



# St Luke's Care Potts Point

APHA ANNUAL CONFERENCE  
PRESENTATION

OCTOBER 2009

Remodelled Facilities

Existing Hospital Building Refurbishment &  
Upgrade

# PRESENTATION OVERVIEW

- **Prior environment and status**
- **Planning & timing**
- **Progress & success including any pitfalls & lessons learnt incl subsequent stages**
- **The finished product**
- **AND FINALLY IT CAN BE DONE**

# St Luke's Hospital (1927)



# Prior Environment & Status

- *'Heritage'* building circa 1927
- Hospital primary brand and image
- A number of nearby small hospital closures
- New Prince of Wales competition from 1997 & revamped St Vincent's Private
- Surgeons (front line customers) expecting modern glass fronted, Mayo Clinic style
- Theatre amenity/services very old and inflexible (*'freezing or boiling'*)
- Mainly multiple bed wards and shared amenities
- Solid brick/concrete walls, hence structural & old lifts
- Looking tired & therefore also staff morale/retention potential issues
- Patients (second line customers) expecting modern, sparkling facilities, amenities and services
- Stand alone technology & often dated
- Patient & doctor surveys not complimentary re facilities but quality reputation endured

# Prior Environment & Status (cont'd)

- Window 'rattlers' air conditioning and windows themselves
- Health fund survey results with downward trend
- Rehabilitation patients '*walking back*' out the door
- Staff feedback, input and legislative requirements
- Kitchen/hotel services areas 15 yrs old
- Reputation and quality sacrosanct
- Increasing short stay nature of caseload and faster procedure times
- Inefficiencies from existing structure incl underutilised wards
- In patient and day only physiotherapy in separate buildings
- NSW Health regulation changes
- PI/med mal insurance upheavals in 2001-2003 changed caseload complexity & ICU redundant
- Infrastructure risk management review 2001 => critical plant
- Aged care developments took initial focus and misread by many

# Planning & Timing

- Rehabilitation level 2 pilot & instant success
- “Hence walk before running”; get runs on the board & therefore champions ie the Board & other stakeholders viz VMO’s/patients
- Large Hospital holistic strategy developed/approved vis a vis *‘get big, get focussed or get out’* & meet stakeholder expectations; business case
- Significant VMO and staff involvement incl project management
- A 5 year staged project => size & builder leverage/management
- Prioritised around logical progression rather than *‘re-digging’* etc
- Minimise *‘free kicks’* to competitors; full closure not an option
- Logical progression also focussed on specialties and effects including doctor/patient leakage and when/how much
- *‘Construction zone’* implications and operational separation/infection control
- Resources including on-going activities and project management
- CSSD & capacity/bottlenecks/shorter length procedures => more
- Medical gases, air conditioning & utilities incl major preparation
- In the *‘dungeons’* & hence also services/utilities implications
- Determine specialties/procedures for the future
- BCA *‘trigger’* eg external fire stairs; sprinklers

# Planning & Timing (cont'd)

- Future proofing – technology, amenity, infrastructure, comfort, services, cabling, nurse call, fire safety, cabling, ducting
- Levels 4 & 5 to get runs on board, minimise initial disruption & use previously '*dead*' space (eg BCA, fire stairs, sprinklers); single bed wards and flexibility o/night vs day
- Ground floor being kitchen, maintenance and extension of '*roof line*' for L1 capacity; also balance of utility/service run ins; heaviest construction phase
- Level 1 comprising theatre with two to '*smart suite*' technology and two '*future proofed*'; expansion of day only/short stay area using '*roof line*'; reconfiguration of front office and admissions/discharge areas; new & larger education area & staff amenities; Stryker theatre planning software very beneficial
- Levels 2 & 3 in two halves vis a vis services/disruption; essentially single bed wards; physiotherapy consolidation; transfer admin etc from adjacent building for release for better asset utilisation; completion of loop for L2
- Additional construction insurances and maximise risk aversion
- Combination of normal debt funds facility and construction funding
- Marketing of new facility; when and what

# Progress & SUCCESS

- Each stage finished on or ahead of budget and on time
- One builder although kept '*honest*' via contracting in phases; good rapport and had hospital experience
- Minimised disruptions to existing caseload although 'construction zone' did cause concerns
- Regular Board reviews including strategy
- External project management eventually brought in house and much more efficient and cost efficient; also helped other operational concerns & engineering '*future proofing*'
- Fantastic staff involvement on top of '*day jobs*'
- Casual pool loss had to be managed and needs to be rebuilt
- Good segregation of construction and operational zones
- Great feed back all round ie VMO's, patients, health funds, staff, Board, community, funder(s)

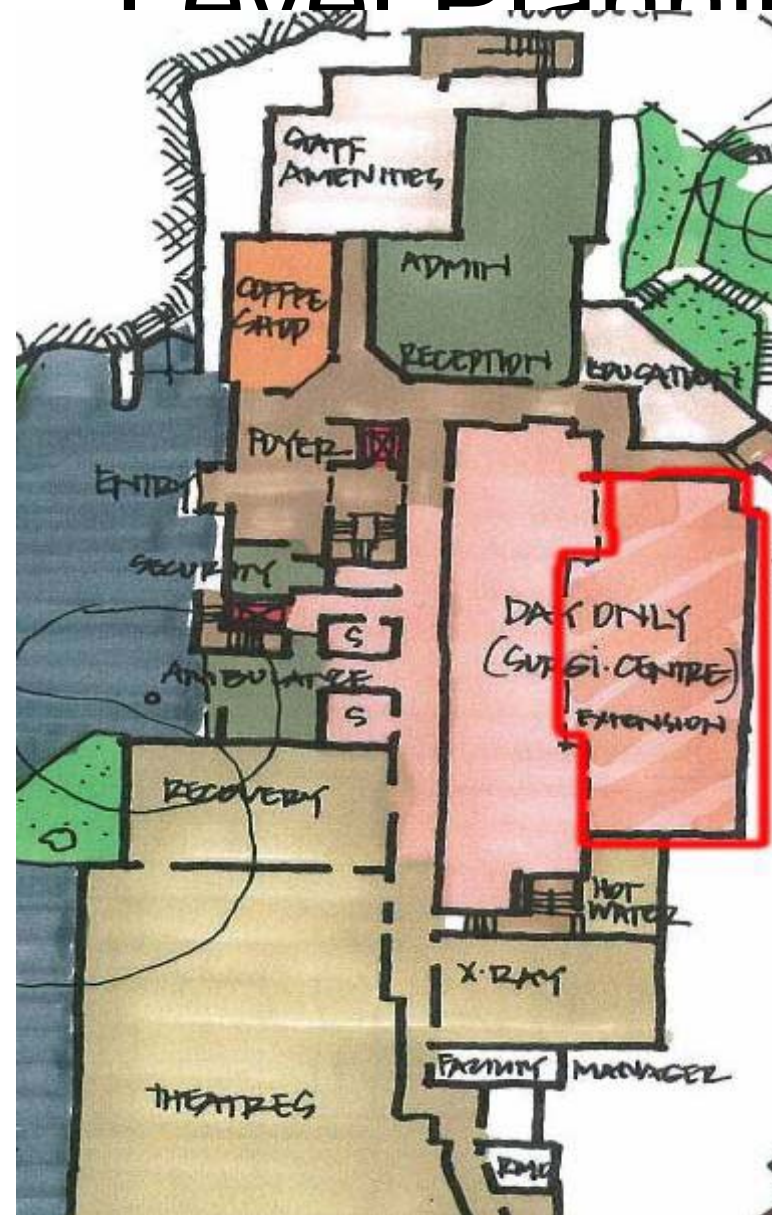
# Progress & SUCCESS (cont'd)

- VMO 'ownership' (eg hand, orthopaedics)
- Modern, contemporary, 'future proofed' premises for 20 yrs
- Brand new and sparkling inside a heritage shell
- VMO's embracing technology opportunities
- A couple of years ahead of competitors
- Comfort all round especially VMO's, patients/relatives/friends, visitors
- Ducted air conditioning with individual controls including theatres
- Increase privacy including 'own' amenities
- Ultimately a 7 year project from L2 pilot to L2 completion; proved benefit of pilot and proper/reasoned planning
- Improved efficiencies and work streams and reduced bottlenecks and better separation
- Multi-use of some areas
- Increasing caseload and interest/demand esp younger VMO's
- Improved education, training and marketing/functions
- Have a story to tell and a facility to sell

# ***On Site Access & Segregation***



# Level Planning



# *Level 4 Room Preparation*



# *New Services Run In*



# Air Conditioning, Fire and Gases



# ***New Ward/Room Progress***



# *Theatres The Day Before Re-Opening*



# *Theatre Recovery Area the Day before Re-Opening*



# *Front Office/Admissions 2005*



# New Front Office/Admissions Area



# *New Day Only Facility*



# New CSD



# New Sleep Studies incl Technology



# ***New Visitor Amenity - Multi***



# ***New Private Bathroom***



# ***New Private Ward with All Services***



# New Education Centre - Multi



# New Smart Suite Theatre



## ***AND FINALLY***

- The VMO and patient are “KING” and it can be cost effectively DONE to provide GREAT CARE