

News from the Facilities Modernisation Project



New Cardiac Catheter Laboratory Up & Running!



Monitoring Equipment

The new Cardiac Catheter Laboratory is up and running, with an official opening planned for Friday 7 October 2005.

For the first 2-3 months the Cardiac Catheter Laboratory, located on the 1st Floor, Adult Medical Centre will primarily deal with diagnostic cases, closely followed by interventional work (December 2005) and pace-maker procedures (date to be determined).



Nurses Station



Imaging/X-ray Equipment

Once fully operational the Cardiac Catheter Laboratory will enable the cardiology service to provide a comprehensive diagnostic service on site benefiting staff and patients.



Day/Recovery Ward

"Opening the facility at Middlemore will result in patients spending less time in Hospital with fewer transfers for diagnosis and treatment," says Medical Operations Manager, Leanne Elder.

"Cardiology outpatients will also be seen at Middlemore, which means patients won't have to travel as far for treatment," she says.



Technicians at work in the Control Room



Bed Space - Day/Recovery Ward

The Cardiac Catheter Laboratory includes a 7-bed day/recovery ward, which means patients can be admitted and discharged straight from the ward. What's really beneficial is that doctors and medical staff are on site to answer any questions the patient or family may have subsequent to the procedure.



Day/Recovery Ward

The Cardiac Catheter Laboratory provides the latest in diagnostic/x-ray equipment and technology.



Staff - Cardiac Catheter Laboratory

Patrick Kay has recently joined Middlemore Hospital as an Interventional Cardiologist. We get his feedback about the new Cardiac Catheter Laboratory.

Describe your medical background and work history?

I am a graduate of Otago University and learnt my early angioplasty in Dunedin. At that stage Dunedin provided all of the angioplasty for the South Island. In 1998 I completed my FRACP (Fellow of the Royal Australasian College of Physicians) and moved onto the Thoraxcenter in Rotterdam, The Netherlands. Over the subsequent three years I completed a clinical fellowship in Interventional Cardiology (angioplasty and associated disciplines). At the same time I was enrolled in a PhD entitled Radiation and the Stent. I completed the PhD in 2001. I returned to Dunedin and have consolidated my angioplasty skills and at the same time built a strong cath-lab based research programme at that centre.

Why the move to Middlemore Hospital and the new Cardiac Catheter Laboratory?

I can answer that question on two levels – the first is social. I grew up in Auckland and have a network of family and friends (some old, some new) who live in Auckland.

The second reason is professional. I've come from a mature, high-tech, smaller centre to a Hospital which has never had local angiography and angioplasty options available. This creates immense challenges, but also excitement in that we will be developing a service for a diverse group of people with many individual needs. I think we will rise to this challenge and in doing so build a centre of clinical and research excellence.



Patrick Kay

What is an Interventional Cardiologist?

You could compare me to a plumber. On this occasion the plumbing relates to coronary arteries. My job is to diagnose and treat narrowings in coronary arteries using x-ray equipment (now called a Cardiac Catheterisation Laboratory). This concept has been around for over 27 years but has been refined and the procedure simplified for staff and patients.

Angioplasty treatment commonly involves the insertion of an expandable stainless steel tube called a stent. The stent squashes the fat and gristle into the vessel wall, creating a smooth outline to the artery.

Frequently the stents are coated with a drug to prevent the artery from renarrowing. Most arteries can be treated in this manner, including the heart, brain, kidney and lower limbs.

I realise it's early days, however do you have a sense of what works well in the Cardiac Catheter Laboratory and what needs improving or developing?

I think we need to learn how to crawl before we run. A treatment pathway is as strong as its weakest point. Many people need to be up-skilled and educated on the care of patients prior to, during and after coronary angiography and angioplasty. Our first aim is to provide a safe and effective service. From this we will be able to progress to greater volumes and then interesting research into the prevention and treatment of coronary heart disease.

Have you had any comments from patients or staff coming through the new Cardiac Catheter Laboratory?

The patients have been extremely positive and have been very patient with us as we have overcome various teething problems. I think staff are finding it an exciting, but challenging time. There is much enthusiasm to develop a comprehensive busy service – this will come with time.

Sandi Graham is the Charge Nurse for the Cardiac Catheter Laboratory and shares her insight into the Laboratory's new and challenging environment.

Can you give a brief summary regarding your Nursing background?

I started Nursing in 1979 and have worked in a variety of disciplines including a stint as a Theatre Supervisor in Bougainville Papua New Guinea. I did a Cardiac Intensive Care/Coronary Care course at St Vincents in Melbourne and for the past 12 years have worked in the private sector as a Charge Nurse in the Catheter Laboratory.

Why did you choose to work in the new Cardiac Catheter Laboratory and can you explain your current role.

The challenge of setting up a new Laboratory is exciting. It's something I always wanted to be involved with. My current role involves co-ordinating our team to provide the best care for our patients.

Can you describe the layout of the Laboratory and the benefits this may have for patients and staff. Are you happy with the end result?

The layout of the laboratory allows for an easy flow of both inpatients and outpatients. The areas are large and spacious, which provide for a very pleasant working environment. We are all very pleased with the end result.



Sandi Graham

It's always a challenge setting up and working in a new area – what will be your priorities over the next couple of months?

My main priority is to provide a safe working environment, with everyone working well as a team. There is a lot to learn and I want to provide a relaxed and fun learning environment.

I realise you have not been opened for long, however how are things going?

All things considered it's going very well. Every day brings new and different challenges, there is never a dull moment!

Are you getting any comments from patients coming through the Catheter Laboratory?

The patients all comment on what a lovely, bright and new environment we have. They are very impressed.

What comments are you hearing from staff working within the area?

We are all thrilled to be working in a new area, it just looks great.

Any other comments?

As a new nurse to Middlemore Hospital I can't believe how friendly and helpful everybody has been. I've never come across such a positive atmosphere.

Completion dates delayed for new Neonatal Intensive Care Unit (NICU), National Burn Centre (NBC) and the Cardiac Investigation Unit (CIU).

For building works to continue for the new Neonatal Intensive Care Unit (NICU) access to the ceiling spaces above Wards 14 and 15 in the Galbraith Building was required.

Due to the impacts this was having on the operation of both wards it was decided to temporarily move Ward 15 into C-Pod Kidz First Surgical and transfer Ward 14 into Ward 15, once building works have been completed (in approximately 3 weeks time). Work can then begin in the ceiling space above Ward 14.

So why would this delay completion dates for NICU, NBC and temporary relocation of CIU?

- NICU:** The extra time needed to complete the above building works will delay NICU's completion.
- CIU:** CIU's temporary move into C-Pod Kidz First Surgical is delayed due to its occupation by Ward 15.
- NBC:** Building works cannot commence in CIU, until the Unit moves into C-Pod Kidz First Surgical. This results in delays for NBC completion.

The FMP Team will bring you regular updates. Revised completion dates are currently being assessed.

The unavoidable effects of construction - noise, dust and vibration!

Despite the best efforts of everyone involved, there is always an unavoidable disruption with constructing works above or below existing wards. Principally it's a combination of noise, vibration and dust as the contractor undertakes either demolition works, coring of penetrations or scabbing back of floors to remove old topping slabs to bathroom/toilet or wet areas.

Hawkins Construction have tried to minimise the noise impact of this work by doing it between certain hours so as not to interfere with patient rest/sleep requirements, Doctors rounds and changes of shift.

Techniques are also used to minimise noise. For example gib board is screwed in place instead of nailed.

Despite this we still get the occasional complaint and stop work for awhile or do the work in short bursts which are more easily tolerated.

Acoustic Consultant (Norman Disney & Young) will be regularly checking construction related noise so that we can monitor and measure the issue more precisely.

In relation to dust, the Contractor is required to progressively clean up any mess, dust or rubbish and keep the Hospital clean and tidy at all times.

Hoardings and dust sheets are also used to minimise dust contamination.

Where an issue arises which potentially could cause dust to enter a designated clean area the work is immediately stopped and the issue addressed with the Charge Nurse or Clinical Leader.

The Occupational Health and Safety Department and Infection Control are also notified of any incidents of dust or potential contamination.

Please be assured every effort is being made to provide a safe environment for staff, patients and visitors.

Regular hospital impact meetings are held to review procedures and minimise any noise or disruption to the hospitals day to day operations.

A Planet Fun bonus for premature babies

Bob the Builder, Bratz Dolls and Leap Frog nursery toys are ready to take their place in the new Kidz First Neonatal Intensive Care Unit (NICU).

The toys, which were generously donated by Planet Fun, are amongst a \$5000 bonanza of toys that was delivered to the hospital late September 2005.

They will be used in the Planet Fun sponsored playroom, which will cater for brothers and sisters of babies staying in the unit.



Kidz First staff unpack the bounty of toys donated by Planet Fun

Kidz First play specialist service coordinator, Carol Bolton, says the playroom will be an integral part of the unit's family-centred care approach.

"It will be a great boost to families to have a space with staff supervision where the needs of younger family members can be supported during the initial crisis, which can be a time of great stress and anxiety," she says.

The playroom will cater mostly for children aged under 8 years old and include toys that help to enhance their early childhood education and give understanding of the care their baby sibling is receiving.

Planet Fun General Manager, Jeremy Kirk-Smith, says the company can't think of a more worthwhile cause to be involved with.

"The current NICU has no facilities for siblings which can place a lot of stress on parents. The new playroom will be set-up to make life easier for the whole family," he says.

Planet Fun – New Zealand's leading toy distributor – first supported Kidz First in 2003 with a \$20,000 donation of toys. Since then the company has provided toys for the Hospital's Christmas party and contributed more than \$40,000 towards the much-needed neonatal playroom.

Planet Fun's contribution is co-ordinated by the South Auckland Health Foundation.

New NICU to focus on Family Centred Care

One of the major changes to the model of care in the new Neonatal Unit will be helping families prepare for their role in caring for their new baby in hospital and following discharge.

Ensuring that all members of the multi-disciplinary team are aware of each other's roles with both the family and baby, will be key to providing a co-ordinated service.

Developing operational processes that support this model, as well as designing a facility that supports family presence in the Unit has consumed large amounts of time and creative energy on the part of the immediate and wider stakeholders.

The principle of partnership in the Model of Care states that "The essence of a partnership between staff in the unit and the family (who will ultimately be responsible for the baby) rests on being able to work together effectively."

By the time the Unit opens, we hope to have developed a range of strategies and processes so that our partnership statement can be fully realised.






Helen McConachy has been appointed as the inaugural Nurse Manager for the new Neonatal Unit.






How to refurbish an area in 10 stages

We are all aware that construction activity is occurring on site, however for safety reasons most of us are unable to see what happens behind those hoardings or out of bound areas.

The information below may help shed some light.

The photo's were taken of the Cardiac Catheter Laboratory under construction.

<p><u>Initial Stage – Demolition</u></p> <p>Existing services e.g. electrical, water, gas and drainage are checked and removed prior to controlled demolition of the building fabric. This can be a complex process as some of the building materials have been in place for over 50 years.</p> <p>Careful co-ordination between the Contractor and facilities engineers is required. It's vital the removal of services does not impact on existing facilities.</p>	
<p><u>1st Stage - Setout</u></p> <p>Wall dimensions and internal measurements are checked. Often old drawings may not be accurate or modifications may not have been included on the original plans.</p> <p>Workshop drawings and off-site manufacturing commences at this stage.</p> <p>Air conditioning ducts, drainage and cable trays are installed. This is known as 'First Fix'.</p>	
<p><u>2nd Stage - Wall Framing</u></p> <p>Walls are framed with steel or timber. The amount of time required depends on the size of the area. For example an office may take 2-3 days. A large department may take 2-3 months.</p> <p>Construction brings noise and dust, however different techniques are used to minimise its effects. For example to minimise noise gib board is screwed in place instead of nailed and to contain dust, hoardings and dust sheets are used.</p>	
<p><u>3rd Stage - Second Fix</u></p> <p>Electrical cables are positioned inside the framing. Positions for light fittings, data outlets, taps and sinks etc are established.</p>	
<p><u>4th Stage - Wall Lining</u></p> <p>The wall framing is lined – usually with plasterboard. Extra linings and insulation are used for areas with acoustic requirements.</p> <p>The walls are now gib-stopped and sanded, ready for painting.</p>	

<p>5th Stage - Ceilings</p> <p>A ceiling is installed. The type of ceiling can vary depending on the area's requirements. For example the Cardiac Catheter Laboratory requires a solid ceiling, mainly for infection control purposes. The equipment is suspended from steel framework hidden behind the ceiling. A general ward may require a tiled ceiling producing a flat finish. Acoustic tiles can be used for areas requiring high sound absorption.</p>	
<p>6th Stage - Decoration</p> <p>All the finishing touches are completed. For example walls are painted, doors are installed, faceplates are applied to data and power outlets.</p> <p>Carpet or vinyl is laid and regulatory signage, for example fire exit signage is installed.</p>	
<p>7th Stage - Furniture, Fixtures & Equipment</p> <p>Equipment is delivered. The placement and delivery of specialist equipment such as Imaging/X-ray equipment is planned for at the beginning of construction, to ensure the interface between the building contractor and equipment vendor is well managed.</p>	
<p>8th Stage - Commissioning</p> <p>A series of checks are carried out on electrical safety, airflow, heating, ventilation, air conditioning etc.</p> <p>An area may also require specific checks. For example Radiology may require a physicist to sign-off on equipment or X-ray protection.</p>	
<p>9th Stage - Practical Completion and Handover</p> <p>Practical completion is awarded to the Contractor when all works required under the contract are complete, except minor defects. The Architect and Engineer will complete their inspections of the finished work.</p> <p>The project will then be 'handed over' to the client.</p>	
<p>10th Stage - Clinical Clean</p> <p>A 'clinical clean' is completed prior to occupation.</p>	
<p>Final Stage – Occupation</p> <p>Staff and patients move in.</p>	

Throughout all stages regular checks are carried-out by: Council Inspectors, Architects, Engineers, Independently Qualified Persons (IQP's) and other quality checking agencies, Construction Site Managers and Project Managers.

Regular impact and site meetings are held. The Hospital environment is continually changing. For this reason it's important to have continual dialogue.

Check out the latest construction photos

... as at 29 September 2005

Stage 6 Radiology: completion scheduled for 14 October 2005

- | | | | | | |
|---|---|---|---|----|--|
| 1 |  | 2 |  | 1. | Nurses Station. |
| | | | | 2. | Ultrasound Corridor. |
| | | | | 3. | Reception. |
| | | | | 4. | Ultrasound room (the white thing hanging down is a flexible ceiling duct). |
| 3 |  | 4 |  | | |




Neonatal Intensive Care Unit: completion date to be advised

- | | | | | | | | |
|---|--|---|--|---|---|----|---|
| 1 |  | 2 |  | 3 |  | 1. | Cable trays contain communications and electrical wiring. |
| | | | | | | 2. | Pipes and ducts are installed. (red = sprinklers, white = waste pipes, grey = ventilation ducts.) |
| | | | | | | 3. | Medical gases outlets. |

National Burn Centre: completion date to be advised

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|---|---|---|---|---|--|----|--|
| 1 |  | 2 |  | 3 |  | 1. | Mapping out the rooms. |
| | | | | | | 2. | High Dependency Unit. |
| | | | | | | 3. | Project Manager, Chris Jaggs standing in the Dirty Utility room. |

Adult Medical Centre Extension: completion scheduled for mid 2006

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|---|---|---|---|----|---|
| 1 |  | 2 |  | 1. | Exterior view Adult Medical Centre (AMC). |
| | | | | 2. | The scaffolding is raised in preparation for the parapet. The parapet holds the exterior roof in place. |
| 3 |  | 4 |  | 3. | The 4 th floor is framed in preparation for the exterior walls. |
| | | | | 4. | A concrete bucket gets lifted up to the 5 th floor where a slab is being poured. |

Confused about who does what?

There are many projects on the go at Middlemore Hospital. The list below outlines the key people involved.

	Neonatal Intensive Care Unit	National Burn Centre	AMC L3 fit-out	AMC new levels	Radiology
Project Manager CMDHB	Bruce Hancock Mob: 021 634 259	Chris Jaggs Mob: 021 784 204	Chris Jaggs	Chris Jaggs	Graeme Purdie Mob: 021 283 3054
Project Manager RCP	Paul Miller Mob: 021 752 245	Matt Allen Mob: 021 866 929	Matt Allen	Matt Allen	
Contracts Supervisor	Don Reed Mob: 027 2805 767	Don Reed	Don Reed	Don Reed	Gary Swadel Mob: 021 784 092
Hawkins Construction	Mike Dally Mob: 0274 742 823	Martin Kernighan Mob: 0274 960 130	Chris Tuxford Mob: 0274 889 233	Chris Tuxford	Bob Gibson Mob: 027 4739 416
Middlemore Hospital Engineering	Paul Millynn Mob: 021 286 8286	Terry Blewett Mob: 021 478 4586	Nigel Robb Mob: 021 784 601	Nigel Robb	Paul Millynn
Service Manager	Margaret Garthwaite Mob: 025 863 895	Kate Middlemiss Mob: 021 784 698			Paul Hewitt Mob: 021 961 126
Nurse Manager	Helen McConachy				
Charge Nurse	Eunice Sharma Tel: (09) 2670000 Extn: 8363			Charmaine Munro Tel: (09) 2670000 Extn: 9761	Wendy Coombes Tel: (09) 2670000 Extn: 8629
Team Leader					Beryl Kelly Tel: (09) 2670000 Extn: 8627

If you are unable to contact any of the above please ring: Bruce Hancock, Director of Projects on:
 Mobile: 021 634 259 (09) 250 3874
 or Ron Pearson, General Manager Finance & Commercial on:
 Mobile: 021 478 485 (09) 262 9514

Business as usual for Adult Medical Centre tenants

Many of you will have noticed the scaffolding and construction activity around the Adult Medical Centre.

We would like to thank all the tenants for their cooperation and patience during this time and would like to re-enforce that operating hours and access to these areas remain unchanged.



We would love to hear your feedback regarding the newsletter and ideas for future articles.

Please email Janet Haley with your suggestions: haleyj@middlemore.co.nz

Coming up in the next issue ...

Project Updates for:

- Mental Health Facilities
- Insight into FMP Phase 2.

FMP Internet Web Site up and running!

Regular project updates along with the latest construction photo's can be found on the FMP Internet site.

Access via: www.cmdhb.govt.nz

