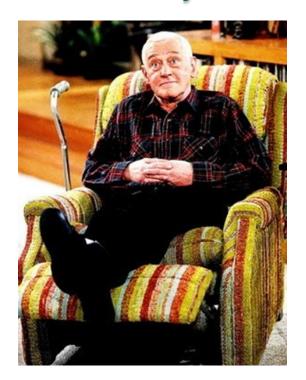
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#### Summing Up: The Challenges Ahead

- Consumer and customer different: baby boomers
- Social isolation, safety and care can be provided in less expensive (compliance 300k) buildings
- IT and innovation part of this: tyranny of time /space
- Design and Construction need to move to more whole of life 'continuum of care' design solutions
- Significant Refurbishment Policy catch up..but
- Accommodation conundrum 550K \$100 PRPD
- Diseconomies of scale back to cluster housing
- Seniors assisted living with Home Care –ad hoc



#### Thank you!



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