



Centre universitaire de santé McGill  
McGill University Health Centre



### IN THEIR OWN WORDS

“ Patients are best cared for when their health-care providers have access to the latest clinical knowledge. The Glen facility will offer the latest in computer technology, thereby supporting clinicians in their search for information. It will also provide “smart classroom” facilities where students and staff can learn at their own pace, whenever they plan to and wherever they are. Such cutting-edge approaches are critical to facilitate continuous learning in today’s rapidly changing health-care environments.

Proper and sufficient space is also essential to excellence in care. When meeting members of their clinical team, patients and their families need designated space where their privacy and intimacy can be safeguarded. The Glen facility will be designed to provide such invaluable space in each clinical area. ”



*Denise Malo is Associate Director for Academic Practice and Professional Development, MUHC*

# THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION

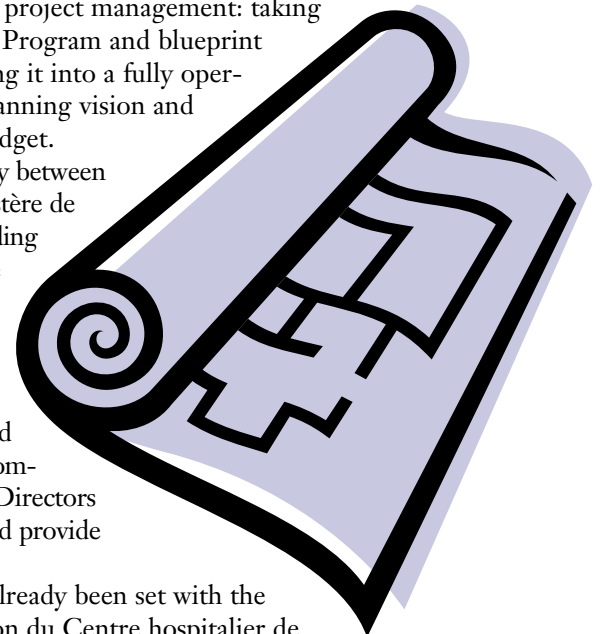
## Development Corporation: Managing the Glen Project

Planning for the Glen project has moved into its Functional Programming phase and a design architect is expected on board by early fall. These developments, as well as rising optimism related to acquisition of the land, mean that the bricks and mortar reality of the new MUHC complex is clearly on the horizon. The critical lynchpin now to moving the project forward is the creation of a development corporation.

A project of the scope and nature of the Glen requires an organizational body to oversee, administer, and coordinate all aspects of construction, from site reclamation to the management of communications with the Corporation d’hébergement du Québec (CHQ). Most important, this body would be responsible for project management: taking the Functional Program and blueprint from the design architect and turning it into a fully operational facility while maintaining planning vision and ensuring the project stays within budget.

Discussions are currently underway between the MUHC, the CHQ and the Ministère de la Santé et des Services sociaux regarding the formation of just such a corporate body: the Société d’implantation du Centre universitaire de santé McGill (SICUSM). Specifically, the SICUSM would act as the body through which the Glen project would be managed and financed. It would communicate with the MUHC Board of Directors as well as with the CHQ, which would provide provincial funding for the project.

Precedent for the SICUSM has already been set with the creation of the Société d’Implantation du Centre hospitalier de l’Université de Montréal inc. (SICHUM). The SICHUM, formed by the Centre hospitalier de l’Université de Montréal (CHUM), the CHQ, and the Ministère de



(see *Managing the Glen Project* on page 2)

# Seeing is Believing



ALEX PATERSON

Earlier this year I wrote to tell you about the enthusiastic response our virtual tour and maquette presentations were receiving from the MUHC's internal constituencies. At the time, Foundation staff together with members of the Planning Group had taken the show on the road about a dozen times. Since then, over 1,000 individuals from inside the hospital have taken part in the question and answer sessions, overwhelmingly walking

away from the presentations with a clearer sense of how patient care will be improved at the new site and how they can help make these improvements happen.

The importance of a visual representation, no matter how much of a work in progress it is, cannot be underestimated when it comes to helping people realize to what extent we in Montreal have fallen behind other cities in this area. We at the Foundation have witnessed these eye-opening experiences every time we have stepped out into the corporate world to begin cultivating volunteer support for our upcoming campaign.

Over the past six weeks, we have been invited to a number of informal lunch and evening gatherings to introduce the project, or provide a status report, to community leaders and potential supporters and campaign volunteers. Again, the response to our presentations has

been enthusiasm tempered by hard questions, many of which (parking, access, adjacencies) we are able to answer definitively, and some of which (government contribution, land transfer) we can only qualify our response to.

Be that as it may, the end result is that a growing number of Montrealers are now ready to work with the Foundation to make this project a reality. Many more are learning about the project and the presentations and are requesting that we meet with them.

Public interest is rising and will grow even more after June 12 when the Foundation hosts an all-day walkabout on the Glen. This event began as a site tour for the benefit of the Friends of the MUHC. Interest has been so great that it has grown to include three sessions: the first with the members of the Friends; the second with members of the various volunteer groups; and the third with members of the MUHC board, the constituent foundation boards, and the McGill University board of governors.

Clearly, as more people are introduced to the project in concrete ways they are taking up the cause and are doing what must be done to ensure our community speaks with one voice about our need for a new McGill University teaching hospital.

Alex K. Paterson  
*Chairman, MUHC Foundation*

## Managing the Glen Project

*(continued from page 1)*

la Santé et des Services sociaux in May 2000, is the corporation overseeing the construction of the CHUM's new health centre. This centre is expected to be built by 2006 in Montreal's east end.

Similar to what the MUHC hopes to create with the SICUSM, the SICHUM governs the planning, consulting, financing, and construction of the CHUM's new health centre.

Although no formal decisions have been made at this point, they are imminent, and it is quite conceivable that the SICUSM would be similar to the SICHUM in organizational structure. The SICHUM has a nine member Board of Directors, of which four members were nominated by the

CHUM and the other four by the Quebec government. The government also named Claude Béland as president.

Similarities aside, there would likely be some key differences between the two. First among these is that the MUHC will have completed much of the planning and consultation phase for the new complex by the time the SICUSM would be formed, thereby ensuring that groundbreaking could begin sooner rather than later.

Also, the MUHC will likely own the land upon which the new health centre will be built, arranging an emphyteutic lease with the CHQ for the buildings. Land ownership also means that the MUHC would be able to lease or sell land to the Shriners' or other groups.

## A New Government— A Renewed Commitment

As published in *The Gazette* and within weeks of being named Minister of Health and Social Services, Rémy Trudel signaled his and the Parti Québécois government's renewed commitment to the MUHC's Glen project and the Centre hospitalier de l'Université de Montréal (CHUM)'s equivalent project. In early April, Trudel announced that the government cabinet had approved a \$70 million grant for the planning efforts of both new health-care centres. The government's support brings the Glen project one step closer to being a physical reality.

# Not yet paperless, but at least less paper

“If you were to line up the patient files located within medical records from all five sites of the McGill University Health Centre (MUHC) they would stretch from the Royal Victoria to Montreal General to Children’s hospital sites and back,” says Jean Huot, Chief Information Officer (MUHC). Along with Paul Legault, Associate Director Professional & Hospital Services, Huot co-chairs the Master Programming Group (MPG) that looked at the reorganization of Medical Records and Information Technology for the planned move to the Glen site. The centralizing and computerization of medical records for the MUHC will involve all inpatient, emergency room, ambulatory surgery, ambulatory clinic and doctors’ office records.

“Our long term goal,” explains Huot, “is to evolve into a paperless and filmless institution that is ultimately more efficient and beneficial for patients and staff alike.”

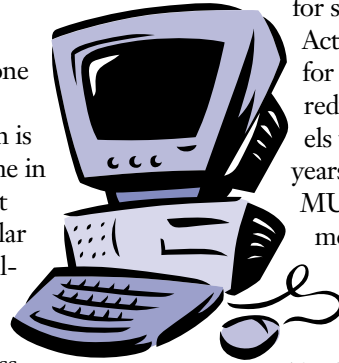
Confidentiality, however, remains a priority guiding principle. If physicians, nurses and patients can have fingertip access to such a wealth of information, how easy will it be for those with unauthorized access? “It is an area of tremendous concern and focus for us,” says Huot. “We are spending as much time developing and defining confidentiality and access policies as we are in setting up the technology. We are examining who should have access to which part of a file, how users can be screened to guarantee safety of information and what safety measures must be instituted to maintain the integrity of the system against outside interference.”

As a patient rep on the MPG that examined this issue, Shawn Selby applauds the planning, “As patient representatives it’s important to know who has access to our files and that the hospital is going to great lengths to protect our confidentiality.”

Currently, patient files are not centralized and can be scattered around various sites depending on where the patient has

had treatment or seen the physician. They have to be requested in advance from one site to another, or faxed, or chased down if their location is not quite known. If you come in through emergency, relevant information from your regular doctor’s file is not easily available. “Certain tests, such as blood work and x-ray results, can be accessed across sites now, which is a tremendous help,” says Brenda Levine, Supervisor, Ambulatory Services, “so we know what an improvement general centralization of information will be when we are on one system on one site.” As well, the information will be available 24 hours per day, seven days a week often from remote access points such as doctors’ offices which is certainly an asset for patients and families who may need information after regular hours.

Another advantage will be that space



for storage will be anticipated. Active charts will remain onsite for three years, which is a reduction from the current levels which can be as much five years at some parts of the MUHC. Files will then be moved offsite for storage or they will be stored electronically (according to MUHC policy, medical records must remain retrievable

for ten years for adult patients and a maximum of twenty-three years for pediatric patients). Parallel medical records may have to be maintained in certain locations. But the space will be sized to accommodate existing medical records in 2005 since it is anticipated that the storage space for paper medical records will decrease with increased utilization of automation such as the scanning of charts and documents. Space originally designated for medical record storage may then be converted for other uses.

## Turning the page on current practices

Reducing the amount of paper in the system is only one reason to go on-line—gathering patient information in a more technology-friendly manner, is another.

“One of the biggest challenges in this transition,” explains Jean Huot, Chief Information Officer (MUHC), “is the decision of how information, specifically, note-taking for patient files, will be captured.”

There are two choices, although both involve computerization. One is called free text—and is exactly what it sounds like—with the doctor or nurse simply entering information in their own words or having a text dictated and later transcribed by transcriptionists or using a voice recognition tool putting voice into text. The other choice is to use a codified system where symptoms, treatments, medications, etc. are selected from a previously designed vocabulary.

“The advantage to this coding approach,” continues Huot, “is that ultimately the database is one with common language which is invaluable in terms of being able to use information to understand clinical practices, sharing information for research, monitoring population sizes and communicating clearly between people. This can be especially important to teaching institutions such as ours.”

The transition to the new systems and technologies will be another huge challenge and will require a complete re-education of staff. “But,” says Huot, “in all of our meetings, the reaction has been positive. Everyone involved in the process knows this is the information path of the future.”

# Student Collaboration and the Glen

**O**ne new health centre. Nine different possibilities. This is the idea behind a collaborative project with students at Texas A & M University's College of Architecture, one of two universities in North America offering a program in health-care design.

Starting in September and with the input of MUHC planners, A & M professor George J. Mann will direct a two semester project with nine student work groups to take the MUHC Glen

project's Functional Program (FP) and turn it into nine different blueprints for the Glen site health centre.

This is an opportunity for the students, specializing in architecture, landscape architecture, urban planning, computer visualization, and construction, to apply their creativity to a real-world project. It is also a chance for the MUHC Planning Group to look at nine different solutions to volume and space organization. Discussions are currently underway to bring the McGill School of Architecture on board.

## Asked & Answered

**Researchers at the MUHC currently work in inadequate and insufficient space; in fact some of our investigators are working in an area that was originally meant to be an elevator shaft! How will this change on the new site?**

Lynn Déry-Capes,  
Administrative Director of Research Institutes and Programs

Researchers will see improvements in a number of areas:

**Space:** Modern research laboratories are built on a formula beyond what the MUHC currently provides its employees. With a move to the new site and fewer space restrictions, we are aiming to match the current standard across North America—between 1,200 and 1,500 net square feet per Principal Investigator (PI) and his team.

**Room for expansion and recruitment:** One of the greatest advantages of the proposed space is that it will accommodate a range of Principal Investigators (PIs); built-in flexibility will allow the facility to adapt itself to changing requirements at minimal cost.

**Collaborative energy:** Currently, 1,300 research personnel are spread over a variety of locations. Gathering on one site will encourage greater exchange among professionals and a tighter integration of research and clinical concerns.

**Proper facilities:** The new centre will contain the latest in modular “wet” lab facilities (those requiring running water) surrounding shared support and labs for cell & tissue, and genomics & proteomics analysis and imaging activities. In addition, “dry” or data-based researchers will have their cutting-edge computer-based technology that will connect them with other data sources world-wide. Finally, the concentration of researchers on one site will make specialized equipment more conveniently available to a wider range of individuals.

*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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