



TRANSFORMATION, INNOVATION AND EXCELLENCE ON THREE SITES

March 2013



Cancer Centre



Main galleria, Glen site

Interior Design at the Glen: where beauty meets function

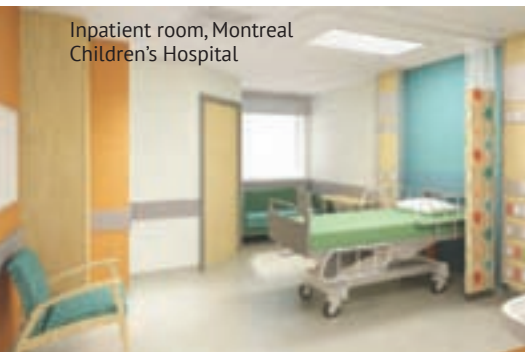
Even hospitals can be beautiful places. Gone are the mustard yellows and dreary greens. Hospital design today favours natural light, soothing colours and comfortable, private spaces.

The New McGill University Health Centre's (MUHC) Glen site is an example of these updated design principles. "The objectives of the interior design plan are to create spaces that favour efficiency and facilitate the work of our healthcare professionals, while also producing an environment that encourages healing and makes our patients feel welcome and comfortable," says Imma Franco, associate director, Programs and Services Planning.

From floors and paint colours to headwalls and privacy curtains, each pavilion will have its own identity and expression. "We have a diverse clientele. The Montreal Children's Hospital, for instance, looks different from the Royal Victoria Hospital, where we are creating a design tailored to adults," explains Ms. Franco.

"A beautiful environment helps in the healing process of our patients. The design at the Glen site, thanks to our team of interior designers and planners and input from our clinical advisors and users, will reflect our community and our primary mission of providing excellent health care," she says.

Note: All renderings are works in progress and do not represent final designs.



Inpatient room, Montreal Children's Hospital



Hallway, Research Institute of the MUHC

AN ELDER-FRIENDLY DESIGN

The Glen site is an elder-friendly hospital. To ensure the safest of environments for this segment of our clientele, our interior design team followed a set of guidelines and incorporated specific design elements that will make a visit to the hospital safe.

THE GLEN IS UNIVERSALLY ACCESSIBLE.

- Grab bars will be installed across the site in patient washrooms and rails will be installed in hallways and other public spaces (at different heights) for people with limited mobility. In addition, seating will be provided throughout the public areas to allow older patients and visitors to rest at frequent intervals.
- There are no thresholds or steps at entryways and into patient washrooms and showers so as to avoid tripping and falling.
- Floors in showers and bathtubs are anti-slip.
- All patient rooms have adjustable lighting (dimmers) and nightlights will be installed near bathrooms.
- Full-spectrum lighting will be installed in all patient rooms to avoid glare.
- Lights will be positioned over wayfinding signs to make getting around the Glen easier.
- Automatic door opening for main entrances, hallways and doorways.
- Contrasting paint colours clearly define: doorways, baseboards and floor boards.

For more information on how all of our sites are elder-friendly, please see the article on page 3.

IN THIS EDITION

- Learn more about plans for a new ED at the Lachine Hospital on page 2
- For a fascinating glimpse into the MUHC's storied past, turn to page 6

Working together to build a new Emergency Department at the Lachine Hospital

People are incredibly adaptable creatures. We demonstrate this trait time and again. Whether we're outside in nature or at work—our creativity is always flowing.

This is especially true in hospitals where medical staff often has to get creative in tight spaces. At the Lachine Hospital, teams are looking forward to adapting to a new and improved layout. "We're going to modernize the Emergency Department (ED) and increase functionality," says Malika Cheloufi, Planner, Organizational and Physical Programming, MUHC.

With this in mind, ED staff members, with the help of planners, reviewed current best practices and identified critical flows (patient circulation) in their department, they then agreed upon the types of spaces and adjacencies required to maximize functionality. "We highlighted the following issues: the need for separate traffic flows for patients arriving on foot and patients arriving by ambulance; the necessity of providing tailored spaces to accommodate bariatric and dialysis patients; increased confidentiality; and better infection control," explains Ms. Cheloufi.

The discussions resulted in a functional technical



Dr. Sairam, Cristian Machuca and Manon Latendresse discuss a case in the ER.

program for a new ED that will streamline patient movement and the delivery of care. "Patients will have a clear circuit to follow. This ensures that medical staff knows where patients are, patients know where to go and care can be delivered efficiently," says Malika Cheloufi. Other changes include the building of closed stretcher bays, which allow for better infection control and increased confidentiality.

Our medical professionals will also be able to take advantage of a new pneumatic tube system and a UNIDOSE medication

distribution system. "With pneumatic tubes, staff in the ED will be able to get samples directly to the labs quickly, while the UNIDOSE machine gives them immediate access to medication—they will have what they need at their fingertips," says Ms. Cheloufi.

"The user group overseeing the ED project is excited; they put their hearts into this exercise. They are an exceptionally dedicated and collaborative group and it's thanks to their efforts that this project will be a success," says Ms. Cheloufi.

OTHER FACTS ABOUT THE ED PROJECT

- The new ED will be bigger and new spaces where families and loved ones can wait or speak to our medical staff will be created.
- The ED at Lachine is a first response centre for the Trudeau airport.
- The new ED will allow for more flexibility. This will ensure that we can better plan for unexpected urgent situations such as a pandemic.
- The new ED will be designed as an elder-friendly space.



Construction crews are working through the bitterly cold days of winter to continue work on the MRI suite at Lachine.

← Workers remove balconies to make room for the new floor.

Workers install the framework for what will be the roof of the new MRI suite. →



Maximizing health for our ageing population

MUHC TRANSITIONS TO ELDERLY FRIENDLY CARE AS WE HEAD TO THE GLEN

At the McGill University Health Centre (MUHC), over 45 per cent of patients were 65 years old and over last year. This number will only continue to climb.

The growth in our ageing population can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt to maximize the health of older people. At the MUHC we are doing our part by ensuring we get it right as we transition to the Glen site in 2015.

“In Quebec, the Ministry of Health developed a program called the *Approche adaptée à la personne âgée (AAPA)*. All hospitals in the province are being asked to implement the guidelines of this project,” says Rita Crisante, management advisor of the Development of the MUHC Elderly Friendly Project.

The four dimensions of AAPA include:

- clinical (revising care processes to decrease the risks of delirium and functional decline during hospitalization of older patients)
- physical environment (design strategies of care space to promote autonomy)
- social behaviour climate (reducing ageism towards the

elderly)

- adapting policies and procedures to facilitate continuity of care.

“Some of our front-line staff will have access to 20 hours of e-training relating to the guidelines,” says Ms. Crisante. “I think there are many things to be learned. For example, The Canadian Malnutrition Task Force identified that a large number of older patients arrive at hospitals malnourished. We need to create awareness around this and readjust our clinical practices, as well as ensure that the physical design provides the appropriate environment. The developmental needs of the older patient requires a paradigm shift similar to what has been done for the pediatric population.”

In February, a pilot project will start on Ross 5 at the Royal Victoria Hospital (RVH), where the AAPA guidelines will be implemented. In March, the same will be done on 6 and 10 Medical at the Royal Vic and in the Emergency Departments of the RVH, Montreal General and Lachine hospitals.

Besides the training, a GAP analysis (looking at the gap between current practices and evidence-based practices

provided by the Ministry) will be performed.

In all units, physical design will also be considered, such as making sure corridors are clear and carts are on one side, among other changes. At the Glen, the physical surroundings will be adapted from the start.

The social climate will come with time and sensitization. Ms. Crisante is currently working with Human Resources to make part of this awareness a module of orientation for new staff. And policies and procedures will contribute to the final implementation. It is expected that the MUHC will be fully Elderly Friendly Care recognized before the move to the Glen.

“Besides reducing length of stay, reducing the number of patients requiring rehabilitation or long-term care and increasing survival rates, these adaptations will contribute to overall safety and quality of care,” says Ms. Crisante. “And as we all would want for our ageing family members—overall improved quality of life.”

Clémence Piché,
nurse at the
Lachine Hospital,
speaks with a
patient.



MODERNIZING THE MGH

EXPANSION OF THE WEST COURTYARD AND MORE PARKING SPOTS STILL ON THE AGENDA

The modernization of the Montreal General Hospital (MGH) is making further inroads this winter. We are resuming the zoning change process to continue our expansion project for the West Courtyard and create additional parking on Cedar Avenue. Thanks to the four-storey complex that will be built between Wings A, C and D, our West Courtyard will become a cutting-edge trauma centre. The Emergency Department, which will be three times its current size, will be adjacent to operating and sterilization rooms for greater efficiency when each second counts. In terms of parking, the semi-underground parking lot behind the existing garage will add an additional 230 spaces.

Care units will also undergo renovations on a gradual basis. Already, work for the 13th and 15th floors is in the planning stage. “We will need support from all internal teams to keep our hospital operational as we deploy these construction and modernization projects,” says Aldona Tusas, associate director, Organizational and Physical Programming.

It goes without saying that the modernization of the MGH is essential to our mission to carry out comprehensive clinical, research and teaching activities. Our planning teams are working hard to create a project that meets both government benchmarks and the MUHC’s goals of excellence.



Rendering of West Courtyard project, MGH



HEALTH QUARTER

CONSULTATIONS ON THE FUTURE OF THE GLEN SITE NEIGHBOURHOOD

This winter, the *Office de consultation publique de Montréal* (OCPM) is looking to get the public’s opinion on the future of the neighbourhood surrounding the Glen site. After two months of discussion by the working committee, the OCPM is holding public consultations in February and March to engage everyone in an open dialogue on possible development in this sector.

The MUHC is actively participating in the full process to position the Health Quarter as a key element in the revitalization of De Maisonneuve Boulevard and as a complement to our activities at the Glen site. Once the OCPM commissioners have issued their recommendations, the City of Montreal will develop a Special Planning Program (SPP) as a framework for urban development in the neighbourhood.

Update on the second metro entrance at Vendôme station

The MUHC is working closely with its partners, the STM and AMT to plan a second metro entrance at the Vendôme station. This would allow for a second link between the metro station and the Glen site to be created. The most optimal choice—a second entrance built into the 5100 DeMaisonneuve building—is currently the subject of a feasibility study; we plan on sending our results to the government to obtain the necessary financing this spring, once the feasibility study is complete.



Rendering of second entrance at Vendôme metro station

Glen site construction update

As MUHC teams get ready to welcome their first Glen site patients in summer of 2015, construction at the site is progressing quickly: walls are up, windows are in and we are quickly nearing completion. There are approximately 1,700 workers and 400 professionals currently working at the Glen site. Here's what they've been up to:

- The curtain wall of the Galleria, made of coloured glass, is almost finished and the installation of the metal covering that will cover the whole building is slated to begin in February.
- The concrete structure of the multi-level employee parking lot on the south side of the site is finished. Formwork and concreting for the underground visitor parking lot will continue for another few weeks. Both lots will be finished by this fall.
- Inside the hospital, teams are working on installing mechanical, electrical and plumbing systems, as well as completing drywall and masonry work. Painting has already begun in several areas, while in others workers are closing ceilings and laying floor finishes.



View of the Research Institute and Cancer Centre



Inside at the Glen, crews are already painting.



View of Blocks B (Montreal Children's Hospital) C and D (Royal Victoria Hospital and Montreal Chest Institute)

A voyage of discovery

TELLING THE MUHC'S STORY THROUGH ITS ART AND HISTORICAL ARTIFACTS

With the move to the Glen fast approaching, Karine Raynor, the associate director and curator of the Heritage Centre of the MUHC, has a big job on her hands—sorting through literally thousands of art works, photographs and historical artifacts scattered throughout the MUHC hospitals.

Ms. Raynor began work on this project to collect and catalogue the historical artifacts of the MUHC in 2007, and it was soon after this that she discovered an “Aladdin’s Cave” of treasures in the attic of the Royal Victoria Hospital (RVH). “It felt like entering a time capsule,” Ms. Raynor says. “There were so many artifacts you could hardly move. For decades, they had literally been accumulating there for safe keeping.”

Fast forward five years and about 1,600 artifacts have been inventoried, packaged and are ready for the move to the Glen. “We estimated that this number was about 30 per cent of the entire collection,” says Ms. Raynor. Then The Montreal Children’s Hospital called to say they had as many as 15,000 photographs that document more than a century of hospital history. “The collection is constantly growing because of involvement like this from the MUHC community,” says Ms. Raynor, who singles-out Friends of the MUHC particularly for their support. “They come in twice each week to help catalog artifacts. We simply couldn’t do this without their support.”

The more objects that are added to the collection, the better Ms. Raynor is able to tell the story of the MUHC and the great people that have been part of the organization through the years. “It’s a great opportunity, and a very rare one, to build a collection from the ground up,” she says. “These artifacts will make fascinating viewing when they go on public display at the Glen.”

So, were there any great surprises? Ms. Raynor responds without a moment’s hesitation: “Lister’s antiseptic spray was a huge find,” she says. That sentiment is shared by Dr. Jonathan Meakins – a retired McGill professor, former surgeon-in-chief of the RVH, and the enthusiastic director of the Heritage Centre who works alongside Ms. Raynor to document and describe the historical medical equipment.

“Lister’s antiseptic spray was developed by the British surgeon Lord Joseph Lister,

and was introduced in Canada in 1877 by Dr. Thomas Roddick, who was the Dean of Medicine at McGill,” says Dr. Meakins. “It revolutionized surgery in Canada, reducing post-operative infection rates from 45 to 15 per cent.”

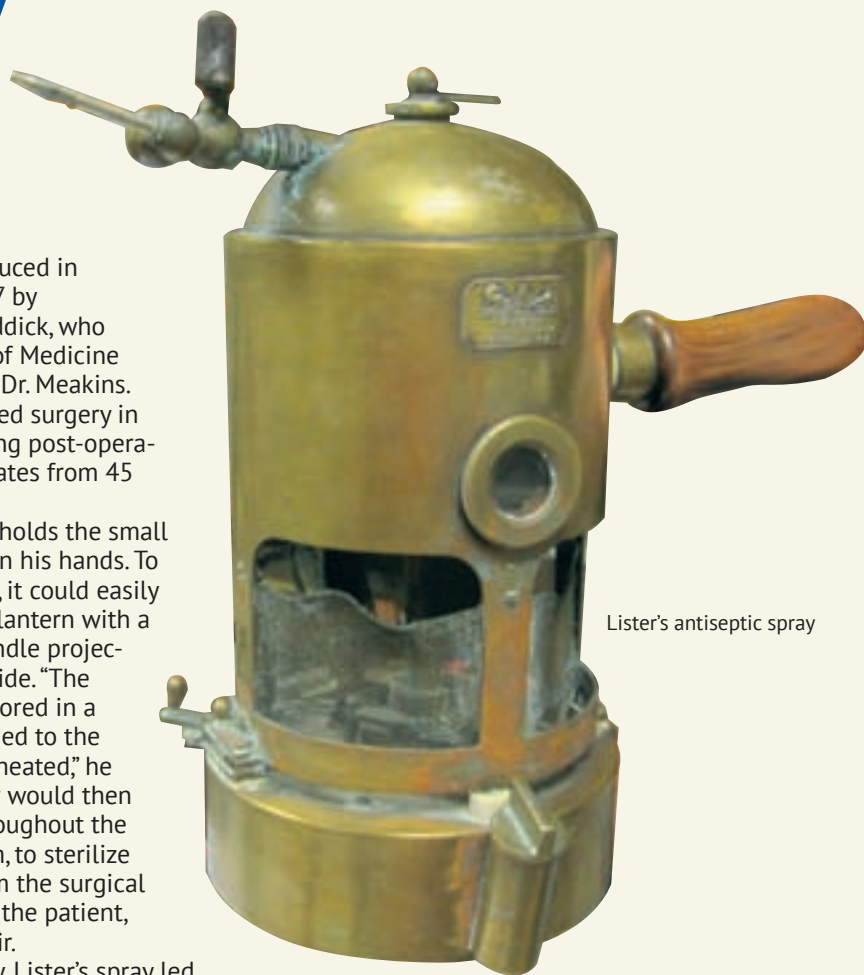
Dr. Meakins holds the small brass canister in his hands. To the uninitiated, it could easily pass as an old lantern with a large wood handle projecting from the side. “The carbolic acid stored in a glass jar attached to the side would be heated,” he says. The vapor would then be sprayed throughout the operating room, to sterilize everything from the surgical instruments to the patient, and even the air.

Interestingly, Lister’s spray led to another infection-reducing practice that is a medical standard today – the use of rubber gloves. “The carbolic acid from the spray would cause the surgeons and nurses hands to become red and inflamed,” says Dr. Meakins. “This forced them to start wearing rubber gloves, which turned-out to further reduce post-operative infections.”

A wealth of fascinating historical medical equipment has been discovered at the MUHC, but according to Dr. Meakins one other discovery is particularly remarkable for its peculiarity. Dr. Meakins opens an old black case containing an assortment of delicate glass tubes, some resembling combs, others resembling funnels and bulbs.

“This object is called a ‘Renulife Violet Ray Generator,’ he says. “But really it heals nothing at all. It’s basically ‘snake oil’ and was probably used by ‘quacks’ in corner-shop pharmacies.” The device emits violet rays, which were said to cure everything from dandruff, to piles, to sore joints and headaches. The manufacturers even claimed it could cure ‘female complaints’, although they failed to clearly define the term.

“It’s these unique and exceptional pieces that really complete a collection



Lister's antiseptic spray

like this,” says Ms. Raynor. “They don’t have great monetary value, but their value to the institution and the history of medicine in Montreal is priceless.”



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