



Centre universitaire de santé McGill
McGill University Health Centre



IN THEIR OWN WORDS

“ I build medical stock systems on the floors of the MUHC. One of the problems with renovations is that they never result in enough storage space; we still wind up with a bare minimum of space for basic supplies. Even that space ends up filled with other equipment. Nurses are always tripping over wheelchairs and I.V. poles that are crammed into the stockroom when they go looking for supplies. At the new hospital, I want to see space devoted to stockrooms for supplies only.

The new hospital will improve another aspect of our work: we started using a bar code system to facilitate inventory and ordering of our various supplies, but it isn't standard across the MUHC sites. At the Glen, this system would be already in place, with uniform codes across the site for the same supplies. We are always looking for ways to improve, and the new hospital will give us ample opportunity.



Howard Naud,
Group Leader,
Frontline Stocking
Project, General Stores
MUHC

THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION

Understanding Master Programming

Master Programming Groups (MPGs), the second stage of consultative planning of the Glen project, have examined the space and adjacency requirements of all the MUHC components for the new health-care facility. Their meetings ran from November 2000 through January 2001, with results expected this month.

- ⌘ Approximately 150 participants made up the initial Task Force (TF) planning stage that took place over the course of the summer to identify and discuss strategic and operational issues with facility-wide implications.
- ⌘ Almost 250 internal individuals were involved in the Master Programming (MP) process to target and iron out key operational issues as well as determine space and cost allocations.
- ⌘ Close to 600 people will be involved in the Functional Programming (FP) process scheduled to begin in late March and run through July. This stage of planning will create the final, detailed “blueprint” of the requirements of the new facility.
- ⌘ The MUHC Board of Directors is expected to approve the Master Program in March. For the next steps in the planning process, please see the article on Functional Programming.

“The work of the Master Programming Groups will take into account all factors driving space allocation in the new facility, starting with the flow of patients, staff and materials throughout the hospital,” explains Dr. Gary Pekeles, chairman of the Council of Physicians, Dentists and Pharmacists (CPDP), Child and Adolescent Services, and Planning Advisory Council co-chair. The goal of Master Programming is to determine major space needs and operational decisions affecting the design of the new facility.

Each of the ten MPGs brought together 15 to 25 health-care professionals, patient representatives, planners, and consultants for four separate meetings to flesh out the needs identified by the Task Forces. For example, Task Forces concluded that the new health centre would house roughly 900 beds. The MPGs refined estimates of MUHC needs even further, deciding upon a range of beds and determining how those beds will be distributed across service lines. They estimated the following minimum requirements:

- ⌘ Critical Care: approximately 84 beds;
- ⌘ Acute Care: between 540 and 648;
- ⌘ Women's (Obstetrics): 45 beds;
- ⌘ Palliative: roughly 10 beds;

(see **Master Programming** on page 2)

Making inroads with our community



ALEX PATERSON

Slowly yet steadily, a single MUHC culture is beginning to take hold across all sites and within the communities that traditionally supported one or the other of the MUHC's founding partners.

This shift in thinking is still in its infancy but is a good sign for those of us preparing the capital campaign for the new MUHC facility. Laying the groundwork has involved many meetings with individuals and groups on all MUHC

sites. What we have heard and witnessed first hand from patients, doctors, nurses and health-care professionals is an interest in celebrating the excellent care being provided across the MUHC.

It is why we are more confident than ever that internal champions and spokespersons will step forward during the campaign to make the case for the Glen and that the members of the community will respond generously to the request for funds.

While we have a way to go, we are seeing a positive shift in public support for the Glen project. The shift is due to many reasons, not least of which is that information is now reaching the hands of the public on a consistent basis in many different ways.

Weekly testimonials in favour of the project are being published in the Sunday *Gazette* and read by thousands of Montrealers. Hundreds of MUHC staff are being presented with information during the Foundation's virtual tour meetings and are then communicating their interest to their colleagues and friends. One on one meetings between internal staff and Foundation representatives are fueling interest in the possibilities available on the Glen site; and this publication is passing on hard, behind-the-scenes information to the MUHC's external supporters and friends.

Recently, the Foundation received wonderful news that the auxiliaries of the various partners of the MUHC have decided to form *The Friends of the MUHC* and to work towards supporting and advancing our hospital. This should benefit the campaign for the Glen and our on-site initiatives tremendously.

The *Friends of the MUHC* will inaugurate the new organization with a summer walkabout of the Glen site. By then, progress will have been made on the planning of the new site, government initiatives and most certainly community support.

ALEX K. PATERSON
Chairman, MUHC Foundation

Master Programming

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- ⌘ Pediatrics: 24 Pediatric Intensive Care Unit beds, 48 Neonatal Intensive Care Unit beds at Levels II and III, and 108 Acute Care beds. These minimum requirement estimates give a more refined indication of cost allocations related to patient beds. Another illustration of MPG work is the number and configuration of operating rooms. One possibility currently on the table is having one platform for invasive services, with one entire floor housing 48 operating theatres. These would be clustered in pods and dedicated to different needs, such as Cardiac, Orthopedics, and Neurosciences. Advantages would include:
 - ⌘ Meeting the specific needs of particular services by building distinct, dedicated equipment into these operating theatres

- ⌘ Service line OR adjacencies to related needs, such as imaging services for neurosciences. Adjacencies were a topic of discussion at most MPG meetings. For instance, MPG members dealing with pediatric issues that range from neonatal research to adolescent treatment put forward their suggestion that pediatrics be situated with proximity to specific service lines:
 - ⌘ Women's Services with respect to the interconnected needs of obstetrics and neonatal intensive care
 - ⌘ Psychiatry due to the current continuum of care models helping adolescents and their transition to adulthood. As part of the planning process, site committee members visited hospital sites in North America and France. This means that not only are they experts on the MUHC, committee members can come back to the planning discussions having seen other modern hospitals'

- operations and configuration. These visits also offer the unique insights of other health care practitioners who have gone through the experience of moving to new facilities. One MPG co-chair, Associate Director of Nursing, Child and Adolescent Services Diane Borisov comments, "I can see real efficiencies in that a 'pod' concept [a layout with units spread out around a central core] helps families and nurses stay within sight of one another." Among the sites visited and their particular strengths:
 - ⌘ Northwestern Memorial Hospital, Chicago, Illinois: Exemplary employee relations program for the transition from several merged hospitals into one new facility.
 - ⌘ Hasbro Children's Hospital in Providence, Rhode Island: New facility that is child-oriented in scale, way finding signage, and décor.(see **Master Programming** on page 3)

Up Close and Personal



Last year, the MUHC created a Speakers Bureau to inform and update the community at large about the Glen project. Spokespersons have met with many associations — big and small - and are available to talk about the MUHC's vision for patient services, teaching and research in the planned new facility. The Bureau visited with a total of 360 people. So far this year, meetings have been held at:

St. Mathias Church

January 2001 — Jane Chambers-Evans, Critical Care Nurse

Montreal Association for the Blind

January 2001 — Dr. Miguel Burnier, Director of Ophthalmology, MUHC

Royal Canadian Legion, Greenfield Park

January 2001 — Valerie Shannon, Director of Nursing, MUHC

Temple Emanu-el, Seniors Group

January 2001 — Susan Drouin, Associate Director of Nursing, OB/GYN

TMR Adult Centre

January 2001 — Carol Common, Senior Advisory Community Outreach Adult Sites

Royal Canadian Legion, Verdun

February 2001 — Jane Chambers-Evans

If you know of a group that would like to host a speaker on the new MUHC, contact Stephanie Finkelstein at 934-5060 (local 694) or by e-mail: stephanie.finkelstein@muhc.mcgill.ca.

Planning and Planned Giving

Beginning in February, the MUHC Foundation will be organizing breakfast and lunch meetings with estate planning professionals. The purpose of these meetings is to explain the strategy that will govern the capital campaign as well as to situate the MUHC's role in the new paradigm of health care. They will also introduce the MUHC Planning Group and Speakers' Bureau to this important audience.

"We will be meeting with lawyers, insurance brokers, money managers, accountants and notaries," explains Marc L. Weinstein, Director of Development and General Counsel at the MUHC Foundation. "The meetings will also serve to lay the groundwork for future philanthropy for the MUHC and to foster professional relations."

For more information, or to set up a meeting, please contact Marc Weinstein at the Foundation at (514) 931-5656 or by email at: marc.weinstein@muhc.mcgill.ca.

Reuse Consultation

The second round of public consultation on the potential reuses for the MUHC's existing buildings took place January 15 and 16, 2001. At these hearings, Roy Heenan, chair of the independent commission, along with commissioners Senator Joan Fraser and Michel Yergeau, listened to the public's suggestions for and concerns about the buildings' reuse. Over the course of the two nights, 14 presentations were made, including those by:

- ✿ Philip Bobrow, Bobrow Architectes: *McGill Centre for Aging, Care, and Research*
- ✿ Marcel Arsenaault of Colorado and Santa Fe Land Company: *Mix of residential condominiums, McGill student residences, and a Peace Institute*
- ✿ Guy Daigneault, Régie régionale de la santé et des services sociaux de Montréal Centre: *Long term nursing home for 200 elder anglophone patients currently living in the east end*

Due to the high number of registrants, this round of hearings was extended to February 7 and 9. These were held in the Atrium of Samuel Bronfman House of Concordia University at 1590 Dr. Penfield from 7:00 p.m. to 10:00 p.m.

Master Programming

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- ✿ CHU- Montpellier; Hôpital François-Quesnay, Mantes-la-Jolie; Hôpital Européen Georges-Pompidou, Paris, France: Innovative computerized distribution system employing automated, wire-guided transport vehicles called "Turtles." The Master Program phase of the planning process is expected to wrap up by the end of February 2001. Having hammered out the general specifications for the new health centre, the Master Program will serve as a "blueprint" for the more detailed Functional Programming (FP) phase of the project.

Next Step: Functional Programming

Functional Programming (FP), the last planning phase prior to beginning the design process, is scheduled to begin in March 2001. Over a five month period, approximately 60 small groups of five to seven participants (not including planners and consultants) will each meet three times to examine the recommendations of the Master Programming Groups (MPG) in order to finalise the details of space and design requirements for the new hospital.

In practical terms, the Functional Programming teams will investigate how operating rooms, nursing stations, and patient rooms will be configured; where the wiring will run, how many electrical outlets will be needed, and



what types of temperature controls will be used.

FP members will be MUHC staffers who currently work in the front lines at all levels of the MUHC, providing health care and related services to patients. Some participants will have been involved in the planning process since the beginning. For others, FP will be their first opportunity to provide input on decisions that will affect their immediate environment.

Asked & Answered

Dear Sir,

I have a question which I am certain you have already considered. How many entrances to the new hospital will be accessible by car and/or ambulance? My reason for asking this question is what if the artery is blocked because of a break in the water main, or an accident, or some other reason?

Yours truly,
Ronald C. Watson

Dear Mr. Watson,

Accessibility to hospital services is a crucial concern, especially when unforeseen problems like the ones you list occur. At this stage of the planning process, the exact number of entrances has not yet been determined.

However, discussions at the Master Programming Groups level have indicated that entrances could be located on Decarie Boulevard on the west, St-Rémi to the south, and Glen Road from the east. Discussions are on-going with the Ministère du Transport to investigate possible access from the Ville Marie Autoroute 720 exit to St-Jacques Street. As well, given that the Ministère is considering redoing the Turcot Interchange, there may well be opportunity to broaden entry to the site there. Finally, access to and off the site via Claremont Street is being examined only for emergency disaster transport.

The MUHC Planning Group is working with the cities of Montreal and Westmount for infrastructure planning and to investigate the best placement of entrances to the site.

Patients who don't or can't drive will still be able to get to the hospital easily by public transit as the new hospital will be built adjacent to Vendôme bus, metro, and commuter train station (see *Glen News 2* for more information).

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

GLEN PROJECT TIMELINE

1992	Quebec provides \$250,000 for pre-feasibility study.	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.
1995	MUHC Planning Office established.	1996	Panel of community volunteers begins to evaluate potential sites.
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.	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.
1999	Quebec gives green light to proceed with master and functional programming, and reserves Glen site for MUHC.	2000	Master Programming for the Glen begins.
2001	Functional Programming begins. Architect selected and design begins in parallel with Master/Functional Programming.	2002	Groundbreaking and construction commence.
		2005	As facilities completed, commissioning and moving in begin. Montrealers welcome North America's newest and best health-care facility.

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