



MOVING FORWARD

WITH THE LACHINE HOSPITAL'S REDEVELOPMENT



THE LACHINE HOSPITAL'S CLINICAL PLAN: A REMINDER

- Emergency Department (14 stretchers)
- Operating Block (Minimally invasive surgery room)
- Gastroenterology (+ 1 endoscopy room)
- Dialysis (12 chairs)
- Research – active geriatrics
- Test centre
- Renovated patient rooms
- Ambulatory clinics (49,450 visits)
 - Cardiology
 - Surgery
 - Emergency (follow-ups)
 - Hematology
 - Internal medicine
 - Neurology
 - Ophthalmology
 - Bariatric surgery
 - Palliative care
 - Plastic surgery
 - Pre-op
 - Psychiatry
 - Respiratory functions
 - Rheumatology

“We’re moving ahead with the Lachine redevelopment project,” says Normand Rinfret, Interim Director General and Chief Executive Officer of the McGill University Health Centre (MUHC). “The CAPS recommendations were recently approved by the Board of Directors, bariatric surgery is well underway, user groups are about to begin, as is the construction of the extension for the new MRI.”

“The different pieces of the puzzle are coming together,” Rinfret points out, “and the path going forward is more clearly defined.”

Indeed the coming months will be busy at the Lachine Hospital. The magnetic resonance imaging (MRI) project will be moving forward this fall (see text page 3). While construction workers are busy building the MRI extension, many members of the Lachine Hospital staff will be representing their departments and colleagues in user groups whose mandate is to better define space, flow and adjacency requirements going forward (see text on page 2).

The process: Infrastructure Quebec's role

The Quebec Government has decided that Infrastructure Quebec (IQ) should oversee

all public projects valued at over \$40 million. More precisely its role is to provide advice and expertise related to the planning, execution and management of large public infrastructure projects and to ensure public funds are appropriately spent.

When the Lachine Hospital became a member of the MUHC family in 2008, the Quebec Health Ministry promised \$55 million to modernize and expand the facility. Since, the budget has been re-evaluated at \$63 million. Meantime, the Lachine Hospital Foundation is well on its way to reaching its \$3 million fundraising goal for a total investment of \$66 million.

In the coming months IQ will be recommending the most cost-effective way of moving forward with construction work at the Lachine Hospital. The choices are between the traditional mode (the MUHC's planning and project management teams would oversee the work), hiring an outside project management firm to act as contractor, or a public-private partnership such as the Glen site (a consortium would be hired to design and build the project for a fixed price).

To accomplish this, IQ requires organizations to follow a series of pre-determined steps. “A number of these steps, including the development of a

Clinical Plan, the justification of the need for the project, and certain preliminary studies (structural and other) have already been completed for Lachine,” says Administrative Director Jocelyne Faille.

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LACHINE HOSPITAL'S REDEVELOPMENT

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The next step: revising the PFT

"The next step," adds Faille "is key – we have to revise our Functional and Technical Program (FTP or PFT in French). Once that is done, we can obtain a revised cost estimate which will be used to make adjustments to the project and determine the phasing of construction. Then we will be able to break ground."

The PFT, which was drafted in 2009 and revised in 2010, needs to be updated for two main reasons: the CAPS exercise at Lachine is complete, allowing us to

better re-align our clinical activities and there's a need for more in-depth consultation with users.

"We are in the process of transforming patient care at the MUHC's only community hospital, and the renovations at Lachine will go a long way to help us achieve that objective," notes Dr. Tim Meagher, Associate Director General of Medical Affairs. "At the same time we have to be fiscally responsible and operate within our budget envelope. We will therefore prioritize the renovations according to clinical needs for Lachine, for the entire MUHC and for the Lachine catchment area."



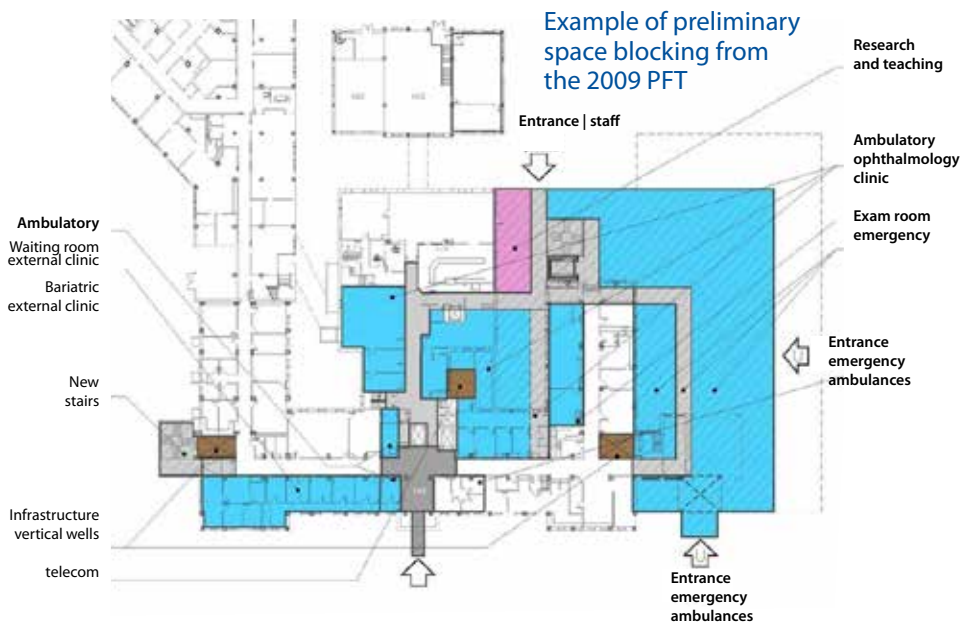
FUNCTIONAL AND TECHNICAL PROGRAM

USER GROUPS

Lachine staff will be participating in user groups this fall to re-validate the Functional and Technical Program (PFT in French) prepared in 2009 and revised in 2010 and adapt it to our current reality. "The user groups, which are comprised of representatives of various job categories, will need to take into account not only Lachine's community mandate, but the Clinical Plan, CAPS recommendations and the MUHC's clinical needs as a whole," says Dr. Matt Kalina, Interim Associate Director of Professional Services (DPS), who is playing a key role in overseeing the PFT revision process.

"Based on clinical best practices as well as Quebec and international design norms and recommendations," explains Adriana Torrisi, Manager of Organizational and Physical Programming who is leading the planning exercise at Lachine, "user groups will help customize the design of their department based on volumes, specialties and the patient population they serve." Over the next several weeks the first round of user groups will be looking at the space "blocking" in order to understand all the functions that have to fit in the space and how the staff does its work.

"In designing the hospital, we will pay particular attention to the needs of bariatric and geriatric patients, as Lachine will increasingly serve these patient populations," continues Torrisi. For example, one user group will focus on bariatric surgery. "The surgeries are going well, but we must now make sure all the necessary support functions, such as clinic space, are incorporated into the redevelopment plans," says Torrisi. "We must



also look at the adjacencies needed with other departments as well as patient flow."

Another example: CAPS recommended an additional endoscopy room. That requires at minimum sterilization equipment, patient registry space and a waiting room. "Creating a second room also provides an opportunity to move and upgrade this entire service with considerations for improving patient flow and infection control," explains Torrisi.

phasing and priorities are established. They will not only reflect on a room's size, but on furniture and optimal layout as well. "We want the spaces to be designed right for the patients and staff that are using them," concludes Dr. Kalina. "Realistically several factors come into play when designing a new space including budget, but most importantly the space must be functional and efficient for the process to be a success."

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A second round of user groups will look at the spaces in greater detail once the

USER GROUPS

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The 2009 PFT included: Functionality and infrastructure improvements

- ◆ Reconfiguration of the main entrance, in order to enter on the 1st floor creating universal access and improving the flow of patients and staff
- ◆ Bringing areas of the hospital up to norms:
 - Electromechanical system
 - Windows
 - Brickwork
 - Security system
 - Ventilation system in the Camille-Lefebvre Pavilion
 - New elevator and staircase

THE FIRST SET OF USER GROUPS

- ◆ **Ophthalmology:** The clinic space needs to be expanded and modernized.
- ◆ **Emergency Department:** Lachine is enlarging its ED to offer the best care.
- ◆ **Operating Block:** This user group will study the support functions needed for the ORs, such as a central sterile core, an appropriate intensive care unit and increased storage.
- ◆ **Endoscopy:** CAPS recommended the addition of an endoscopy room. The user group will look at where it would be best located and what support functions are needed.
- ◆ **Ambulatory clinics:** Improving the efficiency, functionality and adjacencies for these clinics are the main goals. Special consideration will be given to the needs of bariatric surgery clinics.
- ◆ **Urology:** The user group will establish what the service's needs are.
- ◆ **Dialysis:** The Clinical Plan foresees the arrival of 12 chairs to service the Lachine-area community as of 2015.
- ◆ **Medical Imaging:** This is not part of the Redevelopment Project, but Lachine has received new equipment, such as a fluoroscopy machine, and space needs to be appropriately designed in consequence.



CONSTRUCTION TO START ON NEW HOME FOR MRI

Construction crews will soon be arriving at the Lachine Hospital. Work on building a home for Lachine's new special magnetic resonance imaging (MRI) machine will begin this fall.

"The second floor will house the new MRI, which will have a specially adapted access for bariatric and claustrophobic patients," says Administrative Director Jocelyne Faille. "It is the first such MRI of this kind in the public system in Quebec, and we are honoured to have it. We will not only be servicing our local community, but much of the province as well."

The hospital will be adding 4,800 ft² of space divided over three floors (basement through level 2) in addition to a mechanical room on the extension's third floor. The structure of the addition is expected to be finished by winter. Next spring the envelope should be complete with some mechanical and electrical work having been done, completing phase one.

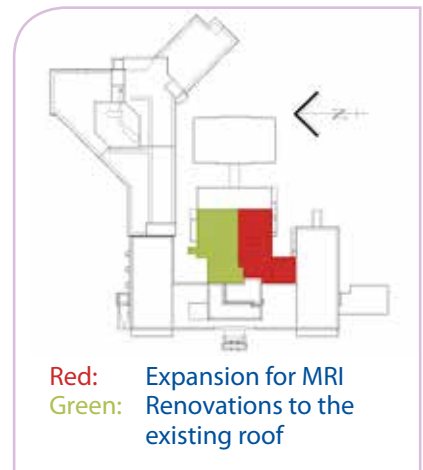
"Any construction project in an existing hospital provides challenges," explains Dr. Tim Meagher, Associate Director General of Medical Affairs. "The good news is that this first phase of construction will not require cascades. In other words we will not need to move departments to other locations to allow construction to

proceed. However, once we get to phase two, cascades will be necessary."

Phase two will include the construction of the interior walls and rooms, as well as renovations to over 3,500 ft² of the existing hospital surrounding the new MRI area. "These renovations will provide for a new waiting area, preparation rooms and new ultrasound rooms, including one adapted for obese patients," says Faille.

"Construction work of this sort will create some noise and dust," acknowledges Project Manager Paula Abi Nahklé. "In conjunction with infection control, we will be ensuring the best mitigation measures possible. For example, some windows will be boarded up to prevent dust and reduce noise. We will also be consulting with the departments adjacent to the work to decide on a suitable construction work schedule."

"The MRI project will be a wonderful asset for Lachine," concludes Faille, "as it will not only provide the hospital with MRI capacity but will also allow us to provide a service that is currently unavailable to a certain number of Quebecers. It will be a great addition to the Quebec healthcare system, and we are proud it is happening at Lachine."



"There have been many positives since Lachine became a key member of the MUHC family slightly more than four years ago," states Interim Director General and Chief Executive Officer Normand Rinfret. "Although it has not always been smooth sailing, we are well on our way to ensuring our patients, their families and our employees benefit from modern and up-to-date facilities."

"Lachine has been and will continue to be a community hospital, and this will be its primary raison d'être," continues Rinfret. "But in certain specialties it is taking on a regional mandate. It is becoming a Centre of Excellence in Bariatric Surgery, will be the first in the province's public sector to offer a magnetic resonance imaging machine (MRI) that will provide the best care to all, including bariatric and claustrophobic patients, and continues to be a source of pride for the MUHC as a designated regional centre in ophthalmology and cataract surgery."

Since joining the MUHC in April 2008, over \$5 million has been invested in Lachine. Initiatives range from a CT-scanner adapted for obese patients to a new fibre optic network linking Lachine to the other MUHC sites, new laboratory equipment and the new PACS system to view x-rays digitally instead of on film. The palliative care unit has been renovated to offer single-patient rooms with space for loved ones to stay the night.

Perhaps the most important investment to date has been the new state of the art minimally invasive surgery (MIS) suite, allowing Lachine to perform an array of minimally invasive surgeries, including bariatric surgery – key in its new role as a regional health centre for this specialized operation.

"Hiring employees – both doctors and nursing staff – has been one of our main focuses since 2008, and we have made impressive strides," says Administrative Director Jocelyne Faille. "We have recruited a cardiologist, a microbiologist, general surgeons, internists, an anaesthesiologist, a generalist and a specialist in family medicine," says Dr. Matt Kalina, Interim Associate Director of Professional

The Camille-Lefebvre Pavilion is a jewel in the MUHC's crown

Accreditation Canada inspectors, after visiting the facility in 2010



Services at Lachine. "In addition, several services from the MUHC's other sites have been integrated into Lachine such as oral maxillofacial surgery, men's health, plastic surgery and certain general surgeries."

In the past two years alone, the Lachine Hospital has managed to recruit an exceptional nursing staff. "It has been one of my most important mandates since I arrived in May 2009," says Associate Director of Nursing at Lachine Jasmine Boyer. "We had previously relied very heavily on agency nursing staff. At one time at the Camille-Lefebvre Pavillion, 60% of the beneficiary attendants (PABs) were from an agency and 80% of the staff there were PABs. Since 2009-2010, we have reduced the number of agency shifts by impressive amounts (see text box)."

"Our goal is to eliminate agency nursing staff by 2014, despite the nursing shortage in Quebec," declares Boyer. "We are doing this because it is clear that patient care is best when it is given by permanent personnel who know the hospital and the way we operate."

The administration at Lachine has also put a huge emphasis on training. "100% of our PABs have taken a 43.5-hour

course called *Taking Action with Seniors*, which trains them on interacting with elderly people in a long-term care facility. This program is key to making our seniors feel at home at the Camille-Lefebvre Pavilion," says Boyer. On average, nursing staff at Lachine now receives two to 2.5 days of training per year.

There remain challenges ahead. "We must increase our capacity to offer surgical beds with the arrival of bariatric surgery and an overall increase in OR efficiency. Over the next few years, bariatric surgery will be ramping up to 370 operations a year. That is very significant for a community hospital," says Faille.

"The integration of more specialties at Lachine over the coming years such as dialysis will be a real advantage to the community, as they will benefit from direct access to more specialized care," adds Associate Director General of Clinical Operations Ann Lynch. "Lachine is a real asset for the MUHC," continues Lynch. "We must also remember that as a community hospital, it's not only what we do but how we do it that is important to our patients and their families."



LACHINE HAS BEEN HIRING!

Since 2009-2010, we've hired enough staff to reduce the number of shifts done by agency workers by:

- ◆ Beneficiary attendants (PABs): from 3116 shifts/year to 217 shifts/year – a reduction of 1336%!
- ◆ Auxilliary nurses: From 552 shifts/year to 141 shifts/year – a reduction of 29%.
- ◆ Nurses: From 5029 shifts/year to 3373 shifts/year – a reduction of 49%.

Bariatric Surgery Update

The number of bariatric surgeries performed each week at Lachine will double as of September. Dr. Olivier Court, Interim Director of the MUHC's Bariatric Surgery Program and his team will operate on four patients per week, with two full days in the new state of the art Minimally Invasive Surgery suite. The goal this year is to perform 100 bariatric surgeries at Lachine.



CLINICAL ACTIVITIES PRIORITY SETTINGS EXERCISE (CAPS LACHINE)

THE FUTURE OF THE LACHINE HOSPITAL

The CAPS process pushed us to review our clinical activities and decide where we want to invest for the future. The resulting priorities will now guide institutional decision-making and will help direct resources in a logical manner.

“Our continued success and long-term viability depends to a large extent on our ability to strategize around the balance of activities that best serve our patient population and the community of Lachine within the family of MUHC hospitals,” explains Dr. Tim Meagher, Associate Director General of Medical Affairs. “In meeting this challenge we also have to take into account the services and programs being offered elsewhere in the Lachine area.”

For the past year, we have been tackling this issue head-on through our Clinical Activities Priority Settings exercise (CAPS Lachine). This exercise involved the participation of the clinical teams at Lachine in collaboration with clinical leadership from the downtown hospitals. “I am pleased to report that in July the MUHC Board approved the recommendations that were the results of this work. In the future, this information will act as the foundation upon which clinical activities are supported and developed at Lachine. The goal is for the Lachine Hospital to become one of the best community hospitals on the Island of Montreal,” adds Dr. Meagher.

The CAPS Process

CAPS Lachine was based on the conceptual framework “Accountability for Reasonableness (A4R)” and was similar to the CAPS exercise conducted at the downtown sites in 2009-2010. The evaluation of clinical activities at Lachine was performed by the Strategic Directions Committee which was composed of clinical staff from Lachine and representatives from the downtown hospitals as well as a patient representative.

“The CAPS process pushed us to review our clinical activities and decide where we want to invest for the future. The resulting priorities will now guide institutional decision-making and will help direct resources in a logical manner,” explains Dr. Meagher.

Interprofessional clinical teams were asked to complete workbooks reviewing their clinical activities in terms of:

- defined criteria
- clinical priorities
- areas to improve network collaborations
- activities for potential divestment



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Thank you!

The Strategic Directions Committee members

- Dr. L-M. Simard
Strategic Directions
Committee Chair, Lachine
- Ms. C. Farmer
Paramedical, Lachine
- Ms. J. Boyer
Nursing, Lachine
- Dr. M. Teschler
Clinical Laboratory, Lachine
- Dr. C. Tawilie
Plastic Surgery, Lachine
- Dr. D. Laliberté
Family Medicine, Lachine
- Dr. M. Tanzer
Department of Surgery,
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- Dr. J. Pickering
Department of Medicine,
MUHC
- Dr. A. Brown-Johnston
Family Medicine, MUHC
- Dr. V. Nguyen
Surgery, Lachine
- Dr. Laflamme
Ophthalmology, Lachine
- Ms. M. Simard
Patient Representative
- Ms. T. Mack
Project Manager

Results

Five departments submitted workbooks: General Medicine, Specialized Medicine, Surgery, Ophthalmology and Emergency Medicine.

The Strategic Directions Committee was charged with evaluating the workbooks and developing recommendations.

There were two levels of recommendations: institutional/transversal and program specific recommendations.

The institutional or transversal recommendations provide overarching principles or guidelines to help strengthen activities that support the development and enhancement of clinical services.

Examples of transversal recommendations are:

- ♦ Clearly communicate the community mandate of the Lachine Hospital to MUHC staff
- ♦ Develop and implement a more generalist approach to improve staffing flexibility
- ♦ Consider the impact on human resources, budget, equipment and space and perform a feasibility study before developing new services and programs
- ♦ Support interprofessional collaboration by promoting meetings between the clinical teams

- ♦ Create more opportunities for communication between administrators and the Lachine Hospital staff
- ♦ To facilitate exchanges and ensure quality service, it is essential that all professionals working at Lachine are able to express themselves and document activities in French as per the unique status of the Lachine Hospital
- ♦ Implement quality and performance indicators through the support of the Quality-Performance-Patient Safety team
- ♦ Continue IT integration of the OACIS platform used throughout the MUHC
- ♦ Establish clinical service corridors with the MUHC downtown hospitals
- ♦ Incorporate teaching and research activities in alignment with the community hospital mandate

Please note CAPS results will be made available in the fall on the MUHC Intranet site.

Next Steps

An action plan will be developed outlining the implementation process and including the alignment of the CAPS recommendations with the Lachine Hospital Clinical Plan.

INVITATION

Townhall Meeting

We invite you to our next Lachine Townhall on Friday, October 5th, 2012, from noon to 1 p.m. in the A & B Room, during which we will update you further and take questions on Lachine's Redevelopment Project.

