

Opening of new T.A.D.U. and Biomedical Engineering

A large crowd attended the Blessing and Opening of T.A.D.U. (previously DOSA) and Biomedical Engineering.

Both areas share a refurbished space opposite theatre on Level 1 of the Galbraith Building.

“It’s taken a lot of hard work to reach this stage,” says CMDHB CEO Geraint Martin.

“We couldn’t have done it without the input from staff, project and construction teams. It’s a wonderful achievement.”

For those who hadn’t had a chance to see the refurbished area, many were impressed by the new and spacious surroundings.

The new T.A.D.U. is 3 times the size of the old DOSA with large open spaces and staff friendly working areas.

“We are very happy with the new facility,” says Alan Wilson, Acting COO and General Manager Surgical and Ambulatory Care.

“It’s a welcome change from the cramped old Department, which was inadequate for the increasing number of patients coming through the Unit.”

The new Biomedical Department is also larger in size, with a specially designed workshop that will enable staff to work more efficiently.



CEO Geraint Martin officially opens the new T.A.D.U. and Biomedical Engineering

“The team are very happy to have moved out of the basement,” says Clinical Equipment Manager Kevin Butler.

“The additional space will enable us to work together while continuing to provide a high quality service.”

Cutting the ribbon for T.A.D.U. was Catherine Larsen (Team Leader) and for Clinical Engineering Kevin Butler, Clinical Equipment Manager.

We made it!

“What a difference the new Unit makes to patients and staff,” says Catherine Larsen, Team Leader, T.A.D.U.

“We now have private consulting rooms to ensure patient privacy and a separate waiting room so patients don’t have to queue in the corridor.

“It’s also great to hear positive feedback from the surgeons, anaesthetists and theatre staff, who are impressed with the additional space.

“The next stage will be to meet with the Service Managers to look at what we can offer in relation to taking additional patients.

“These will be patients who are currently pre-admitted to a ward prior to surgery but who could present to T.A.D.U. on the day of surgery and be admitted to the ward post operatively.”

T.A.D.U. is open from 7am -10 pm.



T.A.D.U. Reception

The refurbishment of TADU includes:

- **Construction of new walls to create more consultation space**
- **New Procedure Room**
- **Fresh paint on the walls**
- **New ceiling (in some areas)**
- **Separate Waiting and Pre-op areas**
- **More capacity for Post-op patients**
- **Flexible office spaces**



From L) to R) Olivia Woodman RN, Zeenat Cuttilan RN, Lisa Sinclair RN, Robyn Hughes Theatre Manager, Suzette Norris RN, Catherine Larsen CN, Donna Yardley PCA.

New workshop for Biomedical Engineering

The Biomedical Department has evolved over the past 5 years, from the basement fix it shop, commonly referred to as the “black hole” to a technologically advanced department supporting the clinical interface with advanced calibration, testing and clinical support.

Increases in regulations and accountability requires the biomedical technician to be more of an all-round professional, as opposed to the electronic techie of the past. Technicians must now be familiar with IT networking, clinical practice and procedural knowledge.

Clinical Equipment Manager, Kevin Butler says the department has doubled in staff in the past 5 years to keep up with the growing demand for their service. Over the past year Technicians carried out WoF testing of over 12000 items, and repairs to 4500 items, ranging in complexity from sphygmometers to anaesthetic machines.



Biomedical Engineering

“With the increased staff numbers (now 12 FTE) and demands on the Biomedical Department’s expertise we are excited to see the completion of the new workshop area,” says Kevin.



Biomedical Engineering staff settle into their new area

“This will enable the team to function with increased efficiencies, and faster equipment throughput, therefore keeping the equipment in the area required and next to the patient.

“The main focus of the Biomedical Department is to maintain the existing high level of service, while also embracing the current wave of technology within the medical arena. This will ensure we improve equipment efficiencies and reduce incident rates.

“Projects such as utilising Medication Safety Software and Radio Frequency Identification Tracking (RFID) will all work in achieving this goal.

“Many thanks to those who have supported the Biomedical Engineering Department in achieving this new workshop.

“Special thanks go to John Black, Engineering Manager for not cutting us from the budget, Martin Cooper and Jo Lee from RCP for fielding our many demands and delivering this great space to work from.”

The first to move into the Edmund Hillary Block

The Cardiac Investigation Unit (CIU), Ward 5 and A Floor Surgery are the first areas to move into the new Edmund Hillary Block. This is quite a milestone and signifies many months of hard work by everyone involved with the Project i.e. Fletchers Construction, RCP Project Manager Umesh Daya, Project Teams (CMDHB), Klein Architects, Beca Services and User Groups.



From L) to R) Chris Tuxford (Fletchers Construction), Umesh Daya (RCP), Trista Andrew, Janene Lawrence and Shawn O'Leary.

“The new building has given us the opportunity to look at the layout and function of our current wards and incorporate improvements into the design of the new building,” says Umesh Daya, RCP Project Manager. “For example there is an emphasis on allowing maximum light and sunshine into the bedrooms and improving patient privacy by having a greater number of single rooms.”

Migration planning is well underway with only 3 weeks to go before the first Medical Ward opens on level 3 of the new building. This will be followed by the opening of CIU on Level 1 of the new Edmund Hillary Block. CIU Team Leader Shawn O'Leary says staff are looking forward to moving into their permanent space, having moved twice in the past few months.



Treadmill Room - CIU

He says the new Unit is purpose built for the Department and is closer to the wards, where the majority of CIU's patients come from. “The staff are very happy with the additional space resulting in larger inpatient and outpatient waiting areas,” says Shawn. “While we are not seeing any additional patients – those we do see will be more comfortable. It's also enabled us to fit in all of the required rooms within the allocated space.”

Staff from Ward 5 are also looking forward to moving into a brand new ward, that has double the number of single rooms and a close observation room where staff can extend their specialty knowledge.

Charge Nurse Manager Janene Lawrence says the new ward will continue to use the Whai Manaaki Process to deliver the best patient care, focusing on team work and communication. “We have already seen some positive results with this process and look forward to starting from scratch in our new area,” says Janene.



4-bedroom – Level 3

The first to move into the Edmund Hillary Block (continued)

“We will also be trying out a new paging system for call bells, which is currently being used at the MSC. Staff like the idea that the patients can use the call bell and it goes through to a paging system directly to the nurse.”

General Surgery Services Manager Tracey Mitchell says the migration of A Floor General Surgery to Level 4 will benefit staff and patients.

Staff will have a new, spacious and pleasant area to work in while patient service will improve with an additional 25 general surgical beds.

“The aim is to locate all surgical patients on Level 4 of the Adult Medical Centre (AMC) and Edmund Hillary Block,” says Tracey. “This will result in efficient ward rounds between the two buildings and timely discharges, as currently medical staff are required to go to several different locations to see their patients. This will also make the transition from EC to the wards more streamlined.”



Staff base – Level 4

Charge Nurse Trista Andrew says the new ward will have additional side rooms providing increased privacy for patients, while also meeting isolation requirements.

“There is also a small education room - critical in educating doctors and nurses. The introduction of Pxyis will also assist the nurses with safe drug administration, says Trista.”

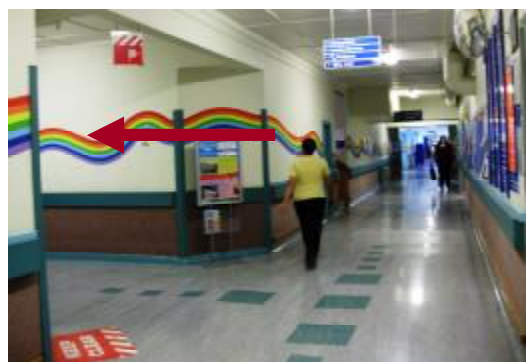
“General surgery is moving from strength to strength and we look forward to providing excellence in care for our patients on Level 4 of the Adult Medical Centre and Edmund Hillary Block,” says Tracey Mitchell.

Temporary Access to Edmund Hillary Block

The new Ground Floor lobby and main entrance into the Edmund Hillary Block will be ready for use in June 2010.

In the interim access to the Edmund Hillary Block for patients, staff and public will be via the Rainbow Corridor.

Signage will point you in the right direction.



Access to Edmund Hillary Block

The links from the AMC to Edmund Hillary (and vice-versa) on Levels 1, 3 and 4 will be swipe card access only and are to be used by staff transferring patients across buildings (on the same level) or medical staff doing rounds. Please do not use these links as a general thoroughfare.

Manukau SuperClinic

Building A – Ground Floor



Vision Lane



Recovery



Procedure Room



Reception

MODULE 6: **Ophthalmology**

**'GO LIVE' DATE: 15
June 2009**

The additional space will result in a greater number of vision lanes (allowing more patients to be assessed), a procedure room (resulting in more theatre time allocated for more complex procedures), a recovery room, an education area and larger waiting area.

Building A – Level 1



Women's Health Reception



Recovery

Module 10 (Women's Health, Urology, Midwifery, Medical and Surgery)

**'GO LIVE' DATE: 8
June 2009**

The women's health component of Module 10 will have an additional colposcopy and recovery area with a dedicated office space for senior nursing staff.



Urology



Colposcopy

Manukau SuperClinic

Building B – Ground Floor



Staff Café

'GO LIVE' DATE: 5 June 2009

The staff café will be larger than the current one with access to an outdoor landscaped area.



Conference Rooms

'GO LIVE' DATE: 20 June 2009

The 4 new Conference Rooms vary in size and will be wired for ceiling mounted data shows, with future capacity for teleconference facilities.

Building B – Level 1



Construction of the Referrals & Appointments Centre

Referrals and Appointments Centre

'GO LIVE' DATE: 5 June 2009

The new Centre will provide additional space allowing the team to work together in the same location.

Building C - Atrium



Finishing touches are applied to the Atrium on Level 1

COMPLETION DATE: 29 May 2009

The atrium is a stunning space with a skylight in the ceiling, attracting natural light into the building.

The natural timber panels lining the top of the walls is eye catching.



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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.

New product holder proves a winner – by Patrick Long, Service Improvement Manager

The idea behind the isolation room product holder came through the Towards 20/20 Project and Whai Manaaki Programme which recognised the need to standardise the way we hold products used when someone is in isolation. Currently Services have various means of storing these products, which include various sized trolleys in the corridors. The aim was to design a holder that:

- holds all the required standardised products
- utilises lean thinking principles with the amount of product (right product in the right place at the right time)
- able to be wall mounted, thereby minimising the space it occupies in a corridor as well as keeping the area tidy.
- having a design flexible enough to accommodate any changes in the product used.



The new product holder

The Short Stay Unit has a prototype in place that is meeting these requirements. One limitation at this stage is around varying wall sizes around CMDHB. We are looking at ways to reconfigure the design to accommodate this challenge.