



April 2007

Successful move for Coronary Care and Step Down Unit

On Monday 2 April 2007, 16 patients made the move to the new Coronary Care and Step Down Unit.

Twelve patients were admitted to the Step Down Unit and 4 to the Coronary Care Unit.

By 3 pm everyone (patients and staff) had successfully made the transfer.



The new Coronary Care Unit

“As you can imagine a move this size and scope requires a lot of planning and team work,” says Migration Coordinator Chris Jaggs.

“Many thanks to the Unit’s Charge Nurse, Medical and Nursing Staff, Movers, Orderlies, Information Services and Engineers (includes Bio-Med).”

“It’s a credit to the entire team that everything went smoothly on the day,” says Chris Jaggs.

The new Unit has 6 CCU beds and 12 SDU beds. Patients transfer to SDU beds when their condition is stable.

Key features of the Unit include:

- Increase in natural light.
- Improved facilities for patients and staff.
- Proximity to Cardiac Catheter Laboratory, Cardiology and Medical Wards.
- Light and airy atmosphere.

Tunnels and Corridors Project

Adult Medical Centre (AMC) Staff Lifts

As of Wednesday 28 March 2007, we are down to **ONE AMC Staff/Patient Lift**, until we complete the lowering of the floor around the lift area. This work forms part of the Tunnels and Corridors Redevelopment Project.

How can you and your staff make this easier for everyone?

- 1) Take the stairs where possible.
- 2) Consider using the AMC public lifts for wheelchairs or small trolleys etc.



Narayan will man the lift from 8 am - 8 pm

To help minimise disruption a Lift Attendant (Narayan) will man the lift from 8 am - 8 pm, Monday - Sunday. Narayan has been instructed to give priority to emergency calls and patients waiting in beds. Please do not be offended if you are asked to wait.

Priority will be given to:

- 1) Crash / emergency patients
- 2) Patients in beds
- 3) Other patients
- 4) Orderlies making deliveries / returns with trolleys
- 5) Other hospital staff

For EMERGENCY access to the AMC Staff/ Patient Lift call the Lift Attendant on mobile: 021 138 2735. Please state that it is an emergency and what floor you require the lift to go to. (Narayan has an over-ride key and will travel straight to your floor). Please note this is for critical emergency cases only.

We realise this will be a trying time for the hospital and ask for your co-operation and patience to get us through this phase as quickly as possible.

If you have any queries or concerns please contact the Project Manager Martin Cooper on: Email: mcooper@rcp.co.nz, Ext: 2292, Mobile : 021 627 894.

Intensive Care Unit (ICU) back home again

On Wednesday 21 March 2007, staff and patients from the Intensive Care Unit moved from the new Coronary Care and Step Down Unit back to Level 1, Galbraith.

ICU spent 4 weeks in the new CCU, to allow plumbing works to be carried out for the new Delivery Suite, located on level 2 of the Galbraith building.

“In order for building works to progress we needed access to ICU’s ceiling space. This work has now been completed,” says RCP Project Manager, Rob Taylor.

Many thanks to ICU and CCU for their patience and cooperation.



Staff from ICU prepare a patient for transfer

Services on the move in March 2007

Spotless moved from the 1st floor, Support Building to the Cardiac Corridor, Building 7.

The Daily Operations Unit (DOU) moved to Portacom B (located at the back of the Gynaecology Care Unit - Building 6).

The Cardiac Rehabilitation Offices moved to Level 1, AMC (next to the waiting room, outside the new Coronary Care Unit (CCU)).



DOU staff in their new location

Update - Gastroenterology Department

It's been over 4 months since the Gastroenterology Department received its 'make-over'.

This included redesigning the procedure rooms and expanding the cleaning room.

Staff from the Sterile Supply Unit (SSU) are delighted with the custom made cleaning room and are rapt with the extra space.

"For the past few years we have had to work in a confined area," says SSU Clinical Educator Charlotte Waiariki.

Our current cleaning room is larger in size, has an extra workstation and has doubled in staff (2 in total).

"The result is an increase in turn-around times for scopes and no delays in procedures," says Charlotte.

Orientation and in-service training for scope and equipment reprocessing has also been upgraded.

"The new design and layout has given us an opportunity to look at the way we do things," says Charlotte. "For example we are establishing an efficient dirty/clean flow and are optimising the facility to meet the increasing standards required for endoscope disinfection."

Gastroenterology Charge Nurse Donalee Grimminck says the relationship with SSU has grown stronger.

"It's taken a lot of pressure off the nurses having the cleaning room staffed on an ongoing basis," says Donalee. "Our workload and stress levels have greatly decreased."



SSU Staff in the Cleaning Room



Clinical Charge Nurse Donalee Grimminck in one of the procedure rooms

The 'make-over' was a real team effort, bringing together various areas of expertise.

"We couldn't have done it without input from our staff, engineers, occupational health and infection control," says Donalee.

"The end result is a Department we can be proud of."

Women's Health update

Antenatal and Postnatal will be a combined 45 bed ward, bringing together two and a half current wards - A Floor, B Floor and half of C Floor.

The new ward will consist of single and two-bedded rooms, all with external views.

"There are advantages in combining the two wards," says Process Improvement Manager, Patrick Long.

The purpose built facility will enable us to meet the needs of women before and after giving birth.

The Assessment and Birthing Unit (ABU) will be located on Level 2, Galbraith Building.

There will be delivery rooms, monitoring rooms, assessment and treatment rooms and an ultrasound room. Staff will have the ability to alter the use of the rooms, depending on the needs of the floor. New equipment will also be interfaced with the building.

The long awaited **Gynaecology Care Unit** will have a 15 bed inpatient area and a outpatient component made up of clinics, procedure and ultrasound rooms.

Level 5 – Gynaecology Care Unit

- Demolition has commenced.
- End completion date late October 2007.



Level 4 - Antenatal and Postnatal

- Demolition complete.
- Wall framing and mechanical installation commenced.



Level 2 – Assessment and Birthing Unit

- Wall framing underway
- South Wing - mechanical services nearly complete.
- Gib wall linings commenced.



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.

Gaylene Gaffney was a spinal patient at Middlemore Hospital during the 1960's. This is her personal story.

As a result of a horse riding accident in rural North Auckland, I was admitted as a spinal patient at Middlemore Hospital in 1966. I was 13 years old.

At the time, there were no specialist spinal cord injury services in the Auckland region (in fact the only one in New Zealand was at Burwood, Christchurch).

My first impression of Middlemore Hospital was from a **stryker bed in the Ear, Nose and Throat Ward in the Galbraith Block (all the Orthopaedic Wards were full at the time).



Left to Right: Gaylene's mother, hospital room mate Valerie, Miss Edith Laws (the teacher at Middlemore), Gaylene's father and Gaylene. Photo taken in 1969 at the NAC airport terminal, Auckland.

I spent 6 weeks on this ward and remember being rotated on the stryker bed every two hours. This meant spending the majority of my day staring at the floor or the ceiling.

What did help was having a mirror arranged ingeniously over my bed. At the right angle I could watch the boys at the Middlemore railway station traveling to and from De la Salle College.

This was my introduction to a hospital stay of 9 months and to my journey as a person with a disability.

I moved to Ward 20 (Orthopaedics) as a patient under Orthopaedic Surgeon, Mr Ross Nicholson. He had the unenviable job of informing me that I would not regain function below the spinal cord break. He arrived unexpectedly at my bedside, in a room I shared with my long-standing room mate, a 14 year old girl from Christchurch, pulled the curtains closed and in medical terms began to explain my prognosis. Greeted with a red-faced shocked and totally bewildered patient, he saw he had not achieved his goal.

** A stryker frame consists of canvas stretched on anterior and posterior frames, on which the patient can be rotated around their longitudinal axis.

Finally he said “you’ll never ride a horse again.” It wasn’t said to be cruel, but it was like a knife, and I understood his message. Although the news was a shock I remember bouncing back quite quickly, in fact the next day I was getting around in a wheelchair and eventually found my way all over the hospital, which became my home!

The ward was like a family, and I felt safe there, and the hospital was like a refuge and definitely had a life of its own. I often used my pocket money to buy a raspberry fizz at the cafeteria on the ground level of the busy Galbraith building.

I attended Occupational Therapy which was housed in an auxiliary building. I made some “useful” things such as a footstool made of cane and turned timber (which I still have).

When I was first admitted, Physiotherapists treated me in bed, and later I had some Physiotherapy assessments in the gym with Mr Robinson.

Towards the end of my “residency,” I did a block rehabilitation course at the former Rehabilitation Centre in Bairds Road, across the road from the current Spinal Unit.

I had to learn to walk using calipers (which kept my legs stiff). By hip-swinging through the parallel bars, and graduating to crutches, I was able to “walk” like a stilt-walker, enabling me to cover a distance of about 10 meters before exhaustion set in and I collapsed gratefully back into my wheelchair. However, I kept up a routine of short “walks” each day for some 10 years and it seemed to keep me free of problems.

I was able to make use of the heated indoor swimming pool at the Rehabilitation Centre, and was taught ADL’s (Activities of Daily Living), which up until then, due to the lack of accessible facilities had been done for me. I’m happy to report that accessible facilities within the Hospital have greatly improved over the years. **

Returning home, after a long hospitalisation was very traumatic. I left with a two-sided sheepskin square to place between my knees when lying on my side in bed, a kidney dish (I leave you to figure out the use for that), a foam rubber “doughnut” shaped ring cushion to sit on for pressure relief, a wheelchair, my hospital-made calipers, and a pair of elbow crutches.

The only advice I received at the time was to try and “carry on as normal,” so I returned to my family’s home on a farm and to school, and managed as best I could.

** Gaylene works with the Project Excel team as a Disability Advisor. Gaylene ensures our new facilities comply with the Disability law/standards set out in the Building Code and NZS4121.



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Project Excel Web Site

Intranet:

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

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.



Supporting our *community* into the future

Snippet ...

A few weeks ago a visitor to the Middlemore site attempted to steal a medical kit from the back of an ambulance.

He was apprehended by a Security Guard, who proceeded to escort him to the Security Office.

On the way the offender asked to use the toilet.

The guard granted his request and waited outside the toilet door.

All of a sudden he heard a loud noise, two doors down.

He rushed to investigate and found the offender face down on the floor.

In an attempt to escape the offender had crawled up into the ceiling space, and along towards the main entrance.

The irony is that unfortunately for him, when he broke through the ceiling, he fell into the Security Office!

This is a true story.