



Centre universitaire de santé McGill
McGill University Health Centre



IN THEIR OWN WORDS

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In practical terms, the improvements that planners are considering for the Glen facility will certainly make a difference in my areas of specialty: emergency services and psychiatry.

In the new MUHC complex, the patient flow in the emergency unit will be streamlined; medical personnel will have the space to properly and quickly triage—or assess—patients. Also, by properly positioning departments (it is called better adjacencies) the emergency patients themselves won't have to be shuffled significant distances between operating theatres or trauma rooms the way they are today.

Psychiatric patients who also often have to travel extended distances to inconveniently located clinics and treatments in various states of undress, will benefit from this improved layout.

Patients spend a good deal of their time in uncomfortable waiting and consultation rooms. Hopefully, the Glen's revamped units will be spacious, with natural lighting, inviting chairs and lots of room for people to pass time easily. And of course, the hospital itself will also have better access to public transportation and parking.

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*Gratienne Lamarche
is Associate Director
of Nursing,
Emergency/Psychiatric
Services, MUHC*

THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION

Behind the Scenes: Logistics and Support

A patient en route to surgery at the Glen won't have to share an elevator with visitors, laundry delivery, or a food cart. These logistics and support services will be produced, managed, and transported away from patient areas, improving patient privacy and making possible the highest standards in infection control and operational efficiency.

Building from the ground up offers the advantage of learning from others who have mastered keeping support services hidden from the view of their guests. Functional Programming Group (FPG) member Larry Sidel, Manager of Purchasing and Business Partnership Coordination, visited Disney World, a leader in the segregation of its traffic.

“You might ask how we could possibly compare Disney World to our hospital,” he says. “Yet, is there any place that is more client-focussed? Support services are hidden from view; the client sees only the attractions. In our case, that would mean the patient's experience would include quality care and exclude garbage pick-up and laundry delivery.”

Horizontal link. Master Programmers recommended that logistic systems and support services take place in a separate facility on the Glen. Laundry, printing, transport, food services, housekeeping, technical and maintenance services materials management, and loading and delivery docks will all be located at this logistics service centre. The centre will be linked horizontally to the ambulatory and inpatient pavilions by a tunnel that will be part of an underground service level.

Logistics level. Other support services will be located on this underground level directly below the area for which they provide support. For example, multimedia services will likely be underneath the Medical Library and the training and education conference centre. The Central Sterile Reprocessing will be placed under the main block of operating rooms in the inpatient complex with dedicated vertical transport between the two areas, including “clean” and “soiled” elevators, dumb waiters, and a pneumatic tube system.

Support service satellites. Versatile spaces, called agile assembly rooms, in inpatient units will serve as satellites for multiple logistical services. A typical inpatient

(see *Logistics and Support* on page 2)

A valuable reminder



ALEX PATERSON

Bill 28 has rightfully resulted in an outcry of objections from physicians, nurses, patients, administrators and volunteers of every kind.

Why?

Because if adopted as originally drafted, it would have replaced the volunteers on the Board and others from our own community with government appointed directors.

Our concern was not so much the representation of the Foundation on the MUHC Board as it was the composition of the MUHC Board itself.

People want to give to people. Donors want to be assured that people they know and trust will determine the priorities of how their donations will be used.

We are in a very competitive market for raising funds. The adoption of Bill 28 in its original form would have made our task, while not impossible, certainly more difficult.

Apart from the position of the Foundation and fundraising, as a volunteer in the health sector for most of my life, I have watched first hand, the contribution of other volunteers in coffee shops, hospitality corners, on the wards, driving patients to and from hospitals, organ-

izing blood donor clinics, and raising funds through a variety of hospital events. I have seen a contribution of time, experience and talent to boards of health institutions and to a variety of sub-committees of those boards.

In recent months, we have also witnessed an extraordinary amount of volunteer contribution to the planning and development of the Glen Project.

Time and again I have seen governments attempt to make changes to the structure of the health system. No matter what party was in power, those changes would have inevitably been disastrous if the volunteers representing the community had not intervened and made sure that the government of the day "got it right".

The experience surrounding Bill 28 taught us two things:

1. The public is very aware of the important role that volunteers play in our health system.
2. The government, however, needs to be constantly reminded.

Alex K. Paterson
Chairman, MUHC Foundation

Logistics and Support

(continued from page 1)

unit will consist of two pods housing approximately 36 beds, two central nursing stations, and one agile assembly room in the centre. This space will be shared for food service, storage for materials, linens, stretchers, equipment, and pharmacy supplies.

Dedicated elevators. Public and visitor elevators will be on one side of the patient unit while dedicated patient and service elevators will be on the other, ensuring that a patient going into surgery won't bear the discomfort of sharing the elevator with curious strangers.

Increased automation. Behind the scenes efficiency means smoother operations overall. Efficiency is achieved in part by moving to greater automation, through the use of mecha-

nized carts, pneumatic tubes, and automated robotized picking stations (these are machines used to fill orders for medication and supplies). Automation means fewer personnel hours will be spent topping off inventories and waiting for over-used elevators to deliver samples or drop off prescriptions.

Underground access. On-site parking will be located under the logistics level. Visitors and patients can park directly underneath the service they are visiting. Additionally, an underground tunnel will be built linking the health centre to the Vendôme metro, bus, and commuter train station, granting protected access to and from the Glen site for public transit users.

Clear signage. "It's impossible to get lost at Disney World," explains Sidel.

"Support services should be all but invisible. The less the patient notices, the better his or her experience will be."

LARRY SIDEL, MANAGER OF PURCHASING AND BUSINESS PARTNERSHIP COORDINATION

"Their signage is extensive and clear, and that's what we envision for the Glen." Distinct directions telling patients and visitors where to go, and intelligible demarcation of service areas will help ensure that the patient experiences the main attraction, quality care, instead of the inner workings of the health centre.

A change in food delivery that would be easy to swallow

Hospital food has a bad reputation. It is bland, often overcooked, underheated and sometimes even unrecognizable. Room service in a hotel, however, is usually regarded with anticipation, pleasure and satisfaction. When the McGill University Health Centre (MUHC) opens its doors on the Glen site, one option that is seriously being considered is offering this hotel room service model to its patients. No more filling out menus two days in advance. No more unidentifiable trays of food being delivered to your bed before—or after—your appetite dictates it. Instead, you might be able to consult a menu, phone in your order, and receive it within half an hour to 45 minutes.

Surprised? Skeptical?

“It is absolutely doable,” says Lana Danielis, MUHC Food Services General Coordinator, who sits on the planning groups looking into this feature. “In fact, the service has been around since the mid-1990s and has proved to be a popular and innovative program.” Pierre Major from the Planning Office concurs: “At this point it is the preferred option. However, the MUHC needs to run some pilot projects to verify that it makes sense economically.”

If it should go ahead there are several advantages of room service delivery:

Decreased food waste. Patients only phone in what they want, when they want it. No tray of food will sit uneaten because it was ordered days before someone knew the patient would be away from the bed for tests or surgery.

Increased patient satisfaction. People are fussier with their eating when they are not well and are relieved to know they can just order a cup of tea with crisp toast and won't have to face an unwanted plate of lukewarm meat under gravy.

Increased patient caloric intake. Chances are people will eat more and therefore be properly nourished—which is extremely important while in hospital—if the food appeals to them.

Increased patient control over diet. Patients will have a heightened awareness of their own dietary needs because when they call in for room

service, the nutritional staff on the phone are able to correct their orders if necessary, explaining why certain foods or food combinations do not fit into their diets. This presupposes the existence of a database which includes the patient's food profile. It does not exist now, but will in the new facility.

Decreased pressure on staff due to staggered food orders. Delivering food trays that all arrive at once can force other patient-related clinical tasks to be postponed. Spreading out the food delivery eases work flow; transferring the responsibility to dietary services staff further frees nurses from this task, which was never the best use of their skills.

“In truth,” explains Danielis, “we would not be bringing in major changes because people still tend to eat around certain times and to request predictable types of food during the day. But even by offering a bit of flexibility in timing or food choices, it can make all the difference in satisfaction to the patient.”

As well, by building in one main production centre with three smaller restaurant-style satellite kitchens each servicing about 300 beds, there would be other improvements. Since each satellite becomes a specialty hub for their patient population, stocking the



You would be able to consult a menu, phone in your food order, and receive it within half an hour to 45 minutes.

most popular kinds of food—such as salads for the women's unit or macaroni and cheese for pediatrics—becomes more efficient. Delivery is closer and faster, resulting in fresher and better temperature-controlled food. Add to this designated elevators for just food delivery and the aspect of infection-control is improved as well.

Getting faster results with automated transport

Using automation to transport samples through a hospital means increased laboratory efficiency.

According to Dr. Wolfgang Schneider, Associate Director of Medical Biochemistry at the MUHC's Montreal General site, three types of automated transport could appear on the Glen: pneumatic tubes, specialized carriers running on tracks, and robotic units.

Schneider, Master and Functional Programming participant, explains the benefits, "All of these methods of transport mean that we don't have to waste time waiting for a porter to make deliveries."

A pneumatic tube system will connect the central laboratory to all inpatient units and ambulatory test and care centres. Tubes and carriers are cushioned to protect sample integrity,

ensuring that samples arrive intact. A highly accurate bar code system tracks the samples, eliminating manual transcription errors. This rapid sample transport translates into faster diagnostic turnaround times

Specialized carriers that travel along tracks horizontally, vertically, and even upside down, may be used for large volumes of samples to be transported at one time. "Pneumatic tubes are good for speed, but they take time to load, so these carriers could be used between, say, specimen receiving areas and the lab," explains Schneider.

Finally, motorized robotic units that are programmed to run independently may also be used. These could operate in the main lab, making regular rounds from one end to the other and freeing up personnel to focus on their work.

Asked & Answered

Currently, finding a place to park is difficult for anyone visiting or working at any of the MUHC sites. Can you describe what the parking will be like on the Glen site?

Joan Tousaw
Clinical Laboratory Information Systems (LIS) and
Client Service Manager (MUHC)

Numbers. The preferred option expressed by MUHC professionals and patient representatives is to have underground parking, as well as a few above ground spaces. It is anticipated that 3,500 spots will be created, which is more than the total that exists today across all five MUHC sites.

Placement. Underground parking will improve convenience (much better with our climate) and way-finding (directions about where to go). First, you will be able to park directly below the area you are visiting. Second, signs will be clearly posted directing you to the elevators that will deliver you to the hospital area you need.

Partitions. There will be specific areas designated for public and for staff parking. It is also worth noting that people who currently use cars may opt for public transportation because of the Glen's close proximity to the metro, bus and train. There may also be an incentive program put in place by the MUHC to encourage people to use public transportation or carpool to work.

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.

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.

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.

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.

2000

Master Programming for the Glen begins.

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

Publication Mail Permit #: 1822454

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