



InSite

information - service development - technology - emerging design

Welcome to InSite, a new regular newsletter to keep you up-to-date with the building and change processes we'll be undertaking as we create our new hospital. I'll cover issues, service developments, technology changes and emerging designs – in short – anything to do with site redevelopment.

We've come such a long way in the past 18 months. Was it only two years ago we were STILL focused on the 'Front of House' project? (As we had been, in various guises, for the last 10 years?)

I think the breakthrough came when we finally stopped looking at the hospital as a bunch of services, working in practical isolation from each other. A realisation grew that fixing one 'area' would not fix the problem. We'd have a great emergency department, but the hospital would still cost too much to run, keeping our long term future at real risk.

So why is our current hospital such a risk in the longer term? Well actually, it's more than that. If we hadn't been successful with our business case for a major overhaul, it's fairly clear we'd have had to drastically cut some services, and we all know what happens to hospitals that do that!

Our existing set-up is probably run as efficiently as we can do it in our current buildings. And it's still too expensive, compared to similar services elsewhere. We have long, wide corridors that need heating and lighting. The distance between areas mean we double up on storage space, equipment and consumables. Servicing and stocking areas takes more time and effort. It's hard to share people and resources when services are geographically distant from each other.

And we would have to spend about \$20 million over the next 20 years to maintain and upgrade our existing facilities – without solving all the problems I've just mentioned!

Then there are the needs of modern clinical practice, which are hard or impossible to implement in our current facility – patient privacy is an obvious example, as is our difficulty in properly separating tapu from noa elements when a Maori person dies in hospital.

Why didn't we see this years ago? I think we were stuck in the 'poor relation' mindset – very defensive about what was 'ours' (with some justification!) but because of this, trapped into defending the status quo, rather than dreaming up a new and better future.

Well, that's all behind us now! At last, we have real security about the future of secondary health services in the Wairarapa. We're in the process of proving that being small has big advantages. Sometimes you can't see them until you step back for a while, but our size means you all have a far greater input and influence into the design of both the buildings and the services, than is possible in a large organisation.

So here we are. About to embark on 14 fascinating, busy, challenging, stimulating, mindset-changing months, while we develop our new hospital, and the services it will house. Hold onto your hats – and I'll be right beside you, all the way!

The Change Team

Clinical & Process Change Manager, Noeleen Hill
Communications, Jill Stringer
Organisation Development Manager, Jenny Prentice
HR Advisor/Site Development, Sueanne McGlashan

