



OCTOBER 2000

# THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION

## Welcome

On behalf of the MUHC Foundation, I am pleased to offer you this monthly newsletter as a means of staying informed and participating in the process that will yield the finest university health centre in the country. Your queries and article suggestions are most welcome.

This first issue provides a quick overview of how we have arrived at this point in the project and where the planning process is heading in the short term. As it becomes available, more topical information regarding every sector affected by the project will be included in future issues of *The Glen News*.

Sami Antaki  
Editor

## Task Forces Build on Consultation

Since 1992, every decision made to advance the MUHC and the Glen Project has been arrived at through systematic consultation with experts and internal and external stakeholders. As a result, one of the most complex planning exercises ever undertaken in Quebec is on schedule.

This past summer and through early fall, the planning process took a huge leap forward with the hiring of the Hamilton HMC Team to provide assistance in making the strategic choices necessary to implement the MUHC's vision and help carry out master and functional programming. Nine task forces were created and were coordinated by the Planning Advisory Council. The task forces, including one dedicated exclusively to research and another to teaching, are made up of 120 staff, patient representatives for adult and children, clinical leadership from all health professions, consultants and planners.

The input being gathered by these task forces is the most critical to date and attendance has been excellent. Some participants re-organized their vacations to ensure they could be there, and one person even "attended" and contributed for three hours by phone from Vancouver.

The task forces are examining the following issues and will, for the most part, make their recommendations to the Central Administrative Planning Committee on October 4. The task force examining research will report in November; the ninth task force, examining the project's infrastructure is being scheduled.

- ⌘ Clinical Organization
- ⌘ Patient Care Environment
- ⌘ Decentralization, Centralization and Sharing of Services
- ⌘ Clinical Partnerships and Referral Relationships
- ⌘ Technology to Support Patient Care and Information Technology
- ⌘ Education
- ⌘ Research
- ⌘ Logistics, Development and Parking

(see *Next Steps* on page 2)

### GLEN PROJECT TIMELINE



1992

Quebec provides \$250,000 for pre-feasibility study.

1995

MUHC Planning Office established.

1997

Hundreds participate in developing and proposing a new vision for patient care in the 21st century, and issue two detailed reports. Study undertaken on the reuse options for existing buildings.

1999

Quebec gives green light to proceed with master and functional programming, and reserves Glen site for MUHC.



1994

Study recommends new construction as best use of public money. Quebec provides another \$6 million for detailed feasibility studies. Five MUHC partners sign commitment to merge.

1996

Panel of community volunteers begins to evaluate potential sites.

1998

Four institutions officially merge to form MUHC. Report to government recommends Glen site as most appropriate for access, size, topography, low pollution and noise.



## IN THEIR OWN WORDS



After seven years of extensive consultation, planning and reorganization, the

MUHC is turning the corner on one of the most important projects in this city in the last 30 years: the creation of a modern university health centre and research institute on the Glen site.

Without a doubt this project will be of significant benefit to patients, health-care workers, researchers and educators affiliated with the MUHC. Its advantages will also be felt throughout Montreal's health-care network and the country's medical research sector.

Planning for the Glen project is ongoing. However, it is critical that action be taken now to ensure the move is a reality by 2005.

Everyone who has been involved in our hospitals as a patient, staff member or volunteer will be called upon to join the teams of health professionals, designers, architects, planners and administrators to make sure that the Glen begins to take shape as a real construction project of international standing and local importance.



Alex Paterson is the Chair of the MUHC Foundation

## Five benefits unique to the new hospital

**Modern ventilation systems:** Controlling the source and quality of air in each hospital room is vital to promoting health and healing, especially to immuno-compromised patients. The new hospital will offer floor-to-ceiling heights that can accommodate these ventilation systems, something the current facilities cannot do.

**Higher ratio of single-bed rooms:** The new hospital will have more single-bed rooms than we currently have, meaning faster recovery times, more privacy, and fewer patient transfers as new portable technologies allow treatment in the patient's room. All of these translate into operational savings.

**Better infection control:** Improved ventilation and single-bed rooms reduce patient exposure to infection. Traffic in the new hospital will be separated, meaning that guests, food, supplies, and garbage will be kept away from patient circulation.

**Improved adjacencies between services:** Preplanning allows designers and medical experts to collaborate on the efficient placement of related services, reducing the time, cost, and risk of frequent patient transfers. Our current hospitals evolved over time in a patchwork of services that, in some cases, slows down critical treatments.

**Modern in-patient units:** Current facilities are hindered by virtually no visibility of patients from the nurses' stations, and their structures are such that modern patient care units are not achievable. The new hospital will be designed so that it offers excellent sight-lines and decentralized support services, resulting in nurses being able to treat patients more efficiently and patients not feeling isolated or forgotten.

## The Next Steps *(continued from page 1)*

### Planning

- ⌘ The CAPC will present the task force recommendations to the Glen Project Steering Committee in late October.
- ⌘ On October 31, master programming will begin using the task force recommendations as guidance to generate a high-level description of what the health centre will look like, including number of beds and operating rooms, rough square footage and costs.
- ⌘ Detailed functional programming will begin in January 2001 and will bring together 70 groups and nearly 800 participants to fill in the details: precise space allocations for each room, fittings, equipment and technical requirements.

### Consultation and Community Outreach

- ⌘ A site preparation committee has been struck and brings together representatives from the MUHC and the cities of Montreal and Westmount.
- ⌘ A community liaison officer has been hired to promote the project to citizens and members of the health-care network.
- ⌘ An MUHC speakers' bureau is being created and contact has been made with over 200 community organizations to begin scheduling information meetings.
- ⌘ On-site briefing sessions are being prepared to provide the general internal community with up-to-date information.

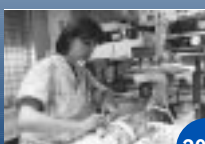
## GLEN PROJECT TIMELINE

2000

Master Programming for the Glen begins.

2002

Groundbreaking and construction commence.



2001

Functional Programming begins. Architect selected and design begins in parallel with Master/Functional Programming.

2005

As facilities completed, commissioning and moving in begin. Montrealers welcome North America's newest and best health care facility.

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