

Child and Youth Change of Plans

After a workshop held in February it was agreed that Child and Youth should be located with Maternity.

The workshop with key Maternity, Emergency, Paediatric staff, external consultants and the project office; recommended that the planned child and youth facility be co-located with Maternity and the other inpatient services.

Since then, a further design workshop has been run with architects on site to work through concept design issues of 'plugging' in the Child and Youth facility into the new inpatient facility.

The new planning option provides flexibility between the Maternity unit and Child and Youth as well as good access from the main entrance.

Additional benefits from the co-location including the ability to gain more natural light, were recognised as significant,



Inpatient, Maternity, Infection Control, Child & Youth and Project Team work with Chris Thom, Mausell Architect

and resulted in the change to the Master Plan.

The user group will now work through

the design phases and construction will commence with the Maternity department in July 2009, subject to final approval

Process Mapping - Allied Health and District Nursing Leads the Way

Allied Health and District Nursing are leading the way to improve the patient journey through their services.

Two workshops have been held recently to review current processes and patient mapping with external Change Consultant Suzanne Proudfoot.

The group identified a number of projects to work on including:

- Reduce the number of referral forms to minimum
- Short Term Loan Equipment – Increase staff efficiencies and turn around time for patients, asset control
- Outpatient DNA policy and process review, link with Ash Crossland
- Diary System for Enable / ACC follow ups
- Discharge Planning Campus wide

These projects were identified because staff believe that they can remove some steps and possibly reorganize their processes so that they can release time to patient care.

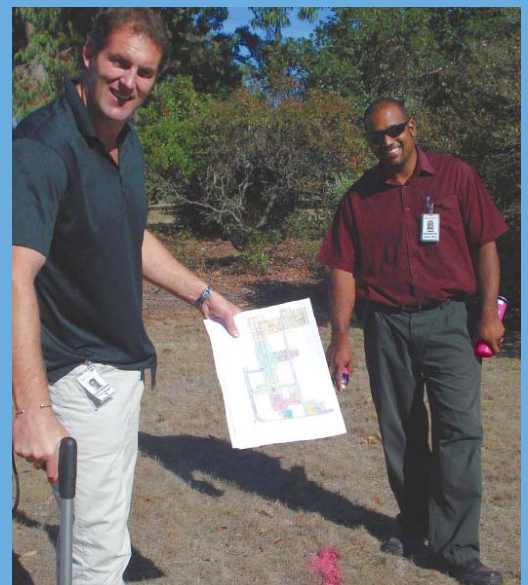
The User Group have completed detailed process maps, which were reviewed, with the intention of eliminating areas of waste, including, waiting, queues, transportation, duplication, errors, motion, over production, all from a patients perspective and what actually adds value to the patient.

Kit Sidey, Team Leader Occupational Therapy and Physiotherapy considered that 'while process mapping does take time, it has helped our departments challenge existing processes and target work areas for improvement towards efficient and improved patient journeys, both for now and for the redevelopment project'

Future Site Layout marked out

David Hobern (RDT Pacific Project Manager) and Chris Beekmeyer (NMDHB Property Officer) began marking out a rough layout of the new inpatient facilities.

These markings illustrate the approximate location of the new AT&R, Allied Health, Inpatient facility which will be the first to be built.



Count down to beginning of Construction – 5 months!

Future Staffing Model Confirmed

The staffing model of the re-developed Wairau Hospital has been finalised and will be phased in from April 2008.

A new staffing structure will deliver the new models of care

There will be no reduction of services

There will be no redundancies

Consultation:

Staff and Unions have been extensively consulted on the new staffing model and all feedback has been considered. The number of FTEs has been increased from the original proposal as a consequence of staff consultations. In particular

- staff leadership has been strengthened and all leadership roles

will be Wairau-based

- the Health Care Assistant role has been adjusted and hours have been increased

Staffing:

Some roles/job descriptions have changed. Staff who are directly affected will be supported and redeployed as appropriate. Any changes to staff levels in specific areas will be managed through attrition

The staffing model is based on 85% bed occupancy. Allowances have been made for peaks. That figure will remain under review to ensure safe staffing levels are maintained.

Future clerical roles and job descriptions under the new staffing model are still being considered

The staffing model will be under on-going review to ensure that it meets the needs of Wairau Hospital

Training and Cross Skilling

Staff training and cross skilling will be provided and specialisations will be maintained. Staff undertaking new roles will undertake transitional training. This training programme is being developed in conjunction with Learning and Development team, Wairau Team leaders and the Professional Nursing & Midwifery Development Team

User Group Staff Profile

Robyn Schwass and Helen Foley - Inpatient User Group

Helen and Robyn were nominated by their colleagues to represent the Inpatient department. 'We see it as an opportunity to change some of our current practices that are inefficient such as inappropriate patient flow'

Improving the Patient Journey and their working environment are key areas that Robyn and Helen would like to focus on in their user group role.

Helen and Robyn consider the new facility and commented that 'it will be better to have the inpatient services co-located and it will be an exciting opportunity to work in a purpose built unit'

The Inpatient user group meet every week and are expecting to sign off on Developed Design at the next Architect meeting on the 11th of April.



Robyn Schwass and Helen Foley, Surgical Inpatient Nurses and User group members

Construction Huts Arrive On Site

Many people may have noticed the new additions to the Wairau Hospital grounds as of Friday the 13th March.

In preparation of construction in 5 months time, Hawkins Construction has placed 2 huts on the old tennis courts near gate 4 off Taylor Pass road and the Old Nurses Home.

These huts will be the Head Quarters for the Construction Company when they come on board full time.



What will be different in the new hospital?

Now

- Over crowded waiting rooms
- Confusing and long corridors
- Campus has evolved in an 'ad hoc / build on as required' way
- Dated and old facilities
- Infection control issues

New

- Purpose built facility which has been designed by the staff and patients that use it
- Better 'way finding'
- Improved privacy for patients and visitors
- Infection control improved
- Co-location with like services
- More natural light
- IT infrastructure will improve communication.