

Upgrade for Sterilising Unit – Middlemore Hospital

The Sterile Services Unit (SSU) at Middlemore Hospital has been operating since 1947, and has been supplying sterile materials for the Middlemore site for the past 59 years.

While there have been ongoing upgrades over the years, the increased demand on the service and the need to meet accredited standards has resulted in the need for further improvements.



SSU in the 1970's.

"SSU has seen a lot of change over the years," says Marion Mayow, Operations Manager for Theatres, Anaesthetics and SSU. "Middlemore's SSU has moved three times, while the SSU at the Manukau Surgery Centre (MSC) has expanded to accommodate additional theatres.

"With the progress of medical science, SSU is processing technically complex surgical instrumentation. The modular design of instrumentation requires time, skill and knowledge to process and complete ready for sterilisation. Gone are the days when a standard piece of equipment would meet most of your requirements.

"Our service needs to meet the growing and changing needs of the organisation. To achieve this we need to make some changes. Our first priority is upgrading the steam delivery to our sterilisers."

Steam is the most commonly used method of sterilisation, it is non toxic, clean and efficient.

"At the moment we are having to reprocess some of our steriliser loads which have been 'process failed', due in part to steam quality," says Marion Mayow.

Other works include:

- Removal of Ethylene Oxide Steriliser.
- Installation of Sterrad. Low temperature.
- Installation of a drying cabinet. Low temperature sterilising requires all instruments to be absolutely dry.
- A 'Steris System One' will relocate from MSC (Manukau Surgery Centre) to Middlemore's SSU, and will be used to sterilise fibro-optic intubating scopes for the anaesthetic department. These are currently sterilised in the gastroenterology unit. With the installation of a Steris System in SSU the scopes can be quickly processed and available for use by anaesthetics when required.
- Installation of Medivator low temperature Steriliser at MSC. This will require some building changes.
- Installation of a new steam steriliser at MSC.

Maintenance works

In the 2005/2006 financial year Engineering and Facilities was allocated additional funding (\$307,000) to assist with addressing some deferred maintenance items.

The majority of this money is being used to protect our assets (e.g. roof leaks), to prevent further expensive deterioration of assets (e.g. road repairs) and to overcome existing problems.

Work undertaken includes:

- Kitchen gas line replacement
- Pukekohe road repairs
- Papakura Maternity unloading ramp
- Papakura Maternity room upgrades
- Galbraith stairs paint for easier graffiti removal
- Otara Gym internal roof gutter leaks
- Manukau Elective Surgery Hospital (MESH) loading bay drain replacement
- Botany Maternity vinyl repairs
- Botany roof repairs
- Botany Maternity bathroom walls
- Women's Health vinyl repairs – Middlemore Hospital
- Tiaho Mai bathroom wall leaks
- Road repairs at inwards goods
- Franklin road repair
- Building 38 corridor and roof repairs
- Western campus road repair
- Hospital Road repair



Road work



Drain replacement

The deferred maintenance programme will continue throughout 2006/2007.

Funding will be spread as wide as possible according to the greatest need.

Making the Middlemore site accessible for all

Getting around the Middlemore site can be difficult at times. Depending on the time of the day staff and visitor parks can be hard to find, with many having to park far away from the main entrances.

For people with disabilities this can be a major source of frustration, especially when mobility parks are occupied by able bodied people or by people driving delivery vans who do not consider the consequences of where they abandon their vehicles.



ISA signage (International Symbol of Access)

“I get so angry when I see people parking illegally in these spaces,” says wheelchair user Steven Brooks. “There have been times when I have had to turn around and drive home, because its been too difficult to access the building.”

Steven would like to see an increase in mobility parks close to the main entrances. He would also like to see cars towed away if they don't have the correct mobility permit.

Middlemore's carparking Manager, Ross Harlick says his team takes a tough stance when people park illegally in mobility parks. “We monitor these parks on a regular basis and have no hesitation in getting cars removed, if they don't display the appropriate permit,” says Ross.

The Project Excel team has taken this a step further and with the assistance of disability advisor, Gaylene Gaffney and Engineers, Harrison and Grierson have assessed all mobility carparks on the Middlemore site in regard to:

1. amount, location, compliance (i.e. length and width) of mobility parks
2. the 'accessible journey' from these carparks to our main entrances. This took into account the state of our kerbs, ramps and any obstacles which could impede the journey.

The Middlemore site does meet the required amount of mobility parks as outlined in the Building Code, however improvements can be made in regard to location and compliance. Remedial work is also needed on some of our kerbs.

Works will include:

- Increasing the amount of mobility carparks for areas such as AT & R (Assessment, treatment and rehabilitation).
- Relocate some mobility parks close to the main entrances eg Adult Medical Centre.
- New mobility parks will be provided for the Adult Medical Centre and Mental Health.
- Some mobility parks will be remarked and made compliant in regard to width and height.
- Kerbs will be fixed to make the journey safer and smoother to the main entrances.
- All mobility parks will include the ISA signage (International Symbol of Access).
- Parking restrictions will be enforced on areas currently provided for disabled people.



Kerbs will be fixed

Women's Health Update by Margaret Garthwaite - Project Excel's Process Improvement Manager (PIM).

Assessment and Birthing Unit (ABU)

This month the User Group has been working on some of the finer design details. For example, in the Birthing Rooms, we need:

- Privacy so people can't see in the birthing rooms when procedure lights are blazing.
- The right amount of light to view a portable ultrasound screen.
- Enough darkness for a woman to rest, but not so much that she feels like she is in a cave!
- Blinds/curtains that will cope with regular laundering/cleaning and still look smart for years ahead
- Blinds/curtains that can take a bit of a beating from pacing and anxious occupants!

Our solution was to get some curtain samples made up and hung by the décor company. The winning curtain was then sent away to get laundered multiple times by Taylors to check its robustness! The next step is to work with the interior designers to choose the overall colour scheme. The User Group will be fully engaged in this fun task over the next couple of months.

At the same time, we are refining the furniture, fittings and equipment (FF&E) list. At this stage there are over 1000 items to procure, in addition to the 680 we will take with us! It will take a whole week just to fill out all the order forms and enter the details on a tracking sheet for budget and inwards good receipting purposes.

Antenatal Postnatal Transitional Care (ANPNTC)

We have signed off on 100% Developed Design and are now working on FF&E lists. This is fine detail work as every bin, chair, trolley, computer etc shown on the plans has to be cross checked against procurement lists.

We have also been working closely with the neonatal team to design the best options for baby resuscitation in the Unit. Following ongoing discussion with the User and Steering Groups, neonatal clinicians, bio-med engineers, equipment suppliers and the architects, we have designed two spaces which will provide the required location, floor space, rapid access, services and equipment to resuscitate a baby using best practice techniques. Lets hope we don't have to use these spaces too often!



PIM's Secretary Pauline Blithe works through some of the finer detail.

The Staffing Workgroup continues to explore options for new leadership and staffing structures for ANPNTC and a similar group will commence work in September 2006 on options for the staffing structure in the Assessment and Birthing Unit.

Construction Updates ...

Tunnels and Corridors Project:

- Break-through from theatre to Galbraith to commence late September 2006.
- Detailed design of the Northern corridor is well advanced.
- The Contractor's construction methodology is being worked through in detail.
- Design of temporary corridors is continuing.
- A high-level User Group is being established.



Intensive Care Unit/High Dependency Unit:

- Planning progressing
- Early phase of developed design.
- Currently integrating equipment lists into the Architects plans.



Levels 4 and 5 Adult Medical Centre:

- Floor finishes and painting well underway.
- Migration planning has commenced.
- Completion date for Level 4 - November 2006 and Level 5 – December 2006.



Coronary Care Unit/Step Down Unit:

- On track to finish December 2006.



Construction Photo's

Coronary Care Unit (CCU)/Step Down Unit (SDU)

CCU/SDU will be located on the 1st floor of the Adult Medical Centre, adjacent to the Cardiac Catheter Laboratory. There will be 6 CCU beds and 12 SDU beds. Patients will be transferred to SDU Beds when their condition is stable.

The 6 CCU beds are close to the nurses station for good visibility.



Nurses station



SDU corridor



CCU bed bay



SDU Patient room

Level 4 Adult Medical Centre - will be home to two Surgical Wards



Patient Dayroom



Ward corridor



4-bedded room



Reception

Historical beginnings

As we enter into a period of growth and redevelopment it's important to understand our historical beginnings. Each issue of Project EXCEL will take you on a journey through the past 59 years.

Operating Theatres - 1971 to 1989. This article was published in 'Middlemore Memories' and was written by retired theatre sister Margaret Price.

I became the theatre sister in 1971 and retired from the department in 1989. The period 1971 to 1987 was a busy time. For example 2000 procedures were carried out in 1948 compared with 11,000 in 1989. During this period the ratio of acute to elective patients also increased, with the overall workload becoming much more acute. The number of cases over a weekend rose steadily, and the average would be 50 acute operations per weekend.

The department accommodated the following specialities: General orthopaedic, plastic with attached dental services, ENT (Ear, nose and throat), some eye surgery, gynaecological and obstetric.

Caesarean sections often caused a crisis when the department was working full-tilt. The first theatre that finished an operation was cleared for the Caesarean section, regardless of the speciality interrupted.

The theatre suite consisted of six theatres with anaesthetic and scrub rooms, in a race track design. Three theatres were on each side flanked by sterile areas. The wash rooms and the recovery room were placed in a central area. There was an attached plaster room.

An adjacent central sterile supply department kept the theatres supplied with sterile packs, and eventually took over the washing, repacking and sterilisation of the theatre instrument sets. This was a great change, freeing theatre staff from this task. All our nurses rotated through this service.

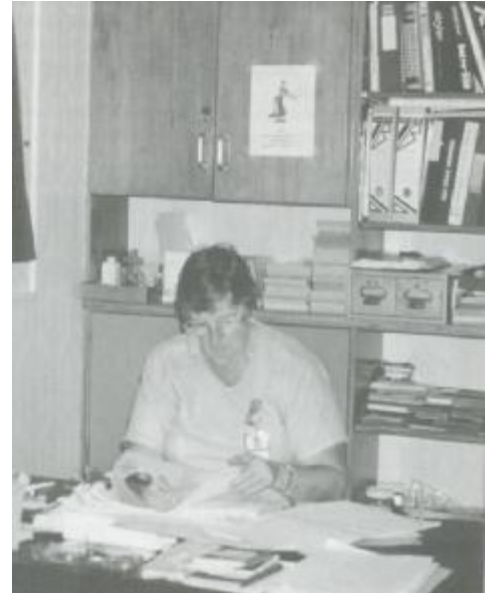
A full time receptionist became a necessity as the workload increased. Beryl Angus will be remembered with great affection for her knowledge, efficiency, experience, advice and wheeler-dealing.

The orderlies provided a necessary, efficient and helpful service to assist the department running smoothly everyday. The wards maids Yvonne and Mary Tini were our regular tea ladies and cleaners for many years. How many thousands of cups of tea did they provide!

The staffing levels had to change with the demanding workloads and the provision of seven-days-a-week services. Acute loads at night meant more nurses were on the shifts, particular on Friday and Saturday nights.

By 1987 there were 70 whole-time nursing equivalents in the department made up of full and part-time charge nurses, staff nurses, enrolled nurses and hospital aides.

In such a large, hard-working department with many people there at any one time, conflicts were surprisingly minimal.



Margaret Price in the theatre supervisor's office signing the time-sheets. Behind her in the cupboards are the protocols and to the right are the catalogues of the instruments and prostheses.

Historical beginnings - continued

As a supervisor I had massive support from the 12 charge nurses and all the other staff. It was not all work and no play. Most years we have had a Christmas party when everybody let their hair down.

The working atmosphere was very good, and it was a pleasure to hear former registrars returning as consultants saying *"It's nice to be back at Middlemore"*. I think that also applied to the whole Hospital.

There were certain memorable personalities around the hospital and certain amusing incidents will also be remembered. For example I remember being called on a very busy morning by a prison superintendent. He wanted to speak to the plastic surgeon. Thirty-five of the female inmates had tattooed each other with ink. All I could think of was *"They will wash off with time."*

One of my worst moments in theatre was one afternoon when two student nurses were crossing the railway line opposite the Kings College entrance. After one train had passed they leapt across the line only to be struck by a train passing in the opposite direction and which they had not seen. I was rung to clear two theatres to deal with their horrendous injuries. My next task was to dismiss the 12 student nurses attached to the department.

Since I retired in 1989 there have been a number of necessary changes in the department, in response to burgeoning loads and new techniques. There are now ten theatres with associated ancillary areas and a much larger recovery room.



A happy team, fully trained and ready for action. From left they are Charlotte Wairiki, anaesthetic technician, Dallas Jessiman, charge-nurse and tutor, Joan Winterburn, staff-nurse, Maureen Pringle, enrolled nurse, Nina Wellacott, enrolled nurse, April Robinson, charge-nurse and Catherine Logan, charge-nurse and tutor.



Contact

Communications Coordinator
Janet Haley
PROJECT EXCEL – TOWARDS 20.20
Counties Manukau District Health Board.
C/- Building 25 Engineering
Private Bag 94052
South Auckland Mail Centre
Auckland
Ph: (09) 262-9500
Fax: (09) 270 9714
Mobile: 021 443 731
Email: haleyj@middlemore.co.nz
Web: www.cmdhb.org.nz

Coming up in the next issue ..

- Project updates

PROJECT EXCEL Web Site

Intranet:

Access from '**Projects**' website on SouthNet or under "P" in the Services Directory.

Internet:

In the internet explorer address bar type: <http://www.cmdhb.org.nz>.

Click onto PROJECT EXCEL.

The PROJECT EXCEL web site has been designed to inform staff about the modernisation and redevelopment projects occurring across the CMDHB sites.

You'll find background information and regular updates on the various projects, along with updated photographs of construction activities, floor plans, copies of PROJECT EXCEL NEWS and much more.

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