

Chez nous

December 3, 2012

TRANSITION TO THE FUTURE



Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

**Integration, expansion set the
stage for Medical Day Hospital
transition**

**NICU:
merging forces
and moving forward**

Nadia Eldaoud (l.) and Andréane Pharand (r.)
visit the new Montreal Children's Hospital.

Transition to the future

With bricks and mortar in place, the focus now shifts to people



An interior view of the Galleria on the north side of the new Montreal Children's Hospital

As anyone who has recently walked, cycled or driven past the Glen site knows, the new MUHC is really taking shape. Much of the focus in the past couple of years has naturally been on building design and construction of the new hospital but as we get closer to the moving date, many Montreal Children's Hospital staff are now turning their attention towards the transition process. And as departments begin their planning, the MUHC Transition Support Office (TSO) is there to provide global coordination and support, facilitate groups, and help departments and services align their goals with the MCH strategic planning objectives.

A structured approach

In April, the MCH began its strategic planning process to determine the future direction of the hospital. At the same time, the SERVE* (Stratégie en route vers l'excellence) committee was established to provide leadership and coordination for the strategic planning. Six ad hoc committees were created to address the six strategic goals that came out of the initial meeting. These committees are now presenting their initiatives and projects to SERVE. Sharon Taylor-Ducharme, Clinical Practice Consultant, Transition Support Office, is one of the people looking at the global transition for the MCH. "The transition process is very much aligned with the SERVE objectives," she

says. "Now that the strategic planning process is under way, we can move forward with our transition planning."

How ready are we?

In early September, 20 MCH staff members from diverse departments and services took part in the MUHC Transition Readiness Assessment which evaluated the preparedness for the MCH transfer to the Glen. The transition "P" elements represent categories such as people, practice, processes, partnerships, and performance. The staff discussed activities within each element to determine areas which may require more attention during the transition process.

The TSO uses a structured project management approach to transition planning, and provides support, resources and tools for teams to coordinate and plan for 2015. Several departments such as the ambulatory clinics and the NICU integration have created a steering committee supported by a TSO project manager to oversee coordination of the transition activities. Planning also includes assessing the department's current situation and understanding how patient care and work processes will be in our new physical environments in order to provide safe quality care.

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Collaboration with partners

The process of transition requires collaboration with many clinical partners and non-clinical services including Quality and Performance, Logistics, and Planning. Ongoing efforts are underway in Human Resources for long-term recruitment and retention planning, and skills development to ensure that staff have the required expertise and training for the evolving needs of the departments.

As the transition work continues, those involved hope to ensure that decisions are viewed through the lens of Patient and Family-Centered Care, which is one of the six strategic objectives identified by the SERVE committee. Several patient family representatives are involved in the

SERVE work groups and will help move these initiatives forward.

Making it happen

Ms. Taylor-Ducharme says that many people have generously committed time, energy and expertise to the project and that number will only increase as more departments and services begin their transition planning. "It is exciting to see team members, patients and families coming together to build the future of the new Montreal Children's Hospital."

**For more on SERVE, see [Chez nous](#), September 17 and October 25 issues (www.thechildren.com)*

Integration, expansion set the stage for Medical Day Hospital transition

By Maureen McCarthy

The move to the Glen site is only two years away, and one group at the MCH is making sure it is ready for the transition. Nurses, physicians, and administrative support personnel from the Medical Day Hospital, Complex Care Service (formerly Intensive Ambulatory Care Services), the Clinical Investigation Unit and Hemodialysis Unit recently began the process of building their vision for the future structure of day hospital services.



Nadia Eldaoud

Photo: Owen Egan

Nadia Eldaoud, Clinical Manager of the Pediatric Day Hospital Services at the MCH, is one of the people involved in the integration group. She explains the services are currently located in several locations around the MCH but will all come together in one area at the new Montreal Children's Hospital. "We are still in the early stages of establishing our new structure and who will lead the team at the new MCH," says Ms. Eldaoud. "Creating cohesion amongst our team in order to deliver safe efficient patient care is our first priority."

At the new hospital, a section of the 1st floor of block B has been designated for the Day Hospital activities. "We're fortunate that we already know how the new space will be configured," says Ms. Eldaoud, "so we'll soon be able to start focusing on how we'll work in terms of patient flow and procedures, and pathways of care."

As the group gets closer to making the transition to the new MCH, they will develop protocols to ensure that they are all working towards common goals. They will create working groups and sub-committees as needed to address specific issues, and work on standardization of care wherever possible.

The new facility will offer patients and families much more than just a convenient central location for the services they need. The new design favours a model where healthcare practitioners go to the patient instead of making the patient move around. "It's much more efficient than what we have now," says Ms. Eldaoud, "and it will let us offer a much better level of patient- and family-centered care."

With more and more treatments and procedures being done on an outpatient basis, the group will play an ever-increasing role in the delivery of care. Their vision is to keep children *out* of the hospital, that is, provide the services that will reduce the need for admission. "We want to do everything within our power to treat children on an outpatient basis so they can get better at home," says Ms. Eldaoud. "That's why it's very important for us to develop standardized protocols and procedures now so we're ready to go from day one at our new hospital." ▶

NICU: merging forces and moving forward

By Maureen McCarthy



Nurse Kim Ervens works on implementation of new protocols for the NICU.

The current structure of the MUHC Neonatal Intensive Care Unit is not only multi-disciplinary but multi-site. Neonatologists, pediatricians, neonatal nurse practitioners, nurses and a host of other healthcare professionals work around the clock at both the Montreal Children's Hospital and Royal Victoria Hospital. By 2015, multi-site will become one site—and the planning for the move has already begun.

Clinical harmonization: a priority

As a first step in preparing for the transition to its 52-bed unit at the new Montreal Children's Hospital, the NICU has formed a steering committee consisting of 14 members from both the MCH and RVH. According to Andréane Pharand, Nursing Coordinator of the MUHC NICUs and NICU executive committee member, "One of our first priorities was completing an exercise to identify clinical practices to be harmonized before the move." Following that, inter-professional working groups within the NICUs were formed to work on certain clinical procedures.

One of the working groups is Respiratory Management Practices. Dr. Guilherme Sant'Anna and his colleagues have been working on a protocol for using nitric oxide in

ventilator-associated pneumonia (VAP). Another working group, chaired by Caroline Porraccio, nutritionist, started reviewing the total parenteral nutrition (TPN) protocol. Lynn Lauzon, Nurse Manager at the RVH site, says, "The process looks at all elements of practice to identify what needs to be harmonized. Using evidence-based information wherever possible, the working groups will give recommendations, and ensure approval and implementation."

Learning from American colleagues

In June, some NICU team members visited Women & Infants Hospital in Rhode Island to visualize what a single patient room concept looked like and how it impacts on work organization. "One important lesson we learned from the Women & Infants staff was seeing how they benefited from simulation exercises before moving into their new facility," says Dr. Thérèse Perreault, Director of the MUHC NICU. "It reinforced one of our objectives to create a simulation space that is similar in size, design and function to the Glen that will allow us to test our clinical practice before we move." Dr. Louis Beaumier is leading this initiative.

The NICU steering committee is fully aware that the new unit's design will create major changes in process and their goal is to minimize the impact of change as much as possible. There are plans to allow staff from one site to observe at the other site so that they can familiarize themselves with new processes; this will also enhance collaboration among all team members.



A mock patient room will help NICU staff prepare for the move to the new Montreal Children's Hospital



Photo: Daniel Héon

Looking ahead

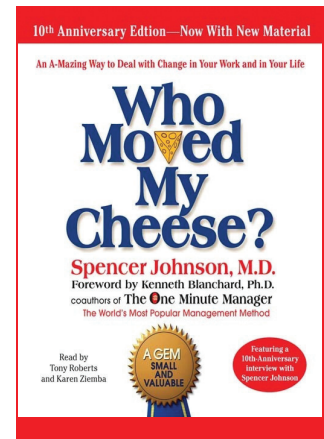
In addition to the working groups, MCH nurse Kim Ervens, with support from the MUHC Transition Support Office, is dedicating time each week to work on implementation of new protocols for the unit in collaboration with her RVH nursing partners. "We're really focusing on communication and partnering to succeed with the transition," says Ms. Pharand. The unit's 24/7 structure can make it a challenge to keep everyone on the team informed but it's an important priority for the steering committee.

In the lead up to 2015, the NICU will also make manpower planning a main priority, as well as looking at how new technologies can be implemented to do their work. "Once we're at the Glen, we'll also want to establish ways to monitor our success and progress in the new facility," says Ms. Pharand ▶

Dealing with change in the workplace

Who Moved My Cheese?

Some business strategists say being good at change is what lets you be good at everything else. Too bad the majority of us have a hard time dealing with it. More often than not, employees tend to resist change, because they think their job and work environment will be negatively affected by it. *Who Moved My Cheese? An Amazing Way to Deal with Change in Your Work and in Your Life*, is a New York Times best-selling, motivational book by business author Spencer Johnson. The book is a parable and describes the importance of change in one's work and personal life. It forecasts four typical reactions to change by following two mice and two "little people" during their hunt for cheese. The synopsis might sound childish, but the overall message is clear. Change happens; anticipate change; monitor change; adapt to change quickly; change; enjoy change; and be ready to change quickly and enjoy it again. *Who Moved My Cheese?* has sold more than 26 million copies worldwide in 37 languages and remains one of the best-selling business books of all time. ▶



MUHC FAMILY
Holiday PARTY

Nouveau CUSM
New MUHC

TO CELEBRATE THE HOLIDAY SEASON WITH LOTS OF GOOD CHEER AND FELLOW EMPLOYEES AND THEIR FAMILIES, WE'RE PLANNING A HOLIDAY PARTY TO END THE YEAR!

SATURDAY, DECEMBER 15, 2012,
10 a.m. to 2 p.m.

McGILL UNIVERSITY
HEALTH CENTRE

5100 de Maisonneuve Blvd. W.,
Glen Hall

Special guest:

Santa Claus
(with his bag full of goodies)!

New design means improved care for pediatric patients

By Maureen McCarthy

"I can't wait to move to the new Montreal Children's Hospital," says Michèle Paquette, Nurse Manager of the Pediatric Psychiatry Care Program at the Montreal Children's Hospital. The Child Psychiatry department, Inpatient Unit and Day Program at the MCH are located on the same floor, but in their current set-up, space is at a premium. "As an interdisciplinary team we work very closely together," says Ms. Paquette. "The new design at the new MCH will give us much more flexibility to work with our patients and their families, and improve how health professionals work with each other too."

The department's inpatient population includes children and adolescents with acute mental health problems. The team also sees patients in its Day Program.

From the ground up

The Psychiatry unit at the new MCH will be located on the 7th floor of Block B. The initial planning of the new unit started several years ago and with such a strong emphasis on interdisciplinary care, a cross-section of team members were asked for their input. "We depend on the interaction between the different disciplines to help the patient and their family," says Ms. Paquette, "so observation, discussion and teaching spaces were considered very important."

The new unit will be laid out in a 'U' shape with the nursing station in the centre, patient rooms on one side, and rooms for interviews, observation, teaching, and tele-psychiatry on the other side. The meeting rooms will rarely be empty since they will also be used for patient therapeutic activities such as music, yoga, relaxation, art and the kitchen/cooking program, which focuses on healthy eating and helping patients learn important skills. Windows on the west side of the unit will look out over the hospital atrium and bring natural light onto the floor. "For patients with mental health issues, the physical space itself can play an important role in treatment," says Ms. Paquette.

Listening to families

The unit's staff members weren't the only people offering input on the new design. "We consulted with



(l. to r.) Courtney Swindells, Dr. Lila Amirali, Michèle Paquette, Dr. Mary Deremer, and Melanie Bazin review the plans for the Inpatient Psychiatry unit at the new MCH.

Photo: Daniel Héon

our patients' families too," says Ms. Paquette, "and they told us that having a space they could call their own would be ideal." The result is a dedicated family room where parents can take short breaks or stay overnight if they wish. The single-patient rooms on the unit will also provide privacy for patients and their families.

The Psychiatry unit will also benefit from dedicated patient elevators, important for patients who are being admitted from Emergency, since it will provide fast, secure and private access to the unit.

Better opportunities for teaching

Teaching is an important part of child psychiatry's mission: psychiatry residents and interns in fields as diverse as psychology, occupational therapy, recreation, and nursing do their training on the unit. There will be specific teaching rooms on the new unit for staff and for interns, as well as telehealth facilities for teaching professionals throughout the Réseau universitaire intégré de santé (RUIS) network.

The opportunity to plan and design a unit from scratch has been very exciting, says Ms. Paquette. "The transition doesn't change much in terms of *what* we do, but it will change a lot in terms of *how* we get things done. At the new Montreal Children's Hospital, we'll have the ability to share our knowledge, apply that knowledge, and really work in partnership with the patients and their families. We can't wait to move there." ▶



Invitation

for all MCH employees

to celebrate
Christmas and the
Holiday Season
with your
colleagues

The afternoon of

Tuesday, December 18, 2012

From 2:30 PM to 4:30 PM

in The MCH Cafeteria

(Finger food, goodies, hot and cold beverages)

Logical logistics

By Stephanie Tsirgiotis

Well thought out and functional adjacencies have been created at the new Glen site to ensure a smooth work flow. "Logistics and support services will serve the entire Glen site - so we had to come up with a way for these departments to work cohesively and collectively. And, thanks to staff input, I think we've succeeded," says Frank Vieira, Associate Director of Logistics. Situated on level S2 and spanning blocks B,C, and D (underneath the MCH , RVH, and Montreal Chest Institute), logistics and our general support department will include: Warehouse and Distribution Services, Medical Records, Waste Management, Food Services, Housekeeping, Biomedical Equipment Control, IS/IT, Medical Device Reprocessing, and Transport. One of the key features of the new hospital is the 'back of house' areas that will be invisible to the average patient or visitor.

Enhancing operational efficiency is crucial for the Logistics Services Directorate. Warehouse and Distribution Services will be located on Level S2 of Block B, facing the loading docks. It is a decentralized entity and will help supply a number of different departments, including Housekeeping and Food Services. Another

important component of Logistics Services will be the Agile Assembly Area (AAA), which will play a key role in keeping public areas and clinical spaces clutter free. These rooms will act as transit, loading, and holding areas in which support service employees can prepare the equipment and supplies needed for various units easily. This area will be split into two distinct areas to support the complete separation of clean and soiled flows, which will be extremely beneficial for departments like Warehouse and Distribution, Food Services and Housekeeping.

More specifically, the Housekeeping department will be located in a critical area along the soiled corridor with the waste management centre situated at the end of the hallway in Block D. Housekeeping will be broken down into time management space, equipment/consumables storage, administration, and decentralized housekeeping closets. The main equipment/consumables storage room will contain two main areas: one large room for the storage of big equipment, like auto-scrubbers, and a smaller room for the storage of smaller equipment, like backpack vacuum cleaners and carpet cleaners. The larger room



Detail of Food Services Department, level S2

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will have special ventilation to ensure staff safety. The Glen site also supports the practice of having cleaning staff work alongside patient care teams, and therefore, housekeeping closets and waste holds (including recycling) will be situated in the inpatient units. These closets will be located within the general support area of the units and departments and will not be visible to patients and visitors.

Food Services will also serve the entire Glen site and will be located in Block C. This allows the department to have easy access to both the adult and pediatric hospitals. In order to ensure a smooth work flow, Food Services will be separated into different zones, but all located in the same area. For example, food storage will be next to food preparation, followed by tray assembly. Plus, several areas will be designated

for food preparation, including ones for hot food prep, dessert/salad, special diet, catering and a formula room. A large receiving area will also be close to the Materials Management docks, to ensure that food supplies will be directly delivered to the department when they arrive.

The cafeteria will be centrally located on the S1 level and will be immediately accessible from the main patient/visitor entrance. This will ensure ease of access for both staff and visitors from the adult and pediatric hospitals. A special fast-track line will be available for staff who need to quickly purchase a food item during a short break and an outdoor terrace will be accessible from the cafeteria for those longer lunch breaks during the summer months. ▶

Shriners Hospitals for Children-Canada set to begin building in the spring of 2013!

By Emmanuelle Rondeau

November 14, 2012 was an important day for the staff and all the children treated at Shriners Hospitals for Children®-Canada and the families who share services between Shriners Hospitals for Children and The Montreal Children's Hospital. At a press

conference, Jerry Gantt, the Shriner responsible for overseeing the construction project, announced the call for tender to build the new Shriners Hospitals for Children® – Canada. The bidding documents were issued that same day to pre-qualified invited bidders.



The new 207,000 square foot hospital designed by André Ibgby Architects

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All the sealed bids are to be delivered to the Quebec Bid Depository System to be opened and tabulated on December 14, 2012. The bids will then be qualified and contracts awarded in January 2013.

Mr. Gantt also reported that the building planning process is complete, including final plans, interior and exterior design and the engineering schematics. Building costs are expected to be within the established budget of \$127,000,000 which has been validated multiple times during the planning process.

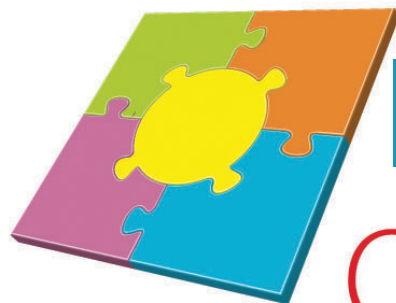
“We have targeted to begin the excavation process and foundation work in the spring of 2013. The ultimate goal remains to commission the building, as planned, at the same time as the McGill University Health Centre in 2015,” concluded Mr. Gantt.

The new hospital will feature 8 floors, 2 below ground and 6 above. It will be connected to The Children’s on the 3rd floor and the second basement.

Administrator Céline Doray revealed the extraordinary interior design of the new hospital. From the Pacific to the Atlantic, each floor will feature the colours and attractions of a different region of Canada. These concepts have not only been incorporated into the decor of the floors, but have also been cleverly integrated into the design of the various service, treatment and waiting areas. ▶



Main entrance: the floor theme is the St. Lawrence valley



The accreditation visit will be taking place in **10** months

SEP 20
13
16

Let's be ready!

Qmentum

Agrément CUSM – MUHC Accreditation