

i n Site

information - service development - technology - emerging design

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Building update

The concrete pour for the theatre and day case areas is nearing completion, with the acute services area (including ED and AAU / HDU) being finished this week. Next up are Selina Sutherland and the AT&R areas.

The Paediatric area is having drainage work done, and framing will commence in the cruciform ward area. Roofing trusses in the Maternity area will start going up in the middle of next week.

Now that No. 7 Blair street has been moved, excavation for the laboratory area will start.

Most user groups have met with the planners over this week to finalise footprint issues in their areas. Many thanks to clinical staff who have attended meetings at relatively short notice to fit in with this timetable.



The shape of the hospital can be seen more clearly as the concrete pouring gets underway, setting the position of drainage, some utilities and exterior walls. Framing trusses have started going up - our new hospital is starting to take shape!

User Groups

The process of re-forming the User Groups is nearly completed, with most Team Leaders now identified. The Team Leaders will have a training session together next week, to clarify roles and expectations.

Team Leaders are also attending the weekly Change Co-ordination meetings, and this will help with the timely communication of issues to and from the meeting.

Karen Orsborn and Illana Burt are working with Derek Reelick and Peter Clayton over the next few weeks to finalise timelines for the rest of the year. Part of this is having a regular series of planned meetings for the User Groups, so clinical staff can schedule their workloads with minimal disruption to patient care.

The regular meetings will also enable better

scheduling of visits from planners and consultants, as there are a lot of issues that require User Group input.

For example, a project will be starting soon in conjunction with Peter and Derek to look at 'FFE' or fixtures, fittings and equipment for the new hospital. The general theme will be to reuse as much as possible, while taking care NOT to transfer dilapidated or obsolete material.

Each User Group will soon be asked to prepare a detailed schedule of equipment and fittings that they need to transfer to the new facility. This is an early stage necessary for the beginnings of our 'migration plan' that will be developed later this year. The actual migration is likely to take place over 2-3 weeks in April next year. There is a lot of planning to be done first!

Other issues

- Maureen Breukers, Projects Co-ordinator, is considering how we manage **ultrasound** services in the new hospital. Mid-March will see initial discussions around service delivery, staffing and equipment.
- Planning is underway to arrange a series of **'site visits'** for staff, starting in April, once a few more areas have framing up. This will be for the User Groups in the first instance to support the decisions they need to make, and then opened up to other staff. All Site Visitors will need to have an induction and safety briefing, wear protective equipment (which will be stored in No.7 Blair Street) and sign in and out of the site.
- DHB and contract staff are meeting in a series of **'Value Management'** workshops, to ensure the project stays within budget. This means exploring alternative suppliers (remember the heliport lights?) to ensure the best purchase decisions are made.

Mortuary/body hold

A meeting this week worked through the issues involved with the body hold area in the new District Hospital.

Changes to the Health Practitioners Competency Act which mean that post mortems will need to be performed by pathologists, rather than physicians in future. We do relatively few PMs, and like most rural hospitals we do not have a Pathologist. The compliance costs with building a fully specified mortuary facility, for what is essentially a body hold do not equate.

On average, 77 people a year die in hospital, and the police bring in around 20 bodies a year. This equates to an average of 8 bodies a month. Some bodies go straight from the ward to a Funeral Director, some are taken to the chapel for a time, and some are kept at the hospital for up to 24 hours, while families make arrangements with funeral directors.

Any questions about the redevelopment project? Contact Ilana Burt, project manager, on extension 5891.

Digital Imaging Project Update

Our aim is to have digital imaging in Radiology including PACS (picture archiving and communication system) installed later this year.

Vendor presentations and site visits have been completed and we are currently working through a final evaluation of the 3 short listed vendors. Once negotiations are finalised the selected vendor and project team will liaise closely with staff throughout the hospital and publish a comprehensive strategy for change management including communication, implementation and training.

Staff training will be tailored to the individual needs of each service. There will also be ongoing support to ensure the transition from hard copy film to digital images is as smooth as possible and that the benefits of a totally digital system are achieved.

What's happening with the consultation documents?

The SMT is busy working through feedback from the consultation, thank you to everyone who contributed both time and energy to the process. Pulling together these thoughts and comments will take about two weeks and staff will be presented with key themes at team meetings and through InSite as soon as possible.

The end of March will see the much anticipated confirmation of our workforce, the picture of staffing needs for the new hospital.

To clarify the process following confirmation:

- staff in roles which are unchanged will be reconfirmed in their positions.
- where new roles are identified, job descriptions will be developed and a selection process can begin. All opportunities will be open to those with the required skills and experience.

Staff are encouraged to attend the scheduled meetings with John Bisset on 16th/17th March to understand the 'benchmarking' process more fully.