

TARANAKI BASE HOSPITAL REDEVELOPMENT PROJECT

EXECUTIVE SUMMARY

1.1 OBJECTIVES

A facilities development programme was initiated in 1998/99 and covered areas that were in critical need of refurbishment and modernisation. It also aimed to deliver greater efficiencies through improved workflows, by lowering resource costs and improving levels of service.

This original programme consisted of nine packages with an estimated capital outlay of \$65M (revised to recognise current costs). Five of the packages were completed by late 2002, however the need for a longer term Master Plan had already been recognised. This is because of the realisation that the programme while very relevant and appropriate, was reacting to pressing clinical safety and risk issues rather than a longer term strategic investment process.

Accordingly TDHB initiated a planning process linking together a number of strategic planning documents to address the different aspects of growth in health service delivery and consequent impact on facility demand in the coming years:

- District Strategic Plan
- Clinical Services Plan
- Asset Management Plan
- Workforce Development Plan
- Site Master Plan

In March 2007, a strategic stage analysis was submitted for consideration with the national capital committee and support was gained for developing a full business case for facility development.

The specific objectives of this business case are to:

- Demonstrate that the new facility is a prerequisite to enable the delivery of National Access Targets, the strategic objectives of the District Health Board (DHB) and the goals outlined within the Clinical Services Plan.
- Assess TDHB's requirement for inpatient bed capacity, ambulatory bed/chair and theatre and procedure room requirements.
- Demonstrate the consistency of TDHB's proposed theatre, ambulatory and inpatient facilities.
- Explain TDHB's preferred service and facility solutions to resolve identified problems;
- Demonstrate the consistency of these solutions with the Master Plan.
- Identify the efficiency gains that TDHB can realise from innovative service delivery in the proposed facilities.
- Describe the change management strategy that TDHB will adopt to achieve the anticipated gains.
- Justify the requirement for a capital allocation to fund
 - A new theatre/day stay /ambulatory unit
 - Four new inpatient wards
 - A new unit for Services for the Elderly and Allied Health.
- Present the imperative and linkages to Stages 2 and 3
 - A new ED/AAU
 - A new unit that collocates Paediatric inpatient, Obstetrical and Neonatal services
 - The refurbishment of existing buildings to accommodate outpatients' patient services.

1.2 SERVICE DRIVERS FOR THE DEVELOPMENT

The buildings and co-locations of departments and wards at the Base Hospital are viewed as barriers to the development of patient centred ambulatory services. The

physical architecture of the estate does not support, or allow for, contemporary practice to be delivered. The rapid expansion of medical knowledge has created more complex clinical pathways for patients; these can not be implemented in an efficient manner as the facilities are unable to meet the needs of the new models of care.

Over the last decade there has been an increasing trend to deliver an integrated patient pathway that crosses the boundary between hospital services and the rest of the health care system. This has given rise to an emergence of many innovative models of care; these changing models are centred on primary secondary collaboration. Combined with the move towards day surgery and interventions, the modern hospital facilities need to be weighted towards people coming to and going from the hospital complex, as part of a larger continuum of care.

While inpatient bed demand remains relatively constant the increasing surgical contracted volumes have resulted in theatre demand outstripping the capacity available. The inpatient wards also require modernisation to improve the patient experience and deliver best practice models of care.

Part of the process necessary to develop this business case was to examine the track record we have and build on the innovative service delivery models that have characterised our delivery of clinical services. We have aimed to ensure that both clinical outcomes and operational efficiencies are maximised taking cognisance of the sector experiences and integrating them into our thinking.

Existing relationships and collations were challenged along with the ward configurations with specific emphasis on developing processes that promote seamless pathways of care between primary and secondary sectors, promoting ambulatory care and efficient inpatient ward configurations. Underpinning this has been the Master Plan and clinical services planning processes, which together will deliver a long term sustainable solution for the effective delivery of services to our community.

1.3 SERVICE NEED

Our Clinical Services Plan and bed modelling show that while there will be a small increase in resourced bed numbers between now and 2016, there are significant implications for the way in which services will be delivered. By reducing the length of stay and moving away from traditional inpatient models of care, the principles of ambulatory care will naturally be adopted.

The modelling concludes that same day discharges will increase by a total of 11% and the average length of stay will decrease by 4%, resulting in a reduction in average length of stay (ALOS) from 5.0 days to 4.8 days.

The main purpose of the reconfiguration of wards and departments is to promote a more patient focused, effective and efficient method of delivering healthcare, rather than one based on expanding the regions healthcare portfolio by adding beds and services.

In total, 34 additional beds will be required. Less than half of those beds would be invested to deliver inpatient episodes of care a significant proportion of this is devoted to Services for the Elderly (nine) with small increases for Orthopaedic, General Surgery and Medicine. The rest form part of the Acute Assessment Unit (AAU) and Day ward bed reconfiguration.

Whilst we have implemented a number of successful demand management initiatives to control inpatient demand, the ageing population and demographic influences e.g. ethnicity/socio economic deprivation factors within the province, suggest there will be a sustained increase in this activity in future years. For this reason, management of acute demand will continue to be an ongoing focus; with support via the above purchase choices, additional mechanisms to control acute demand can be developed. The bed projections and change of practice assume these initiatives are implemented to support the models of care.

Supporting the Provider led initiatives outlined above, TDHB has been working on improving access to healthcare through programmes that build primary/secondary

integration and chronic disease management. TDHB has begun to deliver on some of the commitments we made in our District Strategic Plan, especially with regard to promoting healthy lifestyles, having the people and infrastructure to meet changing health needs, and having a multi-agency approach to health.

1.4 DESCRIPTION OF THE PROJECT

Initially the scope of the facilities project was to consolidate and bring together disciplines and departments that deliver ambulatory care to patients, increase theatre capacity and then modernise inpatient accommodation. However, during the business case development, the results of a seismic evaluation necessitated a change in scope and staging of the development, whilst not compromising the overall service development priorities. The project now includes the relocation of the Emergency Department.

The preferred option sees a three stage approach that establishes a new four storey block to the south of Stainton that houses theatre/day stay ambulatory services; one Services for the Elderly ward collated with Allied Health; and two medical and two surgical wards. In the second stage, a new block will be built north to Stainton subsequent to the demolition of the Stainton block. This new area will house ED and AAU, and on the first floor Maternity, Paediatrics and Neonatal services. Stage 3 will see a full refurbishment and strengthening of the Clinical Services Block to house the new Outpatients area.

The staging proposal is as follows:

Stage	Area of development	Benefit
One	<ul style="list-style-type: none"> • Theatres, Day stay related ambulatory facilities. • Services for the Elderly and Allied Health facilities • Medical and Surgical Inpatient ward 	<p>Elective service targets will be achieved.</p> <p>Ambulatory models of care will be developed.</p> <p>Long term bed requirements of the Hospital will be realised.</p> <p>Seamless integration of</p>

	accommodation	primary/secondary care will be adopted.
Two	<ul style="list-style-type: none"> • Demolition of the Stainton block • ED/AAU • Co-location of Paediatrics, Maternity and the NNU 	<p>Straighten and improve the management of acute pathways.</p> <p>Continue to develop ambulatory models of care.</p> <p>Promote seamless integration of primary/secondary care.</p> <p>Reduce clinical risk.</p> <p>Maximise efficiencies by collocating specialist services.</p> <p>Manage seismic risk.</p>
Three	<ul style="list-style-type: none"> • Strengthening existing facility and refurbish to accommodate outpatients services 	<p>Embed the continued philosophy of ambulatory models of care.</p> <p>Promote seamless integration of primary/secondary care.</p> <p>Manage seismic risk.</p>
Next Stages	<ul style="list-style-type: none"> • Relocation of the ICU/CCU/HDU in accordance with the Master Plan • Further consolidation of site to relocate mental health inpatient services • The solutions for development of community based services for mental health and children incorporated into the Master Plan 	<p>Future proofing site.</p> <p>Take advantage of modern principles of care for these client groups.</p>

Stage one of this development proposes the following investment:

- One new four storey block housing Theatre/Day stay ambulatory services; Surgical/Medical Inpatient wards services and Services for the Elderly, Rehabilitation & Allied Health.

Each of the stages can be visualised as stand alone projects, yet forming part of one coherent facilities redevelopment programme for the Base hospital in New Plymouth.

1.5 CAPITAL COST

This business case presents a staged redevelopment of the Base hospital core inpatient facilities and support systems, such that it is both financially and operationally feasible over a defined timeline. The components of this business plan are as follows:

	Stages	Comprising	Estimated Cost	Construction Timeline	Ministry & Government approvals
1	STAGE 1	Theatres, ambulatory, inpatient wards	\$ 80 million	Tentative: Jul 2010	Approved
2	STAGE 2	Maternity, Neonatal, Paediatrics, ED	\$ 37 million	Tentative: Jul 2012	Supplementary business case will be progressed
3	STAGE 3	OPD, Laboratory, CSD, Administration	\$ 28 million	Tentative : Jul 2013	Supplementary business case will be progressed
	TOTAL		\$ 145 million		

Stages 2 and 3 are discrete components of the overall Master Plan for the redevelopment of inpatient facilities at the Base hospital. Once Stage 1 is nearing completion, it is envisaged that supplementary business cases will be developed for each of the remaining stages and forwarded to the National Capital Committee (NCC) for approval and funding. Each of the stages can be visualised as stand alone projects, yet forming part of one coherent facilities redevelopment programme for the Base hospital in New Plymouth, thus enabling affordability to both Taranaki DHB and the National health capital budget. It should however be noted that the full benefits of the redevelopment project are predicated on the completion of the three stages.

1.6 STAGE ONE - NEXT STEPS

- Establishment of internal project management structures.
 - Engagement of Project Director
 - Procurement of whole range of goods and services for the project – Health Planner, Architect, design, support services, technology, QS etc.
 - Construction
 - Commissioning
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