

News from the Facilities Modernisation Project

New Cardiac Catheter Laboratory Opens this month! (September 2005)

The countdown begins. As from Monday 5 September there are 2 weeks to go until the new Cardiac Catheter Laboratory is up and running on the 1st Floor, Adult Medical Centre.

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

This staged approach will give staff an opportunity to become familiar with the new environment, equipment and technology.

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



Staff Area Cardiac Catheter Lab

“Currently all cardiac catheterisation procedures are performed at Auckland City Hospital. This means that inpatients have to transfer to Auckland for their procedures,” says Leanne Elder, Operations Manager for Medicine. “Opening the facility at Middlemore will result in a more timely service without the patient needing to leave Middlemore in most cases.

“Outpatients will also benefit as people will not have to travel as far for treatment or contend with parking issues at Auckland City Hospital.”

The Cardiac Catheter Laboratory at Middlemore will result in patients spending less time in Hospital with fewer transfers for diagnosis and treatment. The new day/recovery ward, which will provide 7 beds means patients can be admitted and discharged straight from the ward.

Reports outlining the results of a procedure/x-ray and diagnosis can be viewed in-house via Concerto (on-line data system). This level of access to reports is currently not available at Counties Manukau District Health Board.

“Once completed patient reports will be able to be viewed anywhere in the hospital,” says Leanne. “This is especially useful for a patient’s follow-up clinic visit as the doctor will be able to easily view the outcome of a procedure/x-ray and discuss this with the patient.

“Previously we needed to ring Auckland to send us the reports if they were not already in the patient notes. It will save a lot of time being able to access the reports as required.”

The Cardiac Catheter Laboratory staff will include MRT’s (Medical Radiation Technicians), nursing staff, physicians, registrars and cardiac technicians. What’s really beneficial is that doctors and medical staff are on site to answer any questions the patient or family may have.

Inside this issue:

\$1.5 million fundraising target reached for National Burn Centre.

Construction underway for National Burn Centre.

Philippa Hartley gives us an insight into the new general X-ray Department.

We profile Radiology Redevelopment Project Manager, Graeme Purdie.

Check out the latest construction photos.

Find out the results from our newsletter survey.

Burn Breakthrough!

It's official – the South Auckland Health Foundation has reached its mega \$1.5 million fundraising target for the National Burn Centre.

After more than a year of intense fundraising the Foundation has achieved its target just as the Centre's construction begins.

South Auckland Health Foundation executive director, Pam Tregonning, says it's wonderful to achieve the goal.



There's a buzz amongst the burn staff as they check out the first stage of construction of the National Burn Centre.

"The support from the public has grown from strength to strength and we're absolutely thrilled to announce this great news. We are so thankful to everyone that has contributed," she says.

The donations have come from people and groups from right across the country – from large organisations, service groups and trusts to individual donors and DHB staff.

"A special thank you to the DHB staff and especially the burn team who have supported the campaign," says Pam.

Plastic and burn surgeon and clinical leader of the National Burn Centre, Stephen Mills, says his team is excited about the development of the new facility, which is expected to be completed early next year.

"It's going to be a wonderful Centre which will help us provide optimum care for our country's most severe burn sufferers," he says.

The National Burn Centre will include isolation rooms which are critical for preventing infections. It will have a room designed specifically for children and patient rehabilitation areas including a kitchen, bathroom and gymnasium. There will also be facilities for families who often spend many hours supporting their loved ones.

While the major milestone has been reached it won't end there, with several groups continuing to fundraise for the new Centre. In the pipeline is another 24-Hour Ladderclimb event, a fashion show, Guy Fawkes evening and several other fundraisers.

For more information about the fundraising campaign contact the Foundation office – telephone 270 8808, ext 8400.

Construction underway for National Burn Centre

The FMP team are pleased to announce that building works commenced Monday 5 September for the new National Burn Centre, Level 1, Acute Hub.

General noise and construction activity is expected.

The FMP team will bring you regular updates. For further information please contact Project Manager Chris Jaggs on telephone (09) 2670000 extension 8984 or email: CJaggs@middlemore.co.nz



Empty shell space – Level 1, Acute Hub

Philippa Hartley shares her thoughts on working in the new general X-ray Department.

I remember the old general department. There were two dark pokey x-ray rooms with archaic equipment along with a small, untidy and stuffy viewing area.

There was one work station and one processor (where we develop, view and edit our x-rays). We all used to huddle around the processor, patiently waiting for our turn to use it.

The new general department is modern and spacious. It consists of 5 x-ray rooms, one of which is dedicated to ward patients and another room for IVUs (intravenous urograms).

All rooms are well designed. The ward room has its own workstation and is large enough to turn a bed in, and the IVU room has dedicated equipment.

The other x-ray rooms are adequate, well equipped, organised and of reasonable size for multi-purpose use.

The old untidy shelves have been replaced with cupboards (great for storage).

The patients seem happy with the new department with many commenting it's nicer than the one they remember. The grape and cream colour scheme has raised a few comments.

When we first moved in there were some minor problems. e.g. the vertical buckies were installed up-side-down and we couldn't find anything as items were not labelled. Finding your way around, especially for visitors was hard, however signs are now appearing.

Our changing rooms are yet to be built so patients have to get changed in the rooms with the blind pulled down. Our waiting room is also on the other side of a busy corridor and some patients have problems crossing the corridor due to the constant flow of pedestrian traffic. Again these are all minor issues.

All the x-ray rooms (except the ward room) adjoin the processing area which is large, bright and airy. We have 2 processors and 3 work stations (so no more fighting)!



Philippa Hartley in a general x-ray room

Beryl (charge MRT) has an adjoining office (to keep an eye on us)! and there is another small office for a reporting radiologist to stay on site. We also have a hi-fi which I'm particularly fond of as I enjoy listening to quiet background music while I work.

The new department provides a nicer environment for staff to work in and because there are more x-ray rooms we are able to see a lot more G.P. patients and perform important IVU's, which we couldn't do before. We now get to spend more time with our patients and no-longer have to rush them to vacate the room.

The students also appreciate the new Department. They get to spend more time on the workstations and can discuss the x-rays without feeling guilty that someone else needs to use it.

"The new department provides a nicer environment for staff to work in. "We now get to spend more time with our patients and no-longer have to rush them to vacate the room."

65% of Radiology's Redevelopment has been completed!

In each issue we profile a User Group member. This month we talk with Graeme Purdie - Radiology Redevelopment Project Manager.

How would you sum up your role as Radiology Project Manager?

Being a Project Manager is a challenging job. It helps if you can become two people in one! There are two major roles - i.e. Operations Project Manager and Implementation Project Manager.

1. Operations Project Manager:

Initially the Project Manager must guide the User Group through the brief, concept and developed design phases, taking responsibility for moulding the users wish-list into a cohesive plan. This plan has to mesh into the existing building structure, while at the same time avoiding a blow-out in the Project Owner's budget. Once the contract is awarded the Project Manager must evolve into the second role.

2. Implementation Project Manager:

This role requires a person who can administer the contract, confer with consultants, monitor the programme, maintain control of the budget and ensure that the documented level of quality is being met. The completed project has to serve the needs of staff and patients and meet compliance with the Building Code.

Having said all that, we had the distinct advantage of two separate people fulfilling the Project Management roles for the Radiology Redevelopment.

Throughout the briefing and concept stages, Chris Jaggs undertook the role of Operations Project Manager, with the primary responsibility for moving the User Group through the minefield of operational requirements.

Then as we moved into developed design I moved in as Implementation Project Manager to contribute on the build-ability aspects.

We worked in tandem throughout the developed design phase with Chris slowly withdrawing upon completion of the design phase.



Graeme Purdie:
Project Manager Radiology Redevelopment

What have been some of the main priorities in the planning and construction phases of the project?

One of the main priorities during the design phase was to strike a balance between User expectations and the build-ability of the requests, all within the constraints of budget. The main priority during the construction phase is to ensure a continual balance between the three major forces at work in construction namely time, cost and quality. If one of these gets out of balance the other two will be affected leading to an unacceptable outcome.

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

The need to ensure that all parties clearly understand their roles during the design and construction phases. It is alarming how easily communication breakdowns between construction management and hospital staff can result in territorial disputes.

Once a space is walled off as a construction zone, it becomes the exclusive territory of the contractor and staff and other hospital personnel can only enter the area by invitation. However, noise and dust generated during construction knows no boundaries and can impact on the delivery of normal hospital services. By keeping a regular dialogue between construction management and hospital service managers unnecessary conflict can be avoided.

What has been your greatest success on the project so far?

As each stage is completed and commissioned it's great to see the boost in staff morale. For many years staff have worked in depressing conditions from an era where colour and texture gave way to functionality.

What would you do differently if you started again?

The only possible change would be to allow more time for final co-ordination between consultants prior to finalising the design documents. Because of circumstances beyond the control of this project, co-ordination and checking of documents was unnecessarily hastened. However, this difficulty has been resolved as the project has progressed.

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

Because of the complexity of the project and the need to keep Radiology functional on the Middlemore site, it has been necessary to divide the work into twelve separate stages.

Presently we are about 65% of the way through the construction work, having successfully completed five stages in Radiology and two in the CT Suite. Completion of the project was initially set for mid December 05. However, until the Special Care Baby Unit (SCBU) moves into the new Neonatal Intensive Care Unit, the remaining work on the CT plus the Radiology administration area cannot commence.

The new project completion date is now set at mid May 2006.

Check out the latest construction photos

..... as at 1 September 2005

Cardiac Catheter Laboratory: operational this month (September 2005)



Recovery/Day Ward



Sterile Store



Staff change rooms and lockers



Imaging Equipment which is covered to prevent dust



Monitoring Room

Neonatal Intensive Care Unit: completion scheduled for November 2005



Nursery corridor



Clinical Area



Clinical Area



Installation of pipes and wiring

Radiology: Completion of stage 6 scheduled for November 2005



Future Ultrasound corridor



Ultrasound Room



Screening Room



Amazing amount of wiring and cables



New pipes (red) replace old pipes (green and black)

Adult Medical Centre extension and Level 3 fit-out: completion scheduled for March 2006



Builders install pipes and ducts, empty shell space - Level 3



You can see the structural work for Levels 4 & 5



Construction of Level 4

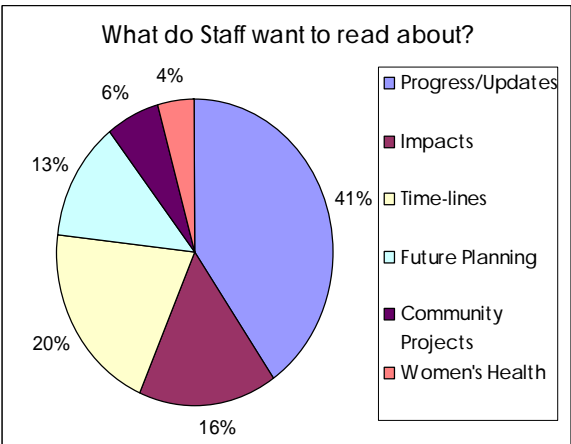
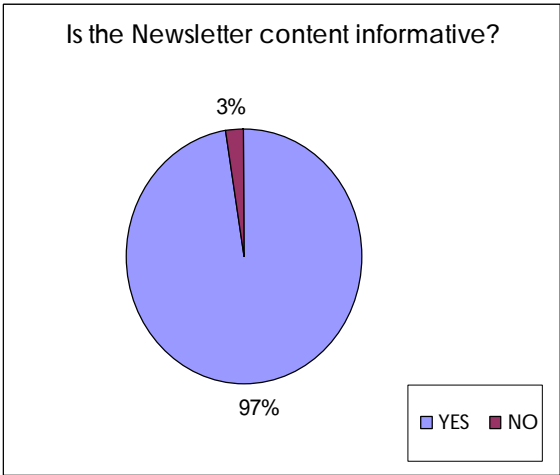
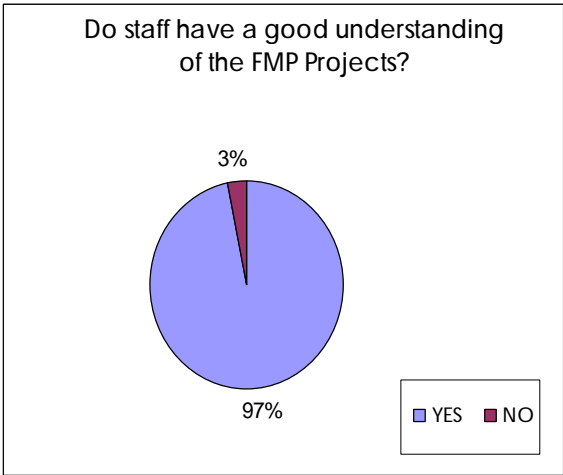
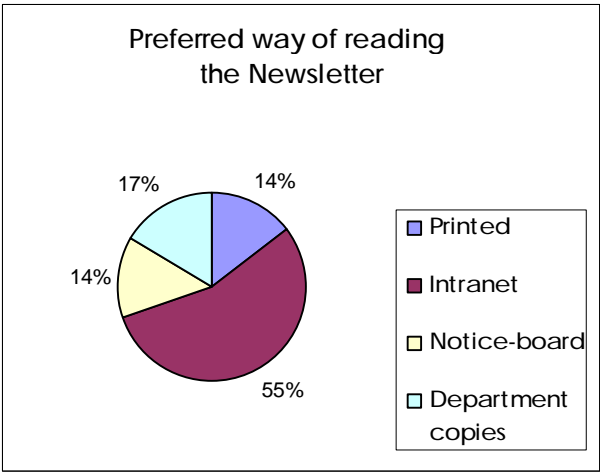
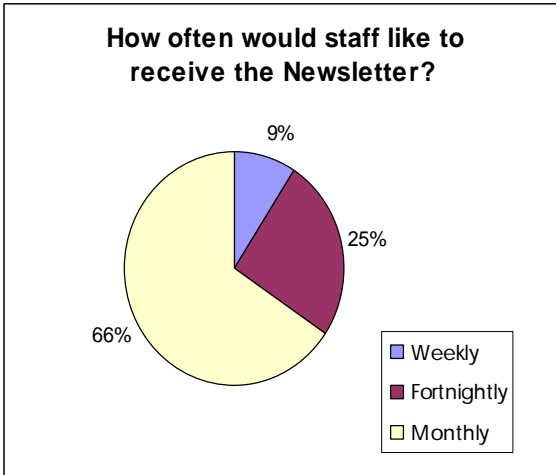


The plant room is being built above the Cardiac Cath Lab. Equipment will be lifted in by crane.

Results from Newsletter Survey

The FMP Team would like to thank everyone who filled out a survey regarding the 'Counties Column' newsletter. We had a great response.

Congratulations to Christine Lockhart who won two tickets to the Spring Dine and Dance.



Contacts

Five construction sites are now underway. Outlined below are the Project Managers responsible for each project and their contact details.

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FMP Web Site

Don't forget you can now access our newsletters via our FMP web site. Access via the project page on SouthNet or 'F' listed in the services directory.

We would also like to get your feedback and questions regarding any of the FMP Projects. Either fill out a feedback form on the FMP web site or drop an email to Janet Haley: haleyj@middlemore.co.nz

