



IN THEIR OWN WORDS



Here are three more reasons to support the MUHC's Glen project – teaching, our town and technology.

From a teaching perspective, it is our responsibility to instruct the next generation of doctors. This new site will allow us to shape that vision by delivering the newest paradigm of medical service, outfitted with cutting-edge technology.

Civic pride is another consideration. It will certainly put Montreal on the map to have a facility which provides the very best and the most vibrant medical care available.

The better part of the last decade has seen a body blow to the manpower and services that hospitals provide. But we are finally looking at creating a new building that is modern, patient-focused, good for the public and medical professionals alike; something that will not have to be modified for fifty years. How could that be bad?



*Dr. Michael Churchill-Smith,
Senior Physician,
Department of
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THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION

Examining Ambulatory Care

In any discussion about health care, the delivery of ambulatory services — which the government calls “virage ambulatoire” — is at the forefront. Ambulatory care involves anything done on an outpatient basis that does not require an overnight stay in a hospital, including day surgery, diagnostics, outpatient clinics, orthopedic treatments and post-surgery followups.

⌘ MUHC task forces have estimated that the new Glen facility will expect between 925,000 to 1,133,000 ambulatory care visits a year (excluding emergency visits). This figure compares with the MUHC 1998-1999 numbers of 656,811.

⌘ Groups examining the projected use of technology for outpatients (e.g. ultrasound machines, MRIs, CT Scanners, and Radiation Therapies) show that in the year 2005, the MUHC will be handling 168,928 x-rays a year, 16 hours per day, 250 days per year.

⌘ Five years ago Oncology clinics at the Royal Victoria Hospital saw approximately 25 chemotherapy treatments a day. Today there are close to 45 a day.



These numbers and many others tell us that ambulatory care is a big part of the way we deliver and receive medical care and it's getting bigger. This fact has meant that ambulatory care has been investigated from many angles in the preliminary stages of planning for the Glen facility. It is an integral concern of many task forces and it will continue to receive increased attention throughout the planning process.

When the task force studying the Environment suggests ambulatory care space be developed with more patient exam rooms, planners realize that people coming in for an outpatient intervention want privacy, confidentiality and a place to discuss their care with doctors. They do not want to wait in crowded waiting rooms, perhaps half-dressed, while they travel from one clinic to another.

When the Organization task force suggests that ambulatory facilities be separated from inpatients in order to improve patient experience, flow and efficiency, planners understand that a day patient's needs are not the same as those of someone

(see *Ambulatory Care* on page 4)

Second Round of Meetings for Reuse Commission

Phase two of the public consultations on potential reuses of the existing MUHC buildings will be held on January 15 and 16. Roy Heenan, chair of the independent commission, together with commissioners Michel Yergeau and Senator Joan Fraser will listen to the public's suggestions in the Atrium of Samuel Bronfman House of Concordia University at 1590 Dr. Penfield from 7:00 p.m. to 10:00 p.m.

All ideas related to new vocations for the existing hospital buildings are welcome and should be forwarded to the commission prior to January 12. Written suggestions may be dropped off or mailed to 1260 Crescent Street, Montreal Quebec H3J 2A9. Faxes should be sent to (514) 381-0082. For more information please call (514) 876-4060.

One year and several steps closer to our goal



ALEX PATERSON

Welcome to the New Year!

We enter 2001 closer to a new hospital and with strong evidence that those who were skeptics or ambivalent toward the project a year ago are becoming convinced of the reality, necessity and advantages of the Glen Project.

The MUHC Planning Office Task Forces have reached the second phase of Master Programming, bringing together over 200 people from the hospital environment in ten groups to analyse every aspect of the health centre from all perspectives. Their efforts over the next two months will bring us closer to determining just what the configuration of the new centre will be.

More and more patients and internal staff, through the Task Forces and on their own, have visited and are becoming aware of what is available in recently built health centres in the rest of Canada and the United States. To see the new facilities is to want what is now available. And we do.

Our Foundation has had several on-site visits showing a virtual tour video and maquette of a single possibility of what the site might look like in a general sense. The reaction to the presentations has naturally been a lot of questions, many of which we can answer immediately; some of which are being looked into. In every case, once the dialogue has begun, the vast majority of attendees are enthusiastically supportive of the project and anxious to have it done.

The message from these visits can be summarized in the words of some nurses at the Vic, "Let's get on with it!".

Most encouraging have been two substantial unsolicited gifts to the Foundation by donors, who over a lifetime have supported the McGill teaching hospitals. Despite the negativism of some, regularly reported in the press, these forward-looking donors have taken a leap of faith because they believe that the future can and should provide Montreal with the best and latest equipment, well designed facilities and all that modern health care implies. Their support is a tonic for all those working on the Glen Project.

My hope and intent is that the capital campaign will start in the coming year, and that early in 2002, half our goal will have been pledged. This can and will be achieved with the support of a lot of volunteers from within the MUHC and its extended community. The next step, however, is to communicate our enthusiasm and our vision as clearly and consistently as possible. That is a challenge we can all take up.

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.

Equipment: The Critical Mass Advantage

Sophisticated diagnostic and treatment equipment is a must in a modern hospital. Advances in non-invasive cancer treatment, for example, now rely heavily on complex diagnostic imaging technologies that can pinpoint cancerous cells to help avoid damaging healthy adjacent tissue during treatment.

This state-of-the-art technology requires that operating technicians receive specialized training. With five hospitals on five sites, the MUHC's resources are currently scattered across the city. One of the benefits of consolidating on one site is the sharing of these specialists' expertise.

Heather Dewar, Chief Technologist of Medical Imaging at the MUHC's Montreal Children's Hospital site, served on the Task Force that explored issues surrounding the centralization and decentralization of services. Even with resources consolidating on one site, groups with special needs will not lose their distinctiveness. Instead, they will benefit from this critical mass.

Dewar explains, "While there will be separate adult and pediatric imaging departments, they will be located adjacent to each other to facilitate the sharing of expertise. Also, most imaging

services for children are done during the day. This means that one possibility is that adult patients could have tests done using the children's imaging equipment during off-hours, making more efficient use of the equipment."



Ron Leduc, Chief Technologist of Medical Imaging at the Royal Victoria and Montreal Chest Institute sites of the MUHC reiterates the benefits of moving to a one-site facility. "Our two CT scanners get a lot of use; we operate seven days a week for 15 hours a day on week-

days, and about eight hours a day on weekends. This averages out to 30 to 45 patients per day, depending on the type of exams. However, the Montreal General site also runs scanners and patients may have to shuffle between the two hospitals. A one site plan would reduce this waste of time and energy."

Leduc continues, "One global problem that all imaging departments are experiencing is the huge demand for our services with a limited number of technologists. Many of them work in two or three of our sites on a part-time or occasional basis. A single site would enable us to pool these important resources to function more efficiently."

Glen Project Planning Progresses

The eight Planning Advisory Council (PAC) Task Forces that met over the summer and fall of this year have grown into ten Master Programming Groups (MPGs), whose work will be undertaken this winter.

The master program is the preliminary "operating manual" for the new facility on issues such as the scope of services offered, basic operating parameters, patient, staff and materials flow, and key configuration requirements including space allocation and adjacencies.

While assumptions and approaches could change before the new facility opens, the master program will provide the blueprint for the highly detailed functional programming, expected to begin later this year.

Each of the following MPGs brings together between 15 and 25 MUHC health-care professionals, patient representatives, planners, and consultants:

- ☼ **Inpatient Areas and Critical Care**
Co-Chairs: D. Borisov; D. Goltzman
- ☼ **Ambulatory Areas/ER/Faculty Office**
Co-Chairs: G. Lamarche; S. L. Tan
- ☼ **Invasive Services**
Co-Chairs: P.O'Connor; J. Meakins
- ☼ **Non-Invasive Services**
Co-Chairs: R. Brouillette; C. Doray
- ☼ **Clinical Support**
Co-Chairs: M. Marcil; P. Gervais
- ☼ **Logistics Systems & Support**
Co-Chairs: M. Kaplow; D. L'Abbé
- ☼ **Administrative/Core Educational Areas**
Co-Chairs: C. Dupont; J. Paris
- ☼ **Patient Access/IT/Telecommunications**
Co-Chairs: J. Huot; P. Legault
- ☼ **Non-Clinical Research/RIPC**
Chair: E. Skamene
- ☼ **Parking/Site/Public Spaces/Environment**
Co-Chairs: A. Tusas; L. Vadeboncoeur



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.

2005

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

Asked & Answered

There is no question in my mind of the merits of a super facility for better patient care. One has only to visit one of the big institutions in the U.S.A. to see what your articles are promoting. After a visit to the Baylor Medical Clinic in Houston, Texas I was impressed by the kind of attention a person can get in a super facility.

This is a huge medical and research conglomerate but one never has the feeling of being lost or ignored. On the contrary all the nurses, doctors and support staff were exceedingly kind. I attributed this to the fact that they are extremely happy in their work place. Not only happy but productive as well. The people working in this area number 57,000. There are 11 medical buildings all adjacent to one another. A hotel on site gives the patients easy access to all the offices.

There is no question that the plan for the McGill University Health Centre is not only sound but also imperative.

Sincerely,
Claire and David Molson

Dear Mr. and Mrs. Molson,
Thank you for your letter. The sentiments you express are being echoed throughout the MUHC's sites. More and more staff members and patients are discovering the types of facilities that currently operate in other cities across North America. They are seeing that because of modern-day design and well-conceived flow patterns, one can feel at home rather than intimidated in such a large, contemporary facility.

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

Internal Briefing Sessions Underway

Foundation representatives, together with members of the Planning Office, are visiting all the MUHC sites to provide information briefings on the Glen project. To date, 150 individuals from various internal groups have participated in the meetings, during which a computerized virtual tour of one possible configuration of the facility is presented.

The meetings, which provide a forum for posing questions and voicing concerns have been very positive. Overall, participants have expressed both their excitement over the possibilities the new hospital will offer and their relief in discovering that many of their concerns are already being addressed.

Completed and upcoming presentations:

❖ **November 15, 2000:**
Multidisciplinary Council, Montreal General Hospital site.

- ❖ **November 29, 2000:** Nurse Managers in OB/GYN, Royal Victoria Hospital site.
- ❖ **December 5, 2000:** Council of Physicians, Dentists, and Pharmacists, Montreal Children's Hospital site.
- ❖ **December 11, 2000:** Council of Physicians, Dentists, and Pharmacists, Montreal General Hospital site.
- ❖ **January 16, 2001:** Managers Meeting, Montreal Children's Hospital site.
- ❖ **January 17, 2001:** Council of Physicians, Dentists, and Pharmacists, Montreal Neurological Hospital and Institute site.
- ❖ **January 18, 2001:** Senior Administration, McGill University.
- ❖ **January 24, 2001:** General Meeting for all employees, Montreal Children's Hospital site.

Ambulatory Care

(continued from page 1)

staying in the hospital overnight. Ambulatory patients need a dedicated area where they can receive information about where to go, how to prepare for day surgery or treatment and what to expect at the end of the day and beyond. Suggestions for how best to meet these needs in the new facility include a welcome centre, a resource area, a changing room, lockers, and consultation rooms.

When the Logistics, Parking & Development task force talks about efficiency, planners realize that second to the medical care experience, accessible and easily identifiable parking is a major concern to ambulatory care patients.

Space. Good parking. More privacy. Teaching environment. These are the issues that surface repeatedly when planners and medical personnel are asked why they are eager to move the ambulatory services – indeed – all the services, to a one site facility.

The final word, however, should really come from a user. Douglas Burns, an ambulatory care recipient, articulates it this way: "I have lain on gurneys in drafty corridors after day surgery. I have spent many hours waiting in cramped and over-heated outpatient clinics. I hope and believe the new facility's physical layout and ambience will make the outpatient experience more comfortable and efficient for me as a patient and also for the staff. Both ways I win."

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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