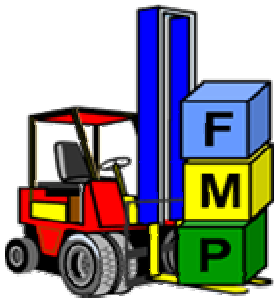


News from the Facilities Modernisation Project



Inside this issue:

We answer your questions about the new National Burn Centre (NBC).

We profile NBC User Group member - June James, Charge Nurse Ward 14.

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COMING UP – FMP Information Sessions

Hospital Contractor appointed

Counties Manukau District Health Board is pleased to announce the appointment of Hawkins as the main contractor for the extension of the Adult Medical Centre and preferred contractor for the remaining Facilities Modernisation Projects.

Hawkins has had a partnership with Middlemore since 1999 with the construction of Kidz First Hospital, the Emergency Care Hub, the Adult Medical Centre, several ward refurbishments in the old Galbraith Building and currently the upgrade of Radiology.

“We’re delighted to be awarded the AMC extension contract,” says Hawkins Construction Manager, Robert De Koning.

“Our team will provide construction management services to the project, advice on Building methodology and programming expertise so Middlemore can continue its day-to-day running as normally as possible.”

So what can staff expect to see over the next few months?

In the short term Middlemore staff and the public can expect to see five Portacom units near the Adult Medical Centre and scaffolding erected around the building. A yellow tower crane will also be erected in front of the Adult Medical Centre and the roof progressively removed as the building is expanded to add the two new levels.

Hawkins has been involved in construction since 1946 . It has completed projects at the following Hospitals: Ascot, Auckland, Christchurch Women’s Hospital and Daycare Surgery, Christchurch’s Burwood Hospital, Tauranga Hospital and Southern Cross Healthcare extensions in the Bay of Plenty.



From left to right: FMP Project Manager Waren Warfield (RCP), Robert De Koning (Hawkins) and FMP Project Director Bruce Hancock (CMDHB).

We answer your questions about the new National Burn Centre (NBC)



Why build a National Burn Centre?

A complex burn injury is felt to be the most severe form of trauma that is survivable. The burn patient has unique requirements in terms of wound management, infection control and rehabilitation which make caring for them on a general ward unsatisfactory. International literature demonstrates that patient outcomes are enhanced by treatment of patients in suitably designed specialist burn facilities, particularly those having designated isolation facilities and the infrastructure to support the critically ill patient. Existing burn services provided in New Zealand for severely burned patients rank below international survivability benchmarks. For patients with a burn greater than 40% of their total body surface area, survivability in New Zealand is 64% compared with 75% internationally.

The National Burn Centre will provide treatment and rehabilitation for the most severe burn patients from across the country, and will continue to provide a Regional Burn Service to the Northern Region.

What is the definition of a Burn Centre?

This inpatient care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward with no less than 50 complex admissions per year. The facilities are up to ICU level of critical care with immediate operating theatre access with dedicated burns surgeons, nursing and other health professionals with training and experience. (British Burn Care Review 2001).

Where will the NBC be built?

The NBC will be on the first floor of the Acute Hub, directly above the Emergency Department, adjacent to acute theatres, Kidz First Children's Hospital and the planned ICU.

What will the NBC look like?

There will be a total of 12 burn beds (6 single isolation rooms in the NBC) with two burn isolation rooms in ICU. The Centre is designed to encompass all phases of burn treatment which integrates acute, rehabilitation, reconstructive and outpatient follow up services into one purpose designed facility. This includes a gymnasium, active daily living kitchen and bathroom, rehabilitation area and separate outpatient area all within the same unit.

When will the NBC be built?

Building will commence shortly with planned completion early February 2006.

What will be different from now?

The burn service will be resourced appropriately which includes those services that are greatly impacted on when a complex burn patient is admitted. For example, there will be additional resources in Intensive Care and dedicated Monday to Friday burn theatre sessions.

The National Burn Centre will provide treatment and rehabilitation for the most severe burn patients from across the country, and will continue to provide a Regional Burn Service to the Northern Region.

Collaborative approach essential for effective decision making

Each issue of Counties Column will profile a User Group member. In this issue we talk with June James , Charge Nurse Ward 14.

Planning a new National Burn Centre (NBC) is a challenging exercise. Can you describe the input you have had into the design and development of the new NBC?

I have been involved in the following areas: The nursing and staffing model of care, co-ordination of equipment requirements, facility plan and design, policies and procedures for the new Centre and liaison with other Burn Units in Australasia.



Having worked in the current environment, what are the priorities for the new National Burn Centre, i.e. what changes would you like to see?

Adequate nurse FTE to deal with the nursing model of care and ongoing professional development budgeted and supported by senior management.

What has been your greatest learning experience while working on the project?

The importance and value of the consultation process and the responsibility you take on when acting on behalf of others.

What has been the greatest success so far?

Ideas from staff currently working in the burn unit have been acknowledged and incorporated into the final design plans.

What has been the most difficult challenge and how did you and the User Group resolve it?

Working with a diverse group of people with different priorities and accountabilities is a challenge. This was resolved by maintaining a collaborative approach to decision making and accepting that such a project takes an enormous amount of time and energy.

Valuable lessons learnt from NBC planning process

The Burn User Group wanted to 'mock up' a number of the rooms before signing-off the final design plans, although it was recognised this could delay the planning process with the building and architect team. Below is a summary of the key points and our advice to others:

1. It was an extremely time consuming process and two days were not enough. Allow at least half a day per clinical room.
2. Wherever possible use actual equipment and people.
3. Chalk is better than tape. Mobile partitioning is also useful.
4. Invite and involve as many people as possible that will be working in the room, ask them to walk through the patient and visitor flow.
5. If it appears what you want to achieve is not physically possible in the space, do not make compromises at that point. Move onto something else and revisit it the following day – a solution to the problem was always found.
6. Make copious notes and keep a record of the final configuration agreed on as you will be asked to explain and justify your reasons for any changes. Following this exercise we agreed to one less consulting room, changed the door positions in a number of rooms and moved several walls.



Burn Unit staff mock up rooms

NBC construction update from Project Manager Chris Jaggs

Construction will commence shortly for the new Burn Centre which will be located on the first floor of the acute hub above Emergency Care.

Currently a small group of engineers, plumbers and electricians are finalising their input and architects are 'tweaking' their drawings and instructions prior to commencing work.

Minimising the impact construction may have on the organisation is a key priority. For this reason regular impact construction meetings are being held to address any current or future concerns.

The FMP Team will keep you posted with regular construction updates.

One consequence of building the Burn Centre is the closure of 'Aladdin's Cave'. This space has been used to store beds and bed parts, for general storage and a school data sorting area by the Meningitis Immunisation project team.

Storage is going to be at a premium for the next 18-24 months and will have to be carefully managed.

Check out some of the graphics taken from the NBC 3D Virtual Tour: You'll find more pictures on the FMP Notice-board



HDU 1



Gymnasium



Treatment Room



Rehab 2-bedded room

Introducing RCP: Resource Co-ordination Partnership Ltd

RCP is an Auckland based Project Management Consultancy Practice which specialises in the Health Sector.

Working in partnership with Counties Manukau District Health Board, RCP are managing the redevelopment and modernisation projects.

What does a Project Manager do?

The Project Manager through the delivery phase has to simultaneously balance the issues of scope, phasing, cost, quality, functional requirements, affordability and keeping the Hospital fully operating with business as usual.

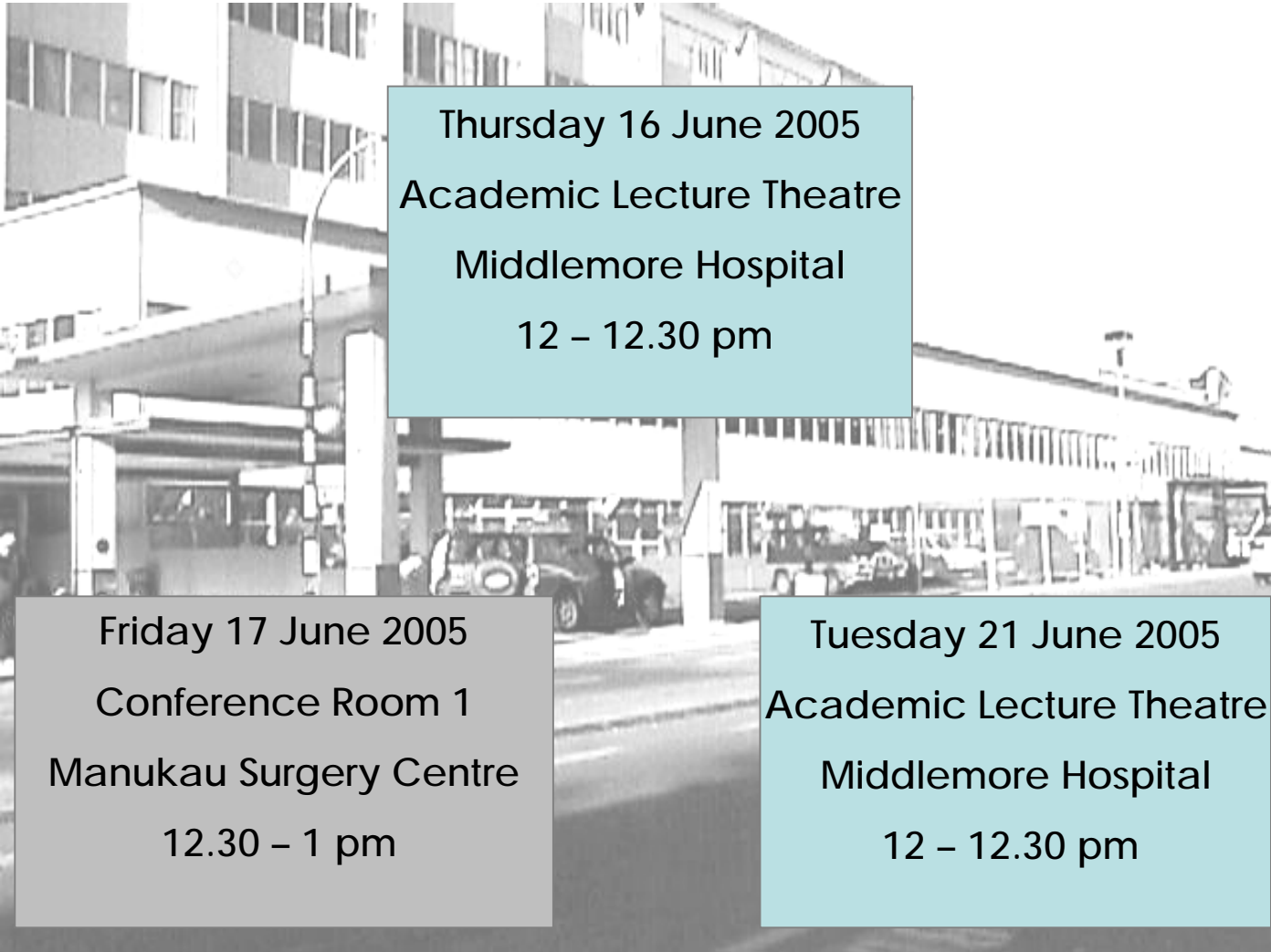
What Projects has RCP been involved with?

- Auckland Hospital redevelopment at Grafton and Greenlane.
- Waitemata DHB - Orion Programme
- Bay of Plenty and Waikato DHB Redevelopment Projects

Come along to a Facilities Modernisation Project (FMP) Presentation

It's a great opportunity to hear about some of the strategies for managing current and future growth.

It will also bring you up to date with the current re-development and modernisation projects.



Thursday 16 June 2005
Academic Lecture Theatre
Middlemore Hospital
12 – 12.30 pm

Friday 17 June 2005
Conference Room 1
Manukau Surgery Centre
12.30 – 1 pm

Tuesday 21 June 2005
Academic Lecture Theatre
Middlemore Hospital
12 – 12.30 pm

Project Update – Cardiac Catheter Laboratory

Since our last update on the Cardiac Catheter Laboratory a huge amount of activity has been going on behind the scenes. All of the equipment selection and purchase negotiations have been finalised and the design modifications completed.

As the Cardiac Catheter Laboratory is being built in the shell space above the Renal Ward and to the side of the Medical Ward 3 great care is being taken to minimise the impact on these wards and construction impact meetings are being held fortnightly. The first stages of work on the Laboratory are underway.

The image capture, storage and retrieval system is crucial to the whole working of this type of Laboratory and so a separate steering group has been established to focus on this aspect and how it will link with other IT applications.

Coming up in the NEXT Counties Column

- Focus on the Cardiac Catheter Lab
- General Updates

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