

Temporary corridors up and running

The temporary corridors (Adult Medical Centre to Rainbow Corridor and Rainbow Corridor to Kidz First) opened mid July 2007 and will be in place until the opening of the new corridors.

It's taken a bit of adjustment to get used to the alternative routes and we thank staff and visitors for their patience.

A special thanks to our volunteers who have been especially busy directing people around the Hospital.

Just like our existing corridors the temporary ones are being used by staff, patients and visitors to the Hospital.

You can help by keeping to your designated side of the corridor and giving way to patients on beds or in wheelchairs.

It's still early days and the project team will be monitoring the corridors on a regular basis.

Please remember these corridors are only temporary and will be removed once the floor and services have been lowered.

The end result will be worth it.

At the end of the project (March/April 2008) you will find it easier to move around, with improved links to our buildings and facilities.



Rainbow Corridor



Temporary access from Rainbow Corridor to AMC



Temporary access from Kidz First to Rainbow Corridor.

Upgrade for Emergency Care

Emergency Care's Adult Assessment area is being upgraded.

This includes the recent relocation of the medication room to the centre of the staff base, resulting in improved access for staff in all areas of assessment.

Emergency staff have commented on the improved flow in and out of the room along with quick access to and from clinical areas.

Other benefits include improved security, efficient lay-out of medications and good lighting.



Emergency Care Nurse Tony Robinson in the new medication room

"The new medication room has turned into a functional and efficient space," says Emergency Care Nurse Manager, Mary McManaway. "The room supports how we work. We are really happy with the result."

The next stage involves completing the central staff base. The aim is to make the staff base 'open plan' increasing visibility of clinical areas and removing physical barriers which will improve the work area for staff.

To date demolition works have been completed and walls installed. The next step is to paint the walls, install the benches and cabinetry and lay the new floor. This should take approximately two weeks to complete (mid August 2007).

"Carrying out building works within a busy Department will continue to be a challenge," says Mary.

"The new medication room has turned into a functional and efficient space."

"Project Supervisor Nathan Linton and the Engineering Team have done a great job in considering our needs as a Department and enabling us to keep operating with minimal disruption.

"Many thanks to the Emergency Care staff for managing around a construction zone. Everyone has shown great patience and resilience."

Building works underway for new Intensive Care Unit (ICU)

The old Coronary Care Unit (CCU) is being demolished in preparation for the new Intensive Care Unit (ICU).

The new 18 bed Unit will be located on the first floor of the acute hub, next to the National Burn Centre and close to the operating theatres. On opening, the ICU aims to resource 12 beds.

When the Unit operates at full capacity, four bed spaces will be particularly beneficial for the care of children, with additional space in the bed area for parents to recline in a chair overnight.

There will also be two positive pressure isolation rooms and a standard isolation room equipped to meet the specific needs of patients with severe burn injuries.

Other new features include a shower trolley room, write-up/x-ray viewing room for the many services who contribute to the care of ICU patients, ceiling hoists and a medical service pendant in each bed space, improved computer access, dedicated interview room for family meetings and expanded space for the visitor waiting area.

Demolition works are well underway with construction planned for mid August 2007.

A new corridor has also been built outside the existing building to provide access for visitors to the new ICU and National Burn Centre.



Demolition of old CCU



The corridor will link the future Intensive Care Unit (ICU), the existing C-Pod and National Burn Centre with the rest of the hospital.

Middlemore Hospital currently has 7 resourced (10 physical) beds at Level III ICU (comprehensive critical care, including multi-system life support, for severely ill and critically injured patients).

Construction Photos - Women's Health

Assessment and Birthing Unit (ABU) - Level 2, Galbraith



Delivery Room



Nurses Station



Reception



Assessment Room

Antenatal/Postnatal Wards - Level 4, Galbraith



Patient Bedroom (2 beds)



Write-up area



Corridor

Gynaecology Care Unit - Level 5, Galbraith



Reception and Waiting Area



Patient Bedroom (single)



Corridor

Over-flow ward gets make-over

The over-flow ward is getting a much needed make-over.

This will improve the working environment and provide improved infection control ability.

Work includes covering damaged wall linings, patch painting and wallpaper repairs, vinyl repairs, notice-board replacement as well as other minor items.



The 'make-over' team - From left to right: Tui, Alan, Bruce and Tom.

The overflow ward was opened this year (2007) to provide additional acute beds. Ward capacity is at 29 beds, although due to staffing shortages it normally runs at around 22 - 25 patients.

"Overflow is utilised for all services, however due to the distance from other acute wards very unwell patients are not admitted to the overflow ward," says Charge Nurse Karin Sneesby.



Cracked vinyl is being repaired

"As one of the oldest wards in the hospital it was in desperate need of a freshen up."

Work should be completed in 6-8 weeks, however this depends on access to the Ward.

"The challenge is carrying out the work while the ward continues to operate," says senior Carpenter Tui Kaivelata."

"We gain access to the rooms on a day by day basis, which is co-ordinated with the Charge Nurse.

"Staff areas and service areas are worked on when occupancy is low or when the ward is temporarily shut down," says Tui.

"Our staff are already noticing the improvements," says Karin. "A coat of paint and vinyl repairs are making a huge difference."

As we enter into a period of growth and redevelopment it's important to understand our historical beginnings. Each issue of TOWARDS 20/20 will take you on a journey through the past 59 years.

Rheumatology at Middlemore Hospital (1965-1997). This article was written by Peter Gow, Clinical Head, Rheumatology and was previously published in Middlemore Memories - The first 50 years of Middlemore Hospital, by David Scott.

Although a Department of Physical Medicine had been established in the Auckland Region at Auckland Hospital, the specialty of rheumatology was initiated with the appointment of Dr David Caughey as Medical Tutor Specialist at Middlemore Hospital in 1965. In 1996 a subcommittee of the Auckland Hospital Board recommended a Rheumatology Service. A letter followed to the Director, Division of Hospitals, Department of Health by the Superintendent-In-Chief, Dr Wilton Henley in 1967, and the Rheumatology Service was established later that year.



The rheumatology team (1965). From left to right: Gerald Pang, Research Assistant, David Caughey, Medical Tutor at the time, Max Robertson and Dr Heng, the Registrar.

Rheumatology was predominately an outpatient service, with patients being seen in a clinic where the emergency department is now situated. Inpatients were accommodated in the medical wards, originally in Ward 8 and subsequently in Ward 10.

When Professor Harley Gray was appointed in 1975, the professorial orthopaedic ward was established in Ward 3. Rheumatology patients were managed in 14 beds in this ward with Pat Hendry as the charge nurse.

I took over as Head of Rheumatology at the end of 1978 having previously worked as a rheumatology registrar at Middlemore in 1974-1975. Kathie Smith, our current ambulatory care superstar was appointed to the combined orthopaedic/rheumatology ward in 1979, and successfully developed a team which achieved national recognition as a centre of excellence.

The rheumatology ward team developed multi-disciplinary management programmes, initially based in Ward 3, and subsequently in Ward 7, when Ward 3 was required as a children's ward in 1991. Making a significant contribution to these programmes were Physiotherapist Annette Laing and Kay Baragwanath, Occupational Therapist. The Psychiatrist Wayne Miles became a team member in the early 1980's. Recognising the contribution of mental health professionals to the welfare of patients with chronic painful conditions, this association provided the impetus to the establishment of the Liaison Psychiatry team.

The rheumatology ward moved to its present location in Ward 19 in 1996 when the demand for beds for acutely unwell medical patients required a ward in close proximity to other medical services.

New initiatives since this time have included the regional orthopaedic/rheumatology contract for the combined inpatient management of patients in the northern region with severe rheumatic complaints and the development of an ambulatory care multidisciplinary service. The Rheumatology Service was one of the first to have off-site clinics, initially in Pukekohe and in Pakuranga and later at Bakerfield in Manukau City.



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Towards 20/20 Web Site

In the internet explorer address bar type: <http://www.cmdhb.org.nz>.
Click onto Towards 20/20.

The Towards 20/20 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 Towards 20/20 NEWS and much more.

