

## New graduates help address shortage in workforce

The Auckland University of Technology's (AUT's) first intake of dental therapy and hygiene students will graduate at the end of the year, in time to help bolster the shrinking ranks of their profession.

The 24 students will be the first to gain a Bachelor of Health Science in Oral Health that combines education in both dental therapy and dental hygiene.

Head of AUT's School of Oral Health, Susan Cartwright says many of the graduates will go on to provide a valuable service to the community - in particular areas that have a high demand for oral health services, such as Counties Manukau.

"We are currently facing a nation wide shortage of therapists and hygienists," says Susan Cartwright. "Dental therapists in some areas are already struggling to see children on a regular basis because of the workforce shortage. It is important that we attract and train more therapists if this is to improve."

During the three-year course, students spend a significant amount of time providing dental care in community clinics. From November 2008 some of these students will be training in the new Buckland Road Oral Health Clinic in Mangere. The Clinic will provide four new



*In 2006 the Rt Hon Helen Clark launched the Oral Health Strategy from AUT's Oral Health Clinic. On the left is AUT student Caridad Imperial.*

training chairs. "This will be a great opportunity for students to gain experience in providing clinical dental therapy for school aged children, up to the age of 18 and the provision of dental hygiene services for low income adults," says Susan Cartwright. "The work the students carry out will benefit the local community and provide relief for an already overstretched workforce."

- In 2007 301 children under the age of 4 years old were hospitalised for oral health treatment requiring removal of teeth under general anaesthetic. In 2005 this number was 333.
- In 2007 435 Oral Health Outpatients living in the Counties Manukau area and aged between 13 and 18 were seen by a dentist. Most adolescents are treated by contracted dentists and many fail to transition from the school-based dental service to a contracted dentist after Year 8.

*The new Buckland Road Clinic will play a vital role in reducing inequities in access to dental services in the area, and will provide affordable oral health services for low-income New Zealanders.*

# Construction Update - Buckland Road Oral Health Clinic



*Window to ARDS (Auckland Regional Dental Service) waiting room.*



*High level window to clinical area. This will attract the natural light.*



*Front of building showing window to ADHB and AUT waiting room and main entrance to all areas.*



*Entrance to AUT/ADHB Waiting Room*

- The Structural steel, roof framing and masonry block work to the front and rear of the building is complete.
- The installation of the external windows has commenced, along with the installation of the new colour-steel roof.
- The site works for the car park are now complete and ready for asphalt to be laid. The new storm water connection has been completed and the footpath along Buckland Road reinstated.
- The next 4 weeks will see the roof and building cladding completed, ensuring the building is waterproof and secure. The installation of in-wall services and the lining of internal walls will commence. The new, larger entrance-way to the car park will be created and the rest of the car park asphalted.

# Construction Update







## Edmund Hillary Block



**AUGUST 2008**



**SEPTEMBER 2008**

<p><b>LEVEL 5:</b> Construction of Level 5 is underway.</p> <p><i>In 2010 Level 5 will be occupied by Plastics and temporary Ward 22 (Mental Health Service for older people)</i></p>	 <p><i>Construction of Level 5.</i></p>	<p><b>LEVEL 4:</b> Level 4 is progressing well. Concrete is being poured for the floor along with support columns and beams.</p> <p><i>In 2009 Level 4 will be home to General Surgery.</i></p>	 <p><i>Concrete is being poured for the Level 4 floor.</i></p>
<p><b>LEVEL 3:</b> The floor and support columns are in place. What looks like a ceiling is the underside of the Level 4 floor.</p> <p><i>In 2009 Level 3 will be home to Internal Medicine/Haematology. The Haematology Day Stay &amp; Ward will move to Level 1 in 2010.</i></p>	 <p><i>The floor and support columns are in place.</i></p>	<p><b>LEVEL 2:</b> Installation of services is underway. This includes installation of sprinklers, plumbing &amp; drainage, hydraulics, electrical and data cable trays, mechanical ducting and pipe work. In 2010 Level 2 will be occupied by Internal Medicine/Gastro and the Gastro Procedural Suite.</p>	 <p><i>The installation of services is underway.</i></p>
<p><b>LEVEL 1:</b> Installation of services continues. Pre-cast panels to the exterior of Level 1 are complete. Framing of rooms and windows has commenced.</p> <p><i>In 2009 Level 1 will be occupied by CIU. In 2010 Level 1 will be occupied by CIU, Haematology Day Stay and Ward.</i></p>	 <p><i>CIU will occupy the space above.</i></p>	<p><b>GROUND FLOOR:</b> The fit-out of the Ground Floor is underway. Installation of services (sprinklers, plumbing, electrical and data etc continues)</p> <p><i>In 2010 the Ground Floor will be occupied by Allied Health staff and the Cafeteria.</i></p>	 <p><i>The fit-out of the Ground Floor is underway.</i></p>
<p><b>BASEMENT:</b> Installation of Building Services continues.</p>			

## Unravelling the jargon

### Floor plans

An architectural drawing which shows the size and shape of a room or building.

### Room data sheets

A list of all the services, equipment, furniture and fittings in a room.

### Schedule of accommodation

A listing of all rooms contained in a department, together with their size in square metres. An allowance is added for circulation (stairs, corridors and lifts) to arrive at a total floor area for the department.

### Fit-out

To make an area or space functional. For example an office space will need furniture, lighting and power etc.

### Concept design

The first stage of design where the location and physical size of departments are confirmed, together with the circulation patterns. A general arrangement of the principle rooms is also established.

### Preliminary design

The second stage of design where the concept plan is drawn to a larger scale and each room is located with its correct dimensions.

### Developed design

The third stage of design where each room is drawn at a larger scale. All fittings, furniture and equipment is shown in the room.

### Detailed design

The fourth stage of design where construction details are prepared, enabling a contractor to price and build the work.

### FF & E

Furniture, fittings and equipment

### Building services

These include power, phone, data, fire protection, lighting, air-conditioning, medical gases, nurse call and security systems.

## New Generator up and running at Middlemore

The new 1100kVA emergency generator has been installed and is now operational. This provides a 40% increase in the generation capacity at the Energy Centre to meet our growing demand.

This is an initial step towards being able to generate enough power to meet the total demand at Middlemore. We thank all staff for their patience during the testing and commissioning process.



*The new generator was installed in June 2008.*

## Minor refurbishment nears completion

Minor refurbishments are nearing completion in Kidz First, Papakura and Pukekohe Maternity.

## Stemming the risk of infection

Infection prevention and control is an exciting specialty to work in. The role is varied, and covers the infection prevention aspects in all areas of healthcare provision.

Daily activities can include: the management of all those pesky multi-drug resistant organisms, hand hygiene promotion, assisting in product selection, contributing to policy development and education of staff about all of the above.

Infection and Prevention Control is also a major consideration in both the design and construction of CMDHB's new and refurbished facilities.

"Steps are taken to ensure there is no cross infection risk during construction or as a result of the design or fit-out," says Pat Mead, Team Leader, Infection Control.

"Our involvement starts early, during the design phase and carries through to the completion of the building. Getting involved at the beginning of a project ensures that infection control aspects can be built into the environment.

"In new builds our contribution may be around traffic flows, how many negative pressure rooms are going to be required and how we house patients e.g. single vs. multi bedded rooms.

"The introduction of more single rooms, all of which have en-suites, means easier access to washbasins and facilitated application of infection control precautions, which in turn will help stem outbreaks of infection."



*Fletchers Project Manager Chris Tuxford, Pat Mead and Klein Architect Nic Wedde*

The placement of utilities such as taps and hand basins is considered. For example are there enough and are they appropriately placed? Hand basins tucked behind doors or blocked by equipment hinder access and prevent hand washing from being performed.

The way the water hits the basin is also assessed. For example water flowing directly into the plug hole is contraindicated as there is a greater risk of organisms in this area. "Any splash-back is potentially more likely to contaminate the person washing his or her hands." says Pat.

Surfaces, finishing and furnishings in the clinical environment can also become a reservoir for potential pathogens.

Infection Prevention and Control promotes hard non-porous surfaces that can tolerate exposure to chemicals for decontamination purposes.

## Stemming the risk of infection (Continued)

Minimising nooks and crannies is useful as it keeps the environment easy to clean.

As the building project commences Infection Control's role takes on a monitoring focus, ensuring that barriers are maintained and that dust and debris do not pose a biological hazard to the patient population.

A lot of effort goes into ensuring dust particles are not seeping into clinical areas.

Permanent hoardings have been built, plastic sheeting placed over building membranes and ducted exhaust systems installed. The removal of building waste is also carried out away from the clinical areas.

Once the building is completed and before patients move in the Infection Control team ensures that fundamental items e.g. glove box placement, alcohol hand sanitizers are installed and available.

"A lot of our time is spent working with architects, construction and project managers," says Pat.

"Ensuring our voice is heard at the table means infection prevention and control issues aren't lost in the competing demands."

## New Arts Committee

An new Arts Committee has recently been established to co-ordinate art throughout the Counties Manukau District Health Board.

The aim of the committee is to provide a process for Departments wishing to acquire a new piece of art or for a change of artwork in their areas.

The art is donated by the Wallace Art Trust on permanent loan. They are original pieces of work and have been created by many different New Zealand artists, with many different themes.

The art group will meet regularly and will be delighted to meet with representatives to discuss the need for art in their areas. Should you wish to contact the committee please call Jan Beaumont on ext 9051 for further details.

The Arts Committee consists of Jan Beaumont, Dot McKeen, Kathie Smith, Pam Tregonning, Darren Brown and Janet Haley.



## Mud glorious mud!

The focus during August was preparing the ground for the extension of the Tui Ward (Tiaho Mai), Middlemore Hospital.

The trenches (as seen in the photos) will form the foundation or base for the ensuite floor slabs and extensions to the two wings.

“Despite the ongoing rain and mud we are still managing to make good progress,” says RCP Project Manager, Umesh Daya.

“All going well we should see the floor being laid for the ensuites and west wing bedrooms by mid September 2008.”



***The trenches will form the foundation or base for the ensuite floor slabs and extensions to the two wings.***



***The ground is being prepared for the extension of Tui Ward.***

So how are Tiaho Mai staff and patients coping with the building works?

“To tell you the truth we completely forgot about the building works happening in Tui Ward,” says Amanda Jeffries, Acting Team Manager, Tiaho Mai. “We haven’t noticed the noise as Tui Ward is completely isolated from the rest of Tiaho Mai and we haven’t seen any construction workers as they have their own access to and from the building site.”

Work on Tui will include individual bedrooms and ensuites for all service users, a specialised low stimulus area, kitchen and laundry and a 3 bedded Intensive Care Area (ICA) on the end of the ward with its own lounge & dining area, seclusion suite and outside courtyard.

***Did you know that Tiaho Mai opened in 1997 and provides care for people from Otahuhu to Mercer, coast to coast including Kaiaua and Port Waikato. It is an inpatient unit, where people are admitted into a hospital setting with mental health problems during a crisis. The name Tiaho Mai translates to the light that comes from the moon and the stars "Shine Here".***

# Work progresses on Manukau Expansion

With the higher than average rain over the past two months, access to the site has required flippers or water wings!

## Renal Unit:

Good progress is being made. The slab has been poured, structural steel erected and carpenters have started framing the walls. The roof cover will be installed early September 2008.

Underground drainage has been completed and the contractors have started to clean up the site. Final landscaping will be done at the end of the year. Planning is underway for the final fit out, hand over and commissioning of the facility.



*Renal Unit (Building D) structural steel has been completed.*

## Buildings A, B and C (Back of SuperClinic):

This group of buildings (Women's Health, Ophthalmology, Administration, Conference Centre and the extension of the Atrium) is progressing, despite the mud.

The floor slab is about to be poured for Building B along with the ground beams for Building A.



*Building B - the floor slab is about to be poured.*

## Medical Records is on the move

As a result of the construction work, at the back of the SuperClinic, the Medical Records Office will be temporarily moving into a portacom, adjacent to the eastern Ambulance Bay Entry.

All going well Medical Records is expected to move in September 2008. We will keep you updated on progress.



*The new home for Medical Records*

## Bringing the Hospital up to speed: 1980-1990

*The following information was provided by Wally Robins, Retired House Manager (1962-1990) and was previously published in Middlemore Memories - The first 50 years of Middlemore Hospital.*

Middlemore Hospital was originally built as a temporary military facility during the Pacific War. When the war ended Middlemore continued to operate, however there was always the possibility that it could close at any time. It wasn't until the early 70's when its future was secure and changes could be made to bring Middlemore's facilities up to the required standard.

The largest work undertaken by the hospital's maintenance team was the upgrading and repainting of all wards in the main building, Galbraith and the Obstetric Block. At the same time contractors replaced floor tiles with sheet vinyl, and oxygen and suction outlets were piped into newly reticulated points in each bedroom. All of this work was done progressively, balancing project costs against budget allocation, year by year.

Service Departments constructed in the 1960's had received some ad hoc expansion over the years, but were now acknowledged as being uneconomical in meeting the daily work and technological requirements.

It was therefore, time to review and revamp the Hospital's projects, with each project being prioritized with other Auckland Hospital Board projects.

Funding for these projects came directly from a central works fund rather than the Hospital's budget. Some of the works carried out under this scheme were:



*The space frame canopy is about to be lifted on its supports to provide cover for the pedestrian and ambulance entrances to the Emergency Dept.*

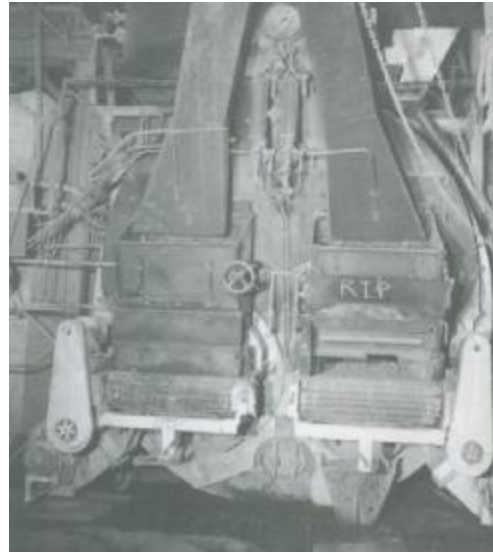


*In 1987 the hospital celebrated its 40<sup>th</sup> birthday. Shown here from the left Sir Frank Rutter (Chairman of the Hospital Board), Wally Robbins (House Manager), Karen Pautasi, (Medical Superintendent), Lee Mathias (Principal Nurse) and Des Philip (Chief Technologist in the laboratory).*

- Modernisation of the Operating Theatre Suite with the addition of three more theatre rooms and improved facilities.
- Modernisation of the Hospital's Laboratory Department to improve the internal work flow aspects, provide security for after hours staff and accommodation of new instrumentation.
- Modernisation of the Radiology Department, with improved working conditions, patient flow lines, improved ultrasound working units and new CT scan suite.
- Modernisation of the main kitchen and staff dining area to overcome high working area temperatures, improved work-flow lines, centralised dishwashing and centralised food tray service to replace the old heated food wagons.

## Bringing the Hospital up to speed: 1980-1990

- Modernisation of the Hospital's boiler-house from the old coal-fired three boiler units to three separate, dual fuel oil/gas boiler-house units. Being automatically controlled they reduced the need for staff to be on duty 24 hours a day 7 days a week to supervise the boiler firing and control.
- The main staff residence, now unused for accommodation was demolished to make way for a new modern Assessment and Rehabilitation Centre, which finally replaced the old four Cornwall wards. To assist with the movement of patients to the Hospital's service units a link corridor was constructed onto the end of Ward 5. Ward 5 was decommissioned for patient treatment and became part of the link corridor, the rooms being used by the Cardiac Clinic, Social Workers and other staff.
- The demolition of the Cornwall wards made way for much-needed car parking for visitors and staff.
- Modernisation of the Plastic Surgical Wards, Clinic and Dental Surgery to form the Plastic Surgical and Reconstruction Unit.
- Modernisation of the Gastroenterology Department.
- Modernisation of the Intensive Care Unit on the first floor of the Galbraith block and the development of the Day Surgery Ward which had been trialled in Ward 11 and found to be an effective way of dealing with minor operation procedures.



*The coal chutes feeding the main boilers of the hospital. This plant, up-to-date in 1947 required 24 hour supervision by seven firemen with fitters and engineers.*

- Modernisation of the Renal Dialysis Unit.
- Modernisation of the Diabetic Clinic, Whitiara.
- Provision of a General Outpatients Clinic in what were the sites of the original recreation room and activities' centre for patients. This was joined to the main building by a hooped archway which was often referred to as 'Meiker's Muck-up' or 'Wally's Folly'.

***Wally Robins left the organisation in March 1990 after handing over the reins to Dr Bruce Gallop, the first General Manager to the South Auckland group of Hospitals.***



## Contact

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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.

Centre for **Clinical Research**  
and effective practice



You'll now find the majority of CCRep's clinical and patient areas on the Ground Floor, Support Building, Middlemore Hospital.

This involved a reshuffling of CCRep areas, on different levels of the Support Building.

So what will happen to the vacated spaces?

CCRep's service is growing so these areas will be used by their new and existing staff.

## Edmund Hillary Block

