

Spruce up of Galbraith entrance

Work is underway to 'spruce-up' Galbraith's main entrance.

This will include a fresh coat of paint on the walls, new non-skid vinyl on the floors, new seating and lighting.

The vinyl will have a feature strip that leads through the main lobby. This will be great for way-finding as it guides people through to the main Hospital.

A circular timber seat will provide a comfortable place for patients and visitors to sit – just across from the coffee cart.

"The Galbraith main entrance is used by hundreds of staff and public every day and first impressions are important," says Project Manager Nathan Linton. "With the help of Eric Bartlett, CMDHB Draughtsman, we've designed a space that is fresh, bright and welcoming."



Nathan Linton, CMDHB Project Manager and Eric Bartlett, Draughtsman

The laying of the vinyl will take place from Monday 7 September to Thursday 17 September. To minimise disruption all work will be carried out overnight i.e. from 12 (midnight) until 5.30am. After 5.30am the area will be available to staff and public until work re-commences at 12 (midnight).

Please note the Galbraith front entrance will be BLOCKED off to staff and public on Wednesday 16 September from 12 (midnight) to 5.30am. A security guard will direct people to an alternative entrance and signage will be in place on the main doors. Maternity patients will enter via EC.

Please contact Nathan Linton on mobile: 021 348 960 if you have any questions.

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Bereavement Care and Radiology Offices plan their move to the Ground Floor of Building 2

The new entrance will be finished late September 2009

New Haematology Day Ward will provide much needed space

Staff from Haematology are looking forward to the day when they can move into their new department on Level 1 of the Edmund Hillary Block.

This will include a Haematology Day Ward and office/administration spaces.

“We are especially excited about our new Day Ward, which is larger than our current area,” says Angela Knox, Haematology Charge Nurse. “This will result in additional clinics, a new procedure room and much needed isolation rooms.

“Our current area is very cramped, so we are looking forward to treating our patients in a purpose build area that allows space and privacy.”

The Haematology Day Ward provides a day stay service to patients with malignant or non-malignant haematological diseases, who require frequent and ongoing treatment.

A significant number of these patients come on a daily basis and spend up to 6 hours undergoing treatment such as blood transfusions, chemotherapy and specific haematological drugs. The most common haematology malignancy is Lymphoma, the incidence of which is on the rise with the increased age of our population. The Haematology Day Ward also supports other services such as Renal and Gastroenterology, providing day transfusions and infusions.

Another significant proportion of the workload is venesection patients. Venesection is the therapeutic removal of a volume of blood and is most commonly done for patients with polycythaemia and haemochromatosis.

The outpatient clinics are also situated within the Haematology Day Ward area, which are shared with Gastroenterology.

A little bit of HISTORY

Did you know that the Haematology Service started out of the Laboratory area, which was where the clinical haematologist (1x initially) was based.

Bone marrows were collected in the Laboratory rooms for outpatients or in the wards for inpatients.

Venesection for polycythaemic patients was also performed in the Laboratory collection rooms by suitably experienced Laboratory staff.

The current Haematology area, adjacent to Gastroenterology was part of the original operating theatre complex, prior to the commissioning of the Galbraith block. This area was vacant for some time before being used for a variety of purposes. This included housing the microbiology section of the Laboratory.

Many thanks to Nigel Yeates, Laboratory Service Manager for supplying the above information.



The current Haematology Department

Haematology will be moving to the Edmund Hillary Block in June 2010

Andrew Turner represents NZ in Aussie Rules

We have a celebrity in our midst.

One of our very own apprentice plumbers, Andrew Turner is representing NZ in Aussie Rules.

This is Andrew's first season with the under 20's, 'Uni Blues' team, after being chosen from the under 20 National Provincial Championships, held in Christchurch in March 2009.

The Uni Blues team will be playing Victorian Amateur Football Association under 18 team in October 2009 (the best of 3 games wins).

Unfortunately Andrew has damaged a ligament in his knee and will be out of action for 6 weeks. This means he will have to watch the games from the side-lines. "It is really disappointing but at least I can give my support from the bench."



Andrew Turner, Plumbers Apprentice

Blessing of Module 7 Manukau SuperClinic

A large number of staff turned out for the Blessing of Modules 7 and 7A.

This was previously known as Module 5 and was extended to accommodate the increased demand for medical specialties, such as Respiratory, Dermatology, Diabetes, Endocrinology, Renal, Cardiology and Oncology.

The additional space will make the work load more manageable and bring outlying services together. The module currently sees approximately 650 patients per week.

The Blessing clears the way for a new beginning and provides an opportunity to thank everyone involved with the Project.

Many thanks to Whitiara Cooper (Kaumatua) and Tawi Thompson (Kuia) for carrying out the Blessing.



Blessing of the expanded medical module

New equipment improves mammography services for women

South Auckland women have improved access to breast screening and diagnostic procedures, thanks to funding from the South Auckland Health Foundation and CMDHB.

The money is being used to purchase a new digital mammography machine and a stereotactic biopsy unit.

“ For Stereotactic biopsies the digital mammography machine will result in a faster and more comfortable procedure for the patient,” says Gillian Beveridge, Radiologist, Module 8, Manukau SuperClinic.

“Digital mammograms are faster than analogue or film mammograms, because there is no film to develop,” says Gillian “The image can be viewed immediately by the MRT (Medical Radiation Technologist) and if suboptimal, can be retaken. This will help reduce mammogram call-backs, and stress on patients.

“The switch to digital is going to make a huge difference to the women who use the service and the staff who work there. There are no processor chemicals to deal with and less film handling and storage,” says Gillian.

Each week 70 to 80 women are seen in the diagnostic breast clinic, and 25 women are assessed by BreastScreen. This results in approximately 15 to 20 biopsies per week.

Most of these can be performed using ultrasound guidance but up to one third require stereotactic guidance. The stereotactic unit uses ionizing radiation to help guide the radiologist’s instruments to the site of the mammographic abnormality.

Some biopsies can take up to 1 hour to do, however a stereotactic unit biopsy can take 1/2hr resulting in more women being seen during a session.

“This is a real step forward in what we can offer these women,” says Gillian



The new Digital Mammography Machine

“We’re also very fortunate to be working alongside our neighbours (BreastScreen) which means we can share facilities and provide an overall service to our patients.”

Graeme Purdie, CMDHB Project Manager said alterations had to be made to the Module to accommodate the new equipment.

"One of the rooms was converted into two separate areas to house the two different types of reporting," says Graeme.

"For example analogue or film requires xray boxes while digital images are accessed via PACS monitors. We also provided a refurbished room for the new digital mammography machine." The new rooms will be up and running from 14 September 2009.

The project has taken 15 months planning and has required a lot of team work.

The future goal for BreastScreen and the diagnostic service is to replace the remaining mammography machines, currently using film with digital imaging.

Update Edmund Hillary Block



The new public car parks will be available shortly

Basement: Walls are up and 1st fix services (pipes, ducts and cables) are in place. Walls are gib-lined and stopped. Vinyl flooring has commenced.

Coming up the flooring will be completed and painting will commence.

Ground Floor: Construction will commence shortly.

Level 1: Framing has been erected around the perimeter.

Coming up wall framing will commence.

Level 2: Framing has been erected around the perimeter.

Coming up ... Wall framing will commence

Level 5: Framing is up on the East wing and central core. Framing to the North wing is underway.

There have been some queries regarding the removal of an oak tree by the new Edmund Hillary Block. This tree was checked by an arborist and unfortunately could not be saved due to its poor condition. The good news is that there are several new Liquid Ambers, Pohutukawa's and Queen Palms being planted to brighten up the area.



Basement: Biomed equipment store, Allied Health equipment store, Orthotics workroom, staff changing areas and showers/toilets



Level 1: Haematology



Level 5: Plastics and Mental Health Services for Older People (MHSOP)

A sight to see

On Friday 28 August a 220 tonne crane lifted 4 concrete ducts from the Adult Medical Centre (AMC) public carpark, over the top of the links between the AMC and Edmund Hillary Buildings (EHB) to the back of the AMC construction area.

These ducts will help connect the future services tunnel.

Many thanks to everyone who took part in the exercise, which involved temporarily blocking off some AMC public carparks, re-routing cars to the AMC main entrance and temporarily closing the EHB and AMC links on Levels 1, 3 and 4.

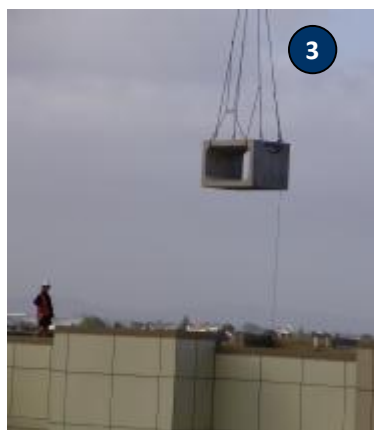
This will need to be done again, throughout the project to lift steel into the courtyard for the construction of the new lift and links.



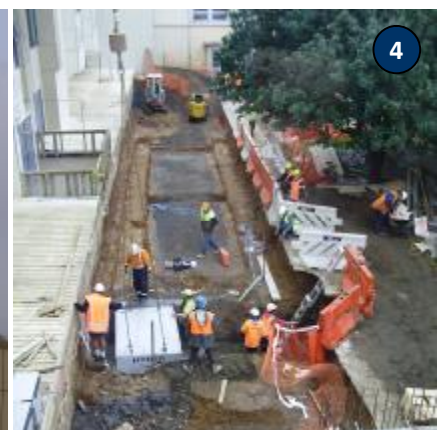
The crane is in place



Setting up for the lift



The concrete duct is lifted over the EHB and AMC links ...



and into place at the back of the AMC

Lifts and Links

Next time you use the AMC stairs, look out the window and check out the progress being made on the Ground and Level 1 links between the AMC and EHB. As the picture on the right shows – it's going to look impressive when it's finished.

At the moment the ground works (i.e. the foundation and pilings (structural support) for the new links are underway (refer to photo 4 above).

At the same time two new lift pits are being dug at the back of the AMC, adjacent to the stairwell. These will become the new AMC patient Lifts.

“There will be some minor disruption to get these new lifts up and going, however the wait will be worth it,” says Tami McKay, RCP Project Manager. “The new lifts will be larger, faster and more reliable than the current patient lifts.” Once the new lifts are up and running the current patient lifts will be converted into public lifts. The old public lifts will then be removed.



The new Ground Floor and Level 1 Links between the AMC and Edmund Hillary Block

Refurbishment of Ward 5

Ward 5 on Level 2 of the AMC is being refurbished to accommodate Ward 22A AT&R (Assessment, Treatment and Rehabilitation)

Building works include:

- A new Reception (similar to Levels 4 and 5 AMC)
- New dining room/lounge for patients
- New ADL (Activities of Daily Living) kitchen
- A new Family/Whanau Room
- Tidy up of existing areas.

So far the walls have been gib-fixed and stopped. The next step will be putting up the ceilings and starting on the flooring. Vinyl laying in the corridors and main entrance will commence shortly.

Ward 22A will move to the AMC in December 2009.



New Quiet Room



New Dining Room

Award for excellence in the Building Profession

The Tunnels and Corridors Project has won the NZ Institute of Building (NZIOB) award for excellence in the Building Profession.

As most of you know, this was a challenging project and involved the removal of our ramps and reconfiguration of our corridors and tunnels.

The end result is improved links between our buildings and facilities.

“It took a year to design and plan the job and then 18 months to build it,” says Matt Allen, RCP Project Manager.

“During this time we co-ordinated and managed all the staging and temporary works, set up risk management strategies around the shutting down of critical services, established the TCG (Tunnels Control Group) as a special group of hand-picked staff and delivered upfront communications and presentations throughout the Project.”



The new corridors make it easier for staff, patients and visitors to move around the Hospital

New beginnings for Maternity Administration and the Department of Obstetrics and Gynaecology

A large group turned out for the Blessing of B and C Floors, Building 2, Middlemore Hospital. Obstetrics and Gynaecology (O & G) Offices have moved to C Floor, while the Maternity Administration Offices are located on B Floor.

The Maternity Administration Team are delighted with their new Department, and are enjoying the additional space.

“It’s a big improvement from the cramped space on the Ground Floor of Building 2,” says Raewyn Makea, Primary Maternity Administration Team Leader.

“The extra space will make it easier to manage the team in one location and gives us the opportunity to utilise skills more efficiently.”

Women's health medical staff are also happy to finally have a home. “Having had a multitude of locations over the last decade (up to five offices for some) and the department spread over three locations at any one time, this move is most welcome and one that has long been anticipated,” says Keith Allenby, Clinical Director for Women’s

Health “The registrars, consultants and university staff are now in the same place, along with allied team members (rosterer, sexual health nurse, clinical risk coordinator and gynaecology oncology nurse).

“C floor was previously the Gynaecology and Post Natal ward and the Mother and Baby Assessment and Ultrasound area so it is fitting that it is now the Department of Obstetrics and Gynaecology,” says Dr Allenby. “The growth in the department to accommodate the growth in work load over the last 8 years has been significant and there is currently 21 SMOs and 14 registrars, compared with 8 consultants and 7 registrars eight years ago.

“The department is the largest public hospital service in Australasia and the new facilities are anticipated to be an important step towards increasing both research and audit publications from the department.”



Staff gather for the Blessing of B and C Floors

Changes ahead for Bereavement Care and Radiology Offices

Planning is underway to build an Adult Observation Unit in Emergency Care (EC). This will result in the relocation of Bereavement Care and Radiology Offices, both of which are in the proposed construction zone.

Radiology Offices will be moving to the Ground Floor (in the old delivery suite) and Bereavement care will be located on the Ground Floor (in the annex) recently vacated by the antenatal booking clerks and O & G Offices.

Radiology's move provides a much needed opportunity to expand its staff room (which often gets overcrowded) and to relocate staff, such as transcriptionists, into more appropriate accommodation. It will also bring Radiology's Scheduling staff together and provide the perfect opportunity to introduce Patient-Focused Scheduling. "This has been successfully used at the Manukau SuperClinic and has been proven to reduce D.N.A (Did Not Attend) rates for patient appointments," says Paul Hewitt, Radiology Service Manager. Paul says Radiology will eventually relocate a number of other staff to Building 2 to free up space in Radiology's clinical areas for a much needed patient consultation room.

Bereavement Care Services are currently located in two separate buildings. Whanau or Viewing Rooms can be found in Emergency Care, while the mortuary is located outside the main Hospital block in Building 18.

The move to Building 2 will bring these two areas together, resulting in a more user-friendly and accessible service for staff and visitors. Its centralised location will enable the team to deliver a more appropriate service to the deceased patient and their whanau.



Staff gather for the Blessing of the Ground Floor, Building 2.

"It's given us an opportunity to be a part of the main Hospital and build up relationships with other Departments and Services," says Kola Fue, Bereavement Care Leader. "It's also brought us closer to Maternity Services, providing easy access for bereaved parents."

The new Unit will consist of 2 Whanau or Viewing rooms, a waiting room (not currently available in the current area), a preparation and procedure room and administration offices.

"Our facilities are geared towards the comfort of the family and respect of the deceased," says Kola.

"Families can spend time with their loved ones in our Whanau or Viewing Rooms. These rooms are comfortable and private and provide adequate room for people to come and say their goodbyes."

Systems Improvement Manager Patrick Long says consultation with key services is currently underway to determine the best route for transporting the deceased to and from the new Bereavement Care Unit.

The Ground Floor of Building 2 was blessed on Thursday 10 September, paving the way for construction to begin.



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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.

A moment in history

Middlemore Hospital has an interesting and diverse history, dating back to 1947 when it first opened its doors.

It was a unique hospital of its time, being located at the end of a road, not really wanted, because it was in 'the country' with the main trunk railway dividing the site into two segments:

The main site accommodated the main hospital (Wards 1-10), main nurses home (now the Assessment, Treatment and Rehabilitation Unit), nurses home extension (now the mental health services site), orderly accommodation block, plus boiler house, maintenance workshops, garage and recreation centre.

The Orakau road site, over the railway line contained the household staff quarters and residence houses for the medical superintendent and lady superintendent (matron).

All buildings were timber framed, with pink stucco walls, white trim and orange coloured clay tiled



The front entrance of the Hospital – early 1950's

roof. The hospital wing and accommodation blocks were two-storied with the ward bedrooms and verandahs being sited to make maximum utilisation of the sunlight, fresh air and park-like vistas.

During its first ten years Middlemore Hospital developed its own identity with specialist units of medicine and surgery plus the super-specialist units of plastic surgical/dental and orthopaedics. These latter units received world recognition for their work over the years.

Do you have your own bit of history to share? Please get in touch with Janet Haley at haleyj@middlemore.co.nz