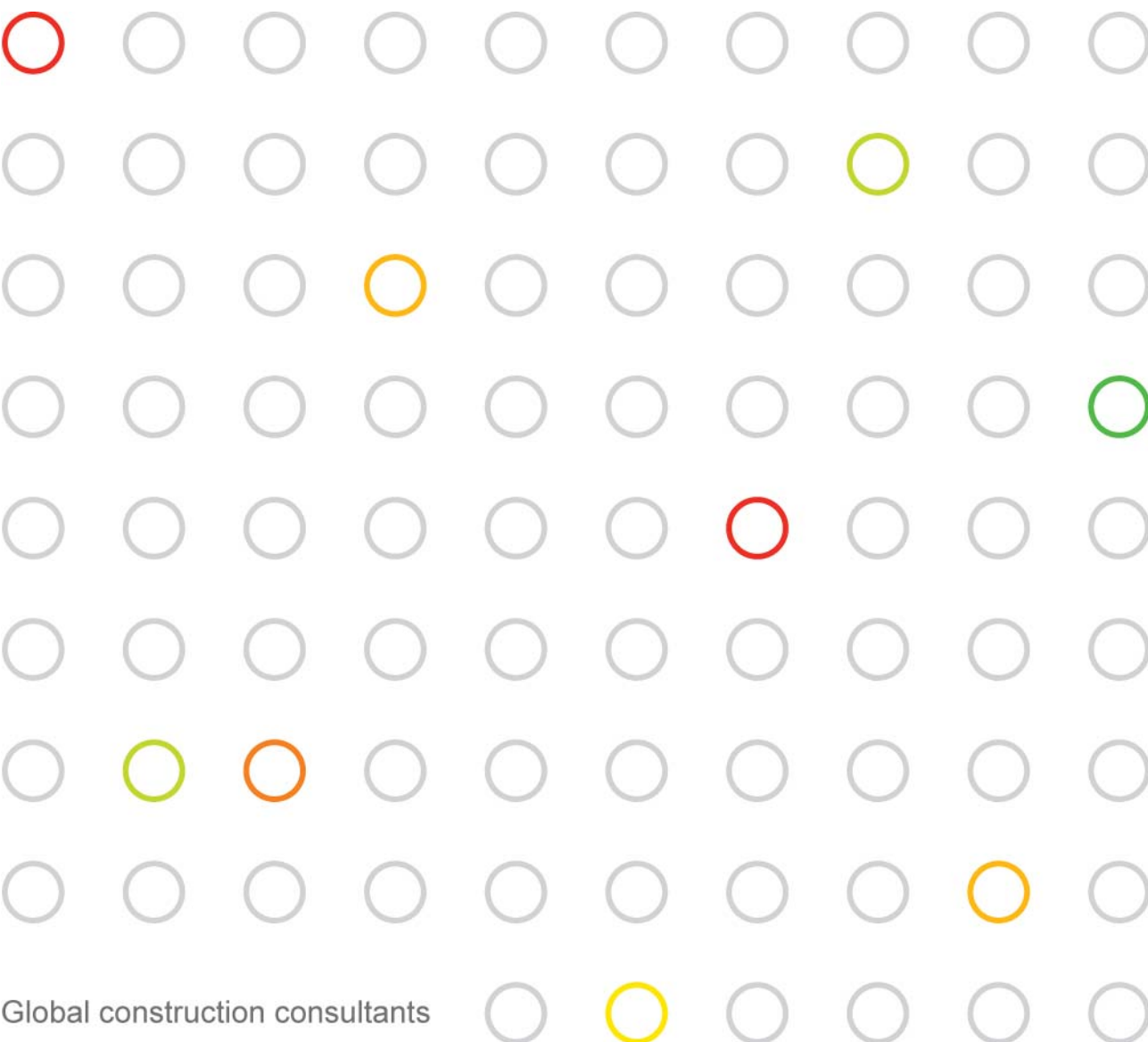


# PÆDIATRISK AND GYNÆKOLOGISK / OBSTETRISK WORKSHOP

Workshop Report | 5 January 2010



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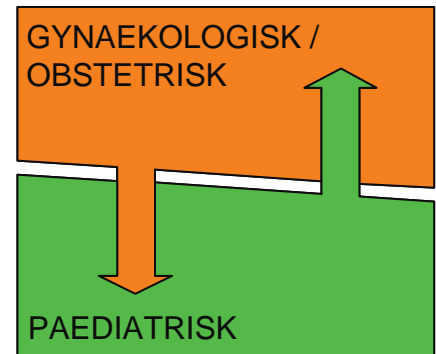
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## EXECUTIVE SUMMARY

A Workshop was held on 5 January 2010 involving key members of **PÆDIATRISK** and **GYNÆKOLOGISK / OBSTETRISK** to establish a common goal for the two departments, identify ways to work together and identify potential challenges to a successful outcome.

The workshop commenced with presentations from Davis Langdon describing similar work undertaken in the United Kingdom and by Anette Madsen outlining the need for change and explaining the financial and timescale constraints.



The workshop proceeded to identify common goals in relation to People, Processes and Place for the combined department. A Value Tree was agreed which described at a high level the functions the facility had to perform and began to suggest ways in which they could be satisfied.

Finally the participants, working in break out groups, started to identify areas which could be shared and which would need to be kept separate for clinical or managerial reasons. Generally, administrative and certain reception functions as well as some treatment facilities could be relatively easily shared. However, the treatments concerning the most vulnerable patients would need to be kept separate and where the patient groups' needs are in conflict.

The workshop succeeded in bringing the clinical professionals together and commencing the journey towards eventually combining together to work in a single modern facility to further improve the quality of health care services. Davis Langdon would like to thank the participants for their positive and active participation in the workshop.

# 1.0 INTRODUCTION

## 1.1 INTRODUCTION

Herlev Hospital is undergoing a comprehensive redevelopment programme as part of a regional strategy to improve the delivery of Healthcare in the greater Copenhagen area– an early phase of this work is to construct a new combined Gynaecology / Obstetrics and Paediatrics Centre.

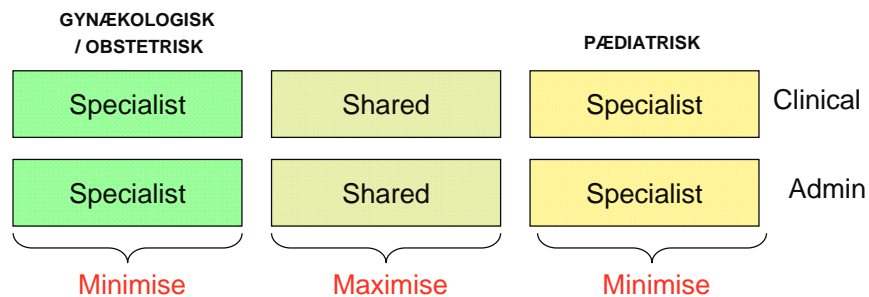
A competition is planned to procure a suitable design team for the project and accordingly an advertisement has been placed in the EU journal. As an initial step, the Projektleder, Anette Madsen organised a workshop to commence the process of joining the three departments together into a cohesive and efficient unit. The workshop comprised the Concept Group Work and followed earlier Department Group Meetings.

The workshop was held at Herlev Hospital and was facilitated by Adam Trigg and Stephen Pickersgill from Davis Langdon Management Consultancy who opened the workshop with a brief presentation outlining Davis Langdon's experience and approach in the Health Sector.

## 1.2 THE NEED FOR CHANGE

Anette Madsen outlined the need for a change to the previously developed separate departmental programs. The government have provided limited funding and area (m<sup>2</sup>) for the new building containing Gynaecology / Obstetrics Departments and Paediatrics Departments. Consequently, areas will need to be shared to maximise efficiency and to be able to deliver the ambition of the Clinical Staff.

Davis Langdon noted that identifying facilities that could be shared between the two departments was key to identifying an efficient solution.



Dr. Karsten Hjelt noted that both departments are large and that there may be efficiencies within the departments themselves as well as between them.

## 1.3 WORKSHOP METHODOLOGY

The workshop agenda was formulated following a meeting between Anette Madsen and Davis Langdon. The workshop was structured into the following sessions:-

- o What are your goals?
- o Value Drivers
- o Discussion on Patient Pathways and Communication

This report summarises the output from the workshop.

## 2.0 COMMON GOALS

The participants were consulted in advance regarding their common goals regarding People, Processes and Place. During the workshop, the results of this consultation was presented and the participants were asked to comment and contribute further content. The results of this discussion are summarised below.

### People (Culture & behaviours)

- Open minded; respectful; inclusive of social and ethnic groups
- Cooperation and respect between workers at all levels
- Flexible working hours – optimise resources and capabilities
- Make patient's stay and working environment as pleasant as possible
- Excellent communication between professionals and patients
- Highly educated professionals
- Inter-professional learning within the department
- Awareness of motivation of patients and staff
- Appreciate wide age range – who have different needs (Egg to Grave)
- Include the whole family
- Respect right to privacy

### Processes (The type of processes that will be required in the new facility)

- Processes that lead to successful treatments!
- Coordination of process
- Minimise waiting (for patient)
- Minimise number of visits
- Include the whole family - Staff allocated to a family
- Information easily accessible
- Electronic Quality Assessment
- Outpatients needs to have separate and joined access
- Close proximity and access to fellow workers
- Opportunity for education within the department

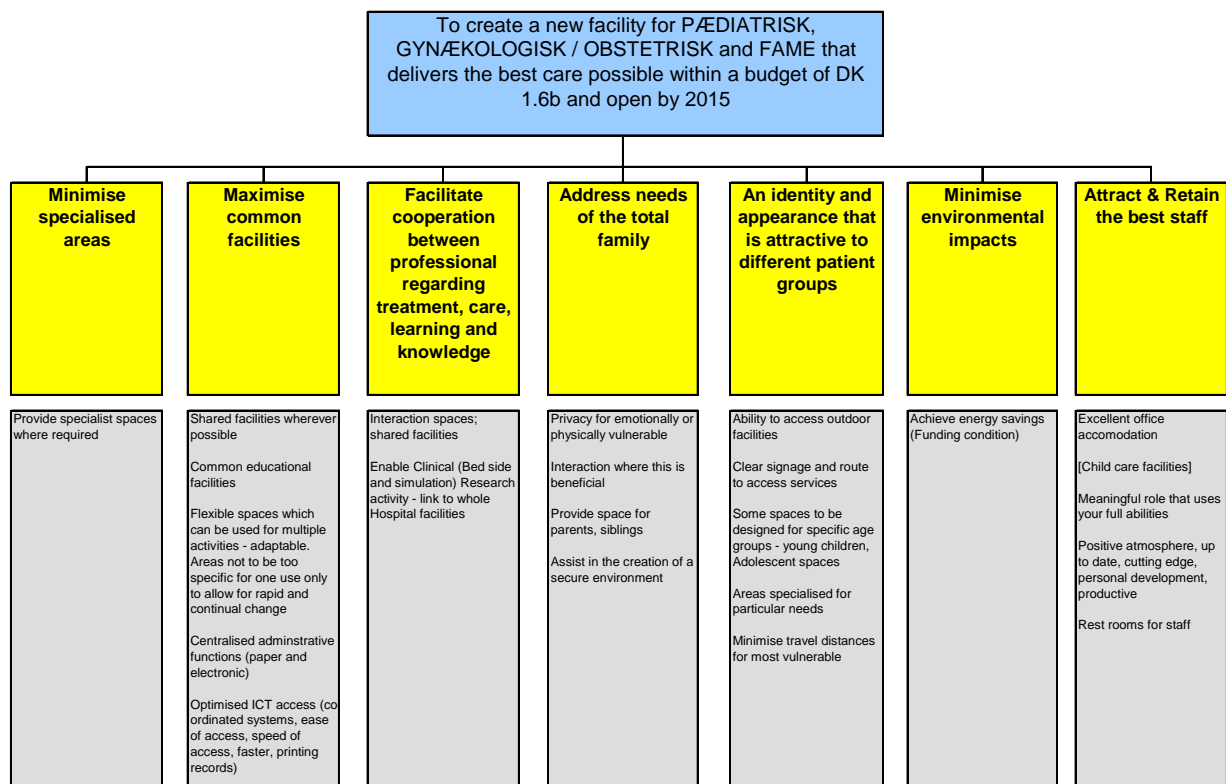
### Place (look & feel of the physical environment)

- Safety and family friendly
- Some common areas
- Some private areas (palliative care, post-operation adults)
- Light and friendly; recognisable; access to outdoors, environmental comfort (acoustic, temperature)
- Creative
- Differentiated for patients with different needs (e.g. age groups)
- Provide privacy (screening) and interaction where appropriate
- Rest rooms, recovery rooms, isolation rooms for infectious diseases, multi-function waiting / relaxation areas with internet access (wireless for parents and children) – helps to reduce ward disruption
- Family space for long term patients – kitchen, lounge and dining areas

## 3.0 VALUE DRIVERS

### 3.1 VALUE DRIVERS

The meeting proceeded to review a draft 'Value Tree' consisting of a project objective and 'Value Drivers'. The Value Drivers aim to define at a high level what the project needs to achieve and why. The participants commented on the diagram, identifying additional Value Drivers and amending the content to better reflect their goals. A summary of the diagram is given below and a full version is included in Appendix B.



## 4.0 DISCUSSION TOPICS

The participants split into two inter-professional groups to consider a response to two questions which are key to developing a single departmental program. The topic headings are given below, together with the outcome of the two groups.

### Topic 1 : Developing a common patient pathway – what are the opportunities? what are the challenges?

Opportunities	Challenges
<b>Group 1</b>	
	A single reception for all the uses is not possible due to the specific needs of certain patient groups.
Outpatient reception	Fast track to team where treatment is provided Clear Directional Signage Acute reception is not an opportunity
Consulting rooms are available after peak activity – i.e. from 4pm to 8pm	The rooms will need to be managed the rooms if used out of hours
Kitchen / playroom / adolescent room / resting room	Not for Gyni Separate areas for special patients – fragile
Staff facilities – showers, kitchen, rest rooms, wardrobe, lockers	Centrally located for treatment functions
Offices can be shared – whether or not it is agreed they are open plan or cellular	Centrally located to area of treatment
	Nurse stations cannot be shared between teams
Education areas	Simulation needs to be located appropriately
Meeting rooms	Separate facility for internal / external and patient consultations
Theatre Room (for some simulation) delivery room for training. Strong possibility for cross training	
<b>Group 2</b>	
<b>The following areas were considered suitable for sharing between the departments:-</b>	
Outpatients clinic	
Educational facilities (bed side hands-on)	
Waiting areas for discharged patients	
Reception – registration	
	<b>The following uses were not considered suitable for sharing between the departments</b>
	Oncology
	Induced abortions
	Very sick adults
	Operated patients
	Contagious diseases
	Child protection centre

The initial work by the groups will be further developed and refined in order to clarify the specialist and shared areas which the departments will require to go into the competition brief.

### Topic 2 : How do we want to be communicated with as the project develops

Workshops, both as individual and combined  
Regular written updates

## 5.0 NEXT STEPS

The participants received the workshop positively and Davis Langdon wished to thank them for their constructive involvement. The following steps were noted:-

- Adverts have been placed in the EU for designers to enter the design competition
- The Competition brief will be developed from the results of the workshop – the participants were advised that the design will be detailed. The detail design will follow after a designer has been awarded the Contract.
- Input from this workshop will inform the program for the competition
- Clinical staff noted that their ideas were not yet formulated and would need further development
- It was further noted that the competition architects will undertake their own consultation with users
- A Communication plan will be developed

## APPENDIX A WORKSHOP ATTENDEES

Participants from gynecological / obstetrical department:

The head of the department:

Dr. Morten Lebech, senior nurse Heidi Brønnum and head of midwifery Ingelise Andersen

The obstetrics area management:

Dr. Anders Atke, Nurse Lisbeth Petersen og Nurse Anne Vils Pedersen,

The gynecological area management:

Dr. Lisa Bang and Nurse Susanne Jacobsen

Participants from pediatric department:

The head of the department:

Dr. Karsten Hjelt, senior nurse Merete Thomsen

Dr. Keld Hagen Johansen

Dr. Susanne Munck Klansø

Dr. Bodil Moltesen

Dr. Eva Mosfeldt

Nurse Dorte Lykke Aastrup

Nurse Kirsten Heilskov

Nurse Lea Brammer

Jesper Myhr

Knud Toft Anderson

Anette Madsen

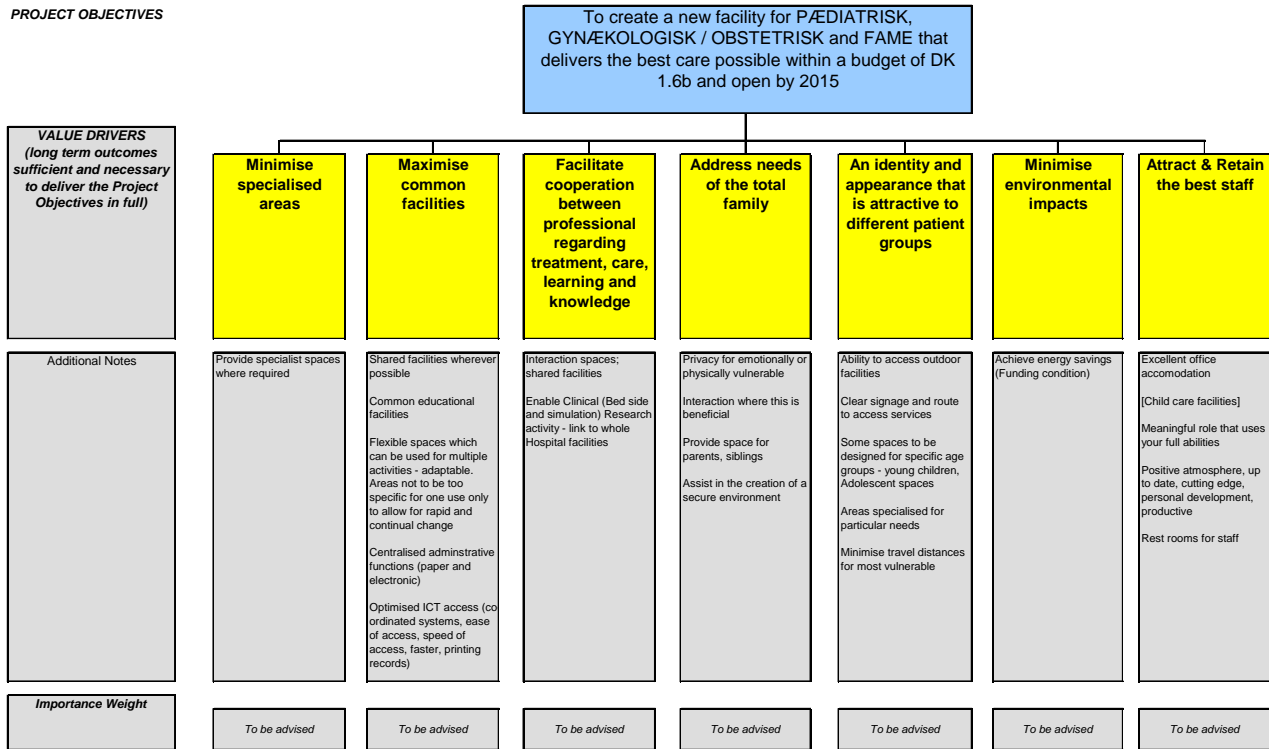
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The workshop was facilitated by Stephen Pickersgill and Adam Trigg from Davis Langdon.

# APPENDIX B VALUE DRIVERS

## VALUE TREE

PROJECT OBJECTIVES



APPENDIX C WORKSHOP PRESENTATION

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