

Learning from Christchurch's experience

Richard Geary, a gastroenterologist from Christchurch Hospital, did a short locum at Masterton Hospital recently and told staff about the newly-opened endoscopy unit at Christchurch Hospital. He invited Mr Alan Shirley and Jan Struthers,

Clinical Nurse Specialist from Theatre, down to see it in light of our hospital redevelopment.

Alan and Jan were shown around the new unit and gained lots of information for our new endoscopy facility in the Perioperative Unit. While there, Alan and Jan also visited a brand new Day Surgery Unit. They

were shown around by newly appointed Nurse Manager Pam Aldersley, and felt very privileged as very few of the Christchurch Hospital staff have seen it yet!

Both Alan and Jan came back with lots of information and ideas for our new hospital. Highlights included:

- Décor – the internal colour scheme of Day Surgery Unit was based on paua shell – very nice, relaxing colours and appropriate for our logo and organizational colours.
- Large, custom-built elongated sinks for manual cleaning of endoscopes – allows scopes to lie horizontally and straight for cleaning.
- Efficient, custom-built cupboards for endoscope storage – padded for prevention of damage to scopes.
- Good trolley beds for the endoscopy unit and Day Surgery Unit – endoscopy beds have

baskets underneath for patients' clothes.

- Dedicated trolleys for patients' property in the Day Surgery Unit.
- Dedicated shelf on theatre pendant in endoscopy unit for monitor to sit on –

enables monitors to be placed off floor without the need for an extra trolley.

- Staff change rooms have half lockers sitting on a 'shelf' that staff can stand on to reach top lockers and also sit on/place feet on while putting on shoes.

- New Zealand manufactured nurse call system that is very effective – this is

being looked at here for our hospital.



The brand new Day Surgery Unit at Christchurch Hospital

Project update

- The radiology project is lining up with the regional PACs project, so that decisions made for the region inform our own decision making – this will make sure whatever we do is compatible with what our neighbouring radiology departments are doing.
- Elizabeth Kempson has been in touch with Whangarei Hospital to discuss the issues they have encountered in locating the night-time telephonist in the emergency department, as we plan to do in our new District Hospital.
- The go-ahead has been given to install a video-cam overlooking the new hospital site. As a bonus, it's planned to link this to our website, so everyone can see the progress.

Project update continued.....

- The Value Management meetings attended by the planners, architects, DHB staff and construction reps have identified an alternative Nurse Call system (CareCall) that is made in New Zealand. It's currently installed in Christchurch Hospital (see Jan Struther's article) and Nelson Hospital. Peter Clayton is setting up a meeting to demonstrate the system to interested parties. Contact him for details on 5521
- Gary Ireland is looking into an alternative 'smart pager' system (Vocera)
- It is likely that there will be swipe-card access to clean utility areas in the new hospital.
- The draft Technology Plan will be available for those interested next week
- General themes from the 91 written submissions about the workforce consultation documents have been compiled and circulated back to staff. SMT will be meeting with staff at the end of March to discuss their findings.
- Senior doctors are proposing a structure that will support senior medical input into decision making in future. The paper will be presented to the Clinical Board.
- Minutes of all Project Co-ordination Team meetings are available for everyone to read on the intranet. The minutes of User Group meetings will also be posted on the intranet.

Building update

- We have now poured about 30% of concrete floors that will make up the final footprint of our new hospital. This represents most of the eastern side of new development. The med/surg wing is being poured this week (weather permitting) to be followed by the Imaging area.
- The next lot of framing to go up will be the peri-operative unit.
- Long-run iron roof cladding will start to go on from the second week in April
- 8 metres of the dense hedge surrounding the doctors' flats has been removed, to allow the building to be moved on the 5th of April. A VCR was found in the hedge by the workers cutting the path, and is now with the Masterton Police. The VCR had been there for some time!
- Work has started on the access road from Blair Street to the south east of the new building.

The med/surg integration project

Last week we highlighted that the 6 month period from April to November this year will be a phase of testing the models of care planned for the new hospital, wherever our current facilities will allow this. The integration of medical and surgical patient care areas is one of those models of care. Once all the necessary planning has been done, the sequence of events will go something like this:

Ward 3 will move downstairs and integrate with Ward 2, to form the new med/surg unit, with 33 beds available. This is 6 fewer beds than the med/surg unit will have in the new hospital. The daycase unit will move into the old Ward 3, and expand its capacity from 4 (plus 2 chair spaces) to 9 beds (the size planned in the new hospital). Also moving to the Ward 3 area will be all the pre-assessment clinics, and possibly some outpatient clinics. This will still allow room for 'overflow' patients, if we get over-full in winter. HDU will stay where it is.

Into the current day-case unit space will go the new Acute Assessment Unit, with 4/5 beds. The protocols for admission to this unit are still being worked through, and it's important that we take the time to get it right. It's interesting to note that the new AAU at Palmerston North Hospital is estimated to have save around 400 admissions a year, by caring for those people who we would currently admit for observation, or 'just in case' for a variety of reasons.

The big question is around timing for these moves. A significant constraint is that the med/surg integration takes place before the onset of 'winter' admissions, or we'll just be too busy to make the changes. This means it needs to be done by the end of May, though we are very aware that the winter peaks started early in 2004.

It's important to note that this change is not just about moving beds. It's about testing a new model of care that will significantly change how those beds are utilised.

We are currently looking at the week of the 25th April for the first stage of the project – the integration of wards 3 and 2, provided all the necessary planning can be done in this timeframe. InSite will keep you posted.

Ilana Burt is co-ordinating the process - please phone her on x 5891 with any issues, or to discuss this. Remember - early identification of issues means fewer problems later on.