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THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION



IN THEIR OWN WORDS

“ With the Glen project, we have a golden opportunity to build an environment that’s patient-, family- and nurse-friendly. And for the first time, nurses will really influence how that environment looks, feels and works. This is why we’ve been asked to serve on the Task Forces, to work on Master Programming and Functional Programming.

You see, unlike doctors and other professionals, nurses are with patients around the clock — and this gives us some pretty unique insights. I’ll give you just one example. Pediatric nurses are constantly rushing down long corridors to check up on kids, who may be too young or too sick to call for help. (Sometimes I think nurses should be issued roller blades!) But with a more modular environment, like the one we’re planning, we’ll be able to keep an eye on several rooms at once, be in constant contact with our patients, react to many situations more quickly, and generally increase our interaction with those we are committed to healing.



*Diane Borisov,
Associate Director of
Nursing for Child and
Adolescent Services,
Montreal Children’s
Hospital
Co-chair, Task Force on
Clinical Organization*

Snapshot of a World-class Research Institute

Despite having approximately 1,300 employees scattered across four overcrowded and under-equipped sites, the MUHC Research Institute has earned an international profile for its ability to closely link excellence in research to clinical programs. This ensures that work in the lab quickly translates into better ways to fight disease and alleviate suffering.

- ⌘ Over the past 10 years, the McGill University Health Centre’s Research Institute has garnered nearly 1,000 research grants from national and international bodies.
- ⌘ According to the latest figures (1989-99), the Institute attracted some \$68 million annually from federal and provincial programs, from the National Institutes of Health and the Howard Hughes Institute in the US, and from disease-oriented foundations such as the Arthritis Society, Heart & Stroke Foundation, Canadian Cancer Society, Alzheimer’s Foundation and many others.
- ⌘ In 1998, the Institute’s researchers published more than 1,500 articles in international scientific journals.
- ⌘ During last spring’s competition for funding from the Canada Foundation for Innovation, Institute scientists played a prominent role in the success of McGill University, which captured the lion’s share of funds: 17% of the Canadian total and 66% of funds directed to Quebec.
- ⌘ The Institute employs many of the most renowned scientific minds in Canada and around the world. They include some 325 researchers with peer-reviewed funding and 460 clinicians who collaborate on numerous research projects. Of these, 259 hold Ph.D. degrees (1998-99).



Snapshot of the future at the Glen

According to Dr. Rima Rozen, Deputy Chief of Research for the MUHC Research Institute, when the Institute is brought together under one roof, it will generate enormous intellectual synergies. “As you can imagine,” Dr. Rozen says, “when we consolidate hundreds of researchers at one location, it will be easier to have routine discussions, conferences, clinical rounds, colloquia and other formal and informal encounters. All this will enhance the research effort.”

(see **Research** on page 3)

The Price of Excellence



ALEX PATERSON

Six hundred million dollars; \$850 million; \$1 billion; the figures being bandied about for the cost of the Glen Project are confusing to say the least. Some, such as the \$600 million figure referred to in certain newspapers are fictitious; others require clarification to be fully understood.

As someone who has been involved with the project since 1993, I can state that the original estimate for building the new, single-site MUHC is still being respected and the \$200 million needed from the private sector remains an important part of the funding equation.

The Steering Committee I chaired in 1993 concluded that it would cost \$1.03 billion to complete a project that would bring together the hospitals and respective research institutes that would make up the MUHC. The new hospital would house 1,128 beds and would cost \$820 million to build. The balance of the costs would be attributed to planning, consulting, architecture and project management. Never did I see the figure of \$600 million.

Here we are, seven years and several pre-planning incarnations of the hospital later and our overall cost in current dollars is \$1.2 billion; not very far off the original estimate.

What has changed?

First, the scope of the MUHC Research Institute within the project has increased given its growing importance.

Second, the number of beds, having been estimated as low as 680—based on a wave of expertise throughout North America and elsewhere that claimed that the advent of ambulatory care would reduce substantially our need for beds—is now back up to 900 on the strength of our own consultations and internal recommendations.

What has not changed is the MUHC's commitment to

bringing to Montreal a superior quality university health-care institution. A single site where the best doctors, nurses, health-care professionals, technicians and researchers can cost-effectively and efficiently deliver superior care to all citizens.

This project has always been focused on improving the treatment of patients and the delivery of care to them. Throughout the planning process, through the design phase and well after the new centre's opening, this commitment to improved patient care has and will be monitored to ensure the desired result.

Before the Foundation's campaign begins, the MUHC, with its consultants, will have to fix an upper limit for the cost of the project, including an amount for contingencies. The project will then have to be brought to completion within that budget "come hell or high water."

So, let the job of estimating the cost be finalised, and then let us go forward to raise funds from the governments and the private sector for a health-care centre providing teaching, research and excellent health care for sick people.

As Montrealers, we have never settled for second best and we certainly don't wish to be relegated there for lack of action. Why would we when we are laying the cornerstone for health-care excellence for our children and grandchildren?

Starting with this issue, you can read the reasons why we have to move forward with this project as expressed by MUHC staff from across the sites and from within every discipline. Ours is a shared vision that must be communicated by everyone who believes that making a difference in the future begins with action today.

ALEX K. PATERSON
Chairman, MUHC Foundation

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.

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.



Snapshot of a World-class Research Institute *(continued from page 1)*

Rozen and her colleagues on the MUHC Task Force on Research have been examining the many advantages of a single research site:

SERVICES: “It’s a major issue,” says Dr. Rozen who looks forward to centralized core services, such as cell culturing and imaging rather than duplicating them at several sites. This will ensure state-of-the-art services and lower operating costs.

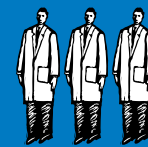
TECHNICIANS: Lab technicians who operate these core services will become more adept, since they will work with superior equipment at one location. These dedicated experts will also be able to pass on their skills to the next generation.

COLLABORATION: It’s the very lifeblood of modern scientific inquiry, yet it is difficult to fully collaborate when colleagues work at various sites.

CRITICAL MASS: “Once you combine all the research programs,” says Dr. Rozen, “this will be the largest institute of its kind in Canada. We’ll be better able to attract and retain even more of the world’s top researchers.”

PARTNERSHIPS: Industry will be more receptive to increased investment at the Institute, particularly for clinical trials. This type of research typically involves large numbers of patients, who will be conveniently located on-site.

EDUCATION: According to Rozen, education is one of the Institute’s major mandates. Closer collaboration at the Glen will enable better training for tomorrow’s investigators, ensuring that they stay and work at the MUHC Research Institute, carrying on Montreal’s world-class research tradition.



CRAMPED CONDITIONS

The MUHC Research Institute’s world-class scientists must work in labs that occupy approximately 246,000 sq. ft. on several sites. This works out to considerably less than 1,000 sq. ft. per investigator. By contrast, the top five research institutes in the US plan for 1,500 sq. ft. per investigator. Once the Institute is housed in its own building at the Glen, overcrowding will be eliminated.

Room to Grow

Space or the lack of it is of vital concern in any hospital. The amount and configuration of a given floorplate determines what services can be offered to patients, researchers, students, and medical staff alike. The new health centre will be designed with our current constraints in mind and also with the anticipation of future advances in technology. This foresight gives us all many advantages:

ADAPTABILITY Constant advances in technology dictate hospital spaces that are malleable. Many weight-bearing walls in our current hospitals can’t be moved, no matter how much money is spent on renovations. This is a problem in the narrow wings in some of our hospitals because they can’t be expanded enough to house changing technologies. The new hospital will be built with construction materials and techniques that make it

relatively easy to move walls and create large bays of space as needed.

NEW TECHNOLOGY Special environments are often needed for new technology, such as shielding for heavy new imaging technologies or cooling for some equipment such as nuclear-driven cancer-fighting technology. It is impossible in many cases to fit this equipment into our current hospital operating rooms, located in narrow wings with low ceilings.

BETTER SPACES FOR TEACHING AND RESEARCH

Medical training is moving away from lectures in large auditoriums and towards more hands-on techniques, such as treatments in an ambulatory setting. Our current hospitals don’t have spaces designed for ambulatory care. Instead what spaces are

*(see **Room to Grow** on page 4)*



2000

Master Programming for the Glen begins.

2002

Groundbreaking and construction commence.

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

1999



2001

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

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

2005

Did You Know?

- ❁ Unlike Quebec, other Canadian provinces are more flexible in allowing university hospitals to have a depreciation allowance in their budgets.
- ❁ The last teaching hospital built in this province was in Sherbrooke during the early 60s (nor is it a full teaching institution, like the MUHC).
- ❁ No new hospital has been built in Montreal since 1956, when the Montreal Children's Hospital was constructed.
- ❁ All Montreal hospitals were designed before the modern antibiotic era — and well before the new strains of antibiotic-resistant bacteria. Unlike modern hospitals elsewhere in North America, multi-use corridors and inadequate or non-existent ventilation make it difficult to control infections.
- ❁ Nuclear medicine, an invaluable cancer-fighting technology, is difficult to accommodate due to the space its cooling system requires.

Room to Grow

(continued from page 3)

currently being used have been cannibalized from other uses, resulting in cramped conditions for patients, students, and medical staff. The new hospital will offer increased and adaptable space for teaching and research, including more small intimate spaces throughout the hospital, putting students in closer proximity with actual health-care delivery while respecting the privacy of patients.

LESS INSTITUTIONAL ENVIRONMENT

Privacy, human contact, light, sound, natural views, colour, and control over room temperature and meal times are all environmental elements that affect a patient's recovery outcome. The new hospital will offer more single-bed rooms with better sight-lines to nurses' stations as well as modern wiring in individual rooms that aren't possible in today's hospital structures.

Asked & Answered

Dear Sir...I worked for several years as a volunteer at the Royal Victoria Hospital, and later was on staff of the Montreal General as a clinical dietician. In both hospitals, one thing that distressed me was seeing the elderly or infirm, who could not afford a taxi, struggle to make their way from the nearest bus stop to the entrance of the hospitals...

I hope the new proposed MUHC will consider this, when designing the new centre, and will install enough escalators, moving sidewalks or elevators to make the facilities easily available to all.

Good luck in your endeavors,
Margaret Wilson

Dear Ms. Wilson,

Your concerns about accessibility are valid ones. Not everyone has an easy time getting to and from the hospital; many patients have unique mobility challenges. These concerns were front and center when the Glen site was chosen for the new hospital.

Its close proximity to the Ville Marie Autoroute and the Decarie Expressway, both major arteries for traffic, means that patients can reach the hospital quickly, whether for a regular visit or an emergency. Decarie Boulevard will likely be opened up to allow us even greater access to the hospital site.

Many people use public transportation to get around instead of cars. The Glen site is a winner here also. Vendôme Metro station, on the city's orange line, is directly adjacent to the site. It is two short stops from Lionel Groulx station, cross point for the orange and green lines. Vendôme also serves as a downtown station for the commuter train on the Montréal/Dorion-Rigaud route. Several buses pass through the Vendôme stop, including the 17 Décarie, the 37 Jolicoeur, the 90 Saint-Jacques, the 102 Somerled, the 104 Cavendish, the 105 Sherbrooke, and the 124 Victoria. Night services include the 356 Sainte-Anne-de-Bellevue and the 371 Décarie.

Getting from one place to another within the hospital itself is also a primary area of concern. Naturally, the needs of elderly and handicapped patients require more specialized services. The MUHC Planning Office and its consulting teams have created several task forces (*Glen News*, October 2000) to research, among other things, logistics and the patient care environment. They are determining the best ways to meet all of our needs, whether they involve moving sidewalks, escalators, and/or more elevators. The simple fact that the hospital will offer many services on the same site will already cut down on the accessibility problems some people experience.

We appreciate and encourage reader feedback on the Glen News and aim to find answers to all of your questions and concerns.

The Glen News is published by the MUHC Foundation, 2155 Guy St., Suite 900, Montreal, Quebec H3H 2R9. For information, please contact the editor, Sami Antaki at (514) 931-5656; fax: (514) 931-5696; e-mail: foundation@muhc.mcgill.ca. www.muhcfoundation.com
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