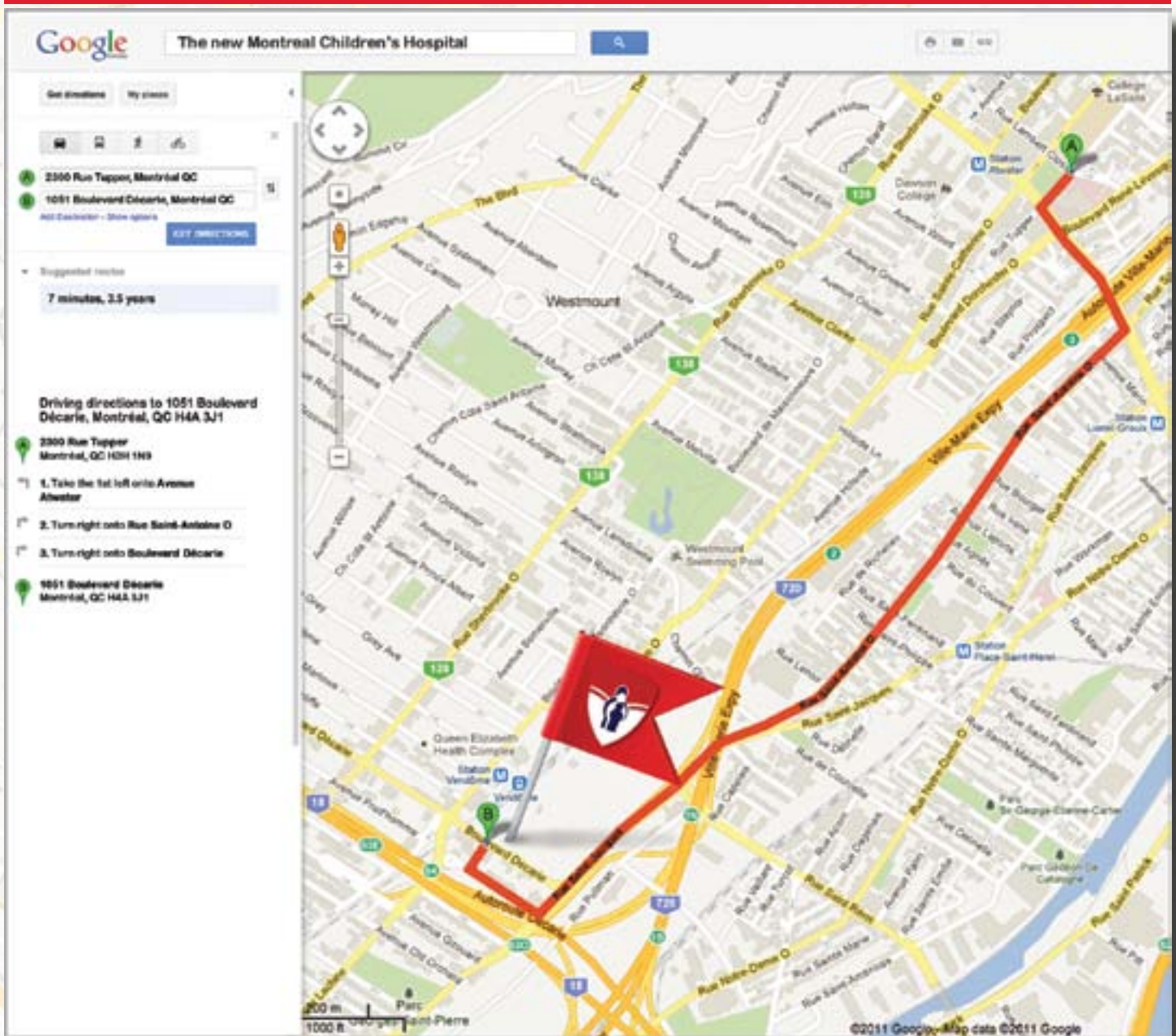


Chez nous

MCH EMPLOYEE NEWSLETTER

October 27, 2011

The new MCH



Take a look inside the new Montreal Children's Hospital

- Mother and child care under one roof (p.7)
- Latest news on design and development (p.11)
 - New family resource centre (p.13)

Design keeps patients in mind

Barbara Izzard, Randy Robins. Dr. Micheline Ste-Marie

We won't need a moving van, bubble wrap or even a box to move The Montreal Children's Hospital's most valuable asset to our new hospital on the Glen Campus for the hospital's most priceless commodity is its values. Each and every person who works at The Children's will instinctively and effortlessly transport these values -- caring, collaboration, support, innovation, passion and family-focused care -- to our new facility.


Family-Centred Care

Our commitment to family-centred care will be reflected throughout the new facility. Patients and families will enjoy fully-equipped single patient rooms. All in-patient units will have family lounges complete with kitchenettes.

The high-tech areas and most ambulatory areas will be in separate buildings allowing for less mixing of in-patients and out-patients. The new design will favour more intimate waiting areas. In addition, as much as possible, care will come to the children rather than making families travel hither and yon to access different services. We are committed to providing 'the right care, in the right place, at the right time, by the right team.'

Improved teamwork

The new hospital will foster even greater interprofessional team work as all clinical and administrative staff will be clustered in care centres on each unit. Work stations will be located outside every two patient rooms bringing staff closer to the bedside. Everything has been designed to facilitate improved interaction and communication between the patient, family and staff.

An architectural rendering of the MUHC Glen campus. The image shows several multi-story buildings with a modern, industrial aesthetic. The buildings feature a mix of dark and light-colored panels, possibly metal or stone, and numerous windows. The sky is overcast with grey clouds. The buildings are arranged in a cluster, with some taller than others. The overall scene is a detailed architectural drawing of a large hospital complex.

An architectural drawing of the MUHC Glen campus. The Montreal Children's Hospital will occupy Block A and Block B (far right).

Our adjacency to the new Shriners Hospital for Children will allow us to develop more clinical and research partnerships.

The new site will also ease the stress for children with chronic illnesses moving from pediatric to adult care since the new Royal Victoria Hospital will be our neighbour. Our medical teams will be able to work more closely with their adult colleagues ensuring the smooth transfer of our patients once they reach age 18.

Innovation

The Montreal Children's Hospital has been a pioneer in the fields of cardiology, neurology, plastic surgery, G.I., ENT and many others. Our spirit of innovation will continue and flourish at the Glen site particularly as we inaugurate the Centre for Innovative Medicine (CIM), a multi-purpose unit where patients and their families can participate in clinical research, including clinical trials. When in full operation, it will be the largest dedicated academic clinical research centre in Canada (see article page 8).

For the last two years, our nurses, doctors, allied health professionals and managers have been working with architects and builders to design our new hospital. Of course, there will be compromises and not everyone's wish list will be fulfilled. However, the design for the new hospital supports our values by including family-friendly amenities and support areas which will allow us to continue providing outstanding medical care, hope and compassion to our young patients and their families.



Care centres at the centre of it all

By Maureen McCarthy

Designing and building a health centre from the ground up gives us the rare opportunity to rethink how we deliver care to our patients. The MCH advocates patient- and family-centered care, and the inpatient unit care centres on floors 6 to 9 in block B are an excellent example of putting design into action.

Barbara Izzard, MCH Associate Director of Nursing, has been involved in the planning process; her focus is on inpatient activities. "What has traditionally been called a nursing station will now be called a care centre to better reflect its purpose as a central hub where all hospital professionals can do their work while seeing patients," she says.

The specific design of the care centres will vary from unit to unit but there are common elements such as a

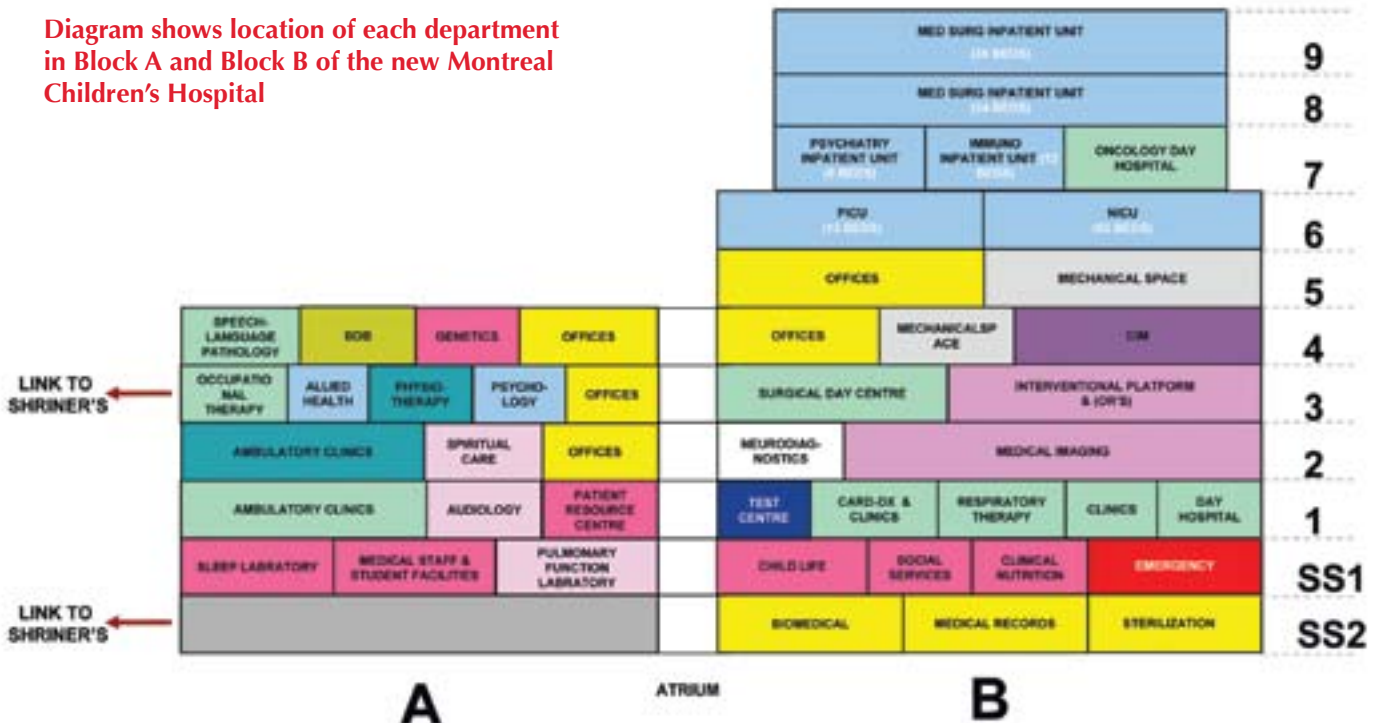
reception area, workstations, and equipment and supply rooms (see diagram on page 5). Both the reception and workstations will have computers and phones set up for individual use. One row of workstations will be set up behind plexi-glass panels, a feature which will give staff privacy to work on patient files but also allow natural light to filter through.

Making space for teaching and consultation

The units will also have team rooms and conference rooms, either within the care centre itself or at another location on the floor. Equipped with computers, projectors, screens and white boards depending on the unit's needs, these rooms will allow staff to hold teaching sessions or meetings. There will also be several designated consultation rooms where health professionals can meet privately with families.

MCH Stacking Diagram

Diagram shows location of each department in Block A and Block B of the new Montreal Children's Hospital



(Continued on page 5)

(Continued from page 4)

User groups expand, bring new insights to design

Once the construction consortium was selected in April 2010, the process for selecting user group members opened up, which provided better opportunities to ensure balanced representation across all departments. As the number of staff taking part has grown, so too has the understanding of how the new care centres and workstations will help change our delivery of care. “Members are being asked to go back to their teams to get feedback,” says Ms. Izzard. “For example, the NICU invited the transport team staff and the lactation consultant to provide their input.” From the patient and family perspective, members of the Family Advisory Forum (FAF) are also becoming more involved in the consultation process.

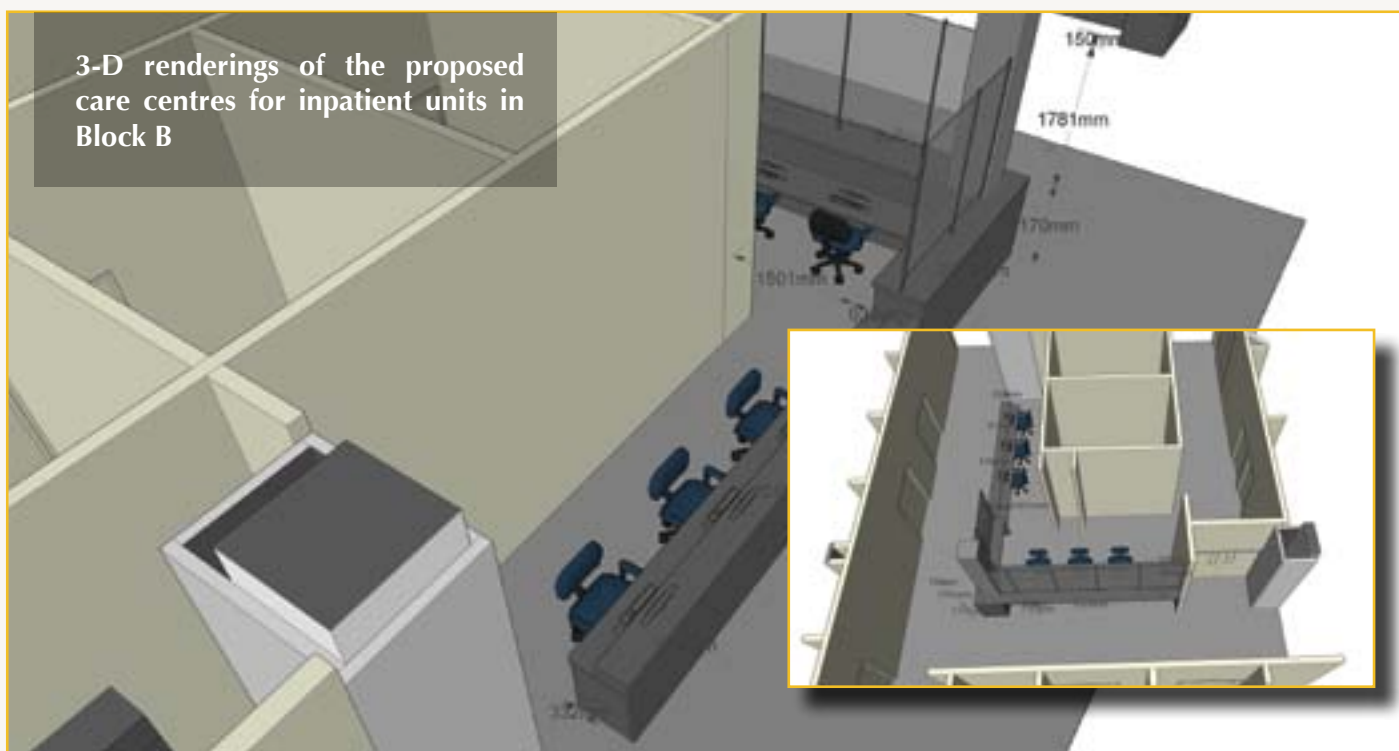
Individual workstations enhance patient-centred care

In almost all in-patient units, the plans include workstations located in alcoves between every two patient rooms. Each workstation will be equipped with

a computer, desk, phone, and a chair or stool. Units will have six alcoves for every pod of 12 beds and this access to computers at various points around the unit will help minimize trips back to the care centre when time is critical.

These alcove workstations will also have windows that look into the patient rooms so that nurses, physicians and other staff can observe a patient without entering the room.

“In developing the detailed design, we’re creating opportunities to work differently,” says Ms. Izzard. “It always comes back to how we plan to bring care to the patients instead of the other way around. But it’s also about making equipment, supplies and information more accessible too. Creating efficient workspaces that an entire healthcare team can use sets us on the right course to making patient-centred care an everyday reality.”



Chez nous is published by the MCH Public Relations and Communications office.

Contributors: Cinzia Colella, Marc Courtois, Lisa Dutton, Maureen McCarthy, Caroline Phaneuf, Pamela Toman and Christine Zeindler

Translation: Joanne Lavallée

Graphic design: Jean-Claude Tanguay

Photography: Robert Derval, Jean-François O’Kane and Daniel Héon

To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.



**Join us on
Facebook**

The future is now!

Pediatric neurosurgery finds a new high-tech home at the Glen

By Cinzia Colella and Caroline Phaneuf

After 50 years of groundbreaking work, the Neurosurgery Department at the Montreal Children's Hospital is looking forward to a new era of care at the Glen Campus. In a mere four years, neurosurgeons at The Children's will have access to an advanced and powerful new neurosurgical suite, located at the heart of the Glen Campus operating rooms, allowing them to make even greater strides in their efforts to better understand the brain and treat neurological conditions.

"The new operating room suite, already in use at the current Children's Hospital, is a vision of the future for all tertiary surgery at the Glen," says Dr. Jean-Pierre Farmer, Neurosurgeon and Surgeon-in-Chief at The Children's, and Head of the Department of Pediatric Surgery. "Its current location in the Medical Imaging Department is far from our regular operating rooms, which means we need an additional circulating nurse and patient care attendant when in use. Its integration into the interventional platform (operating block) at the Glen Campus will further improve versatility and efficiency."

Key technology: the Intraoperative MRI

At the core of the operating room suite is a cutting-edge intraoperative magnetic resonance imaging (MRI) machine – the only one in Quebec and one of only two in Canada – that allows the surgical team to scan patients' brains before, after and even during surgery in order to plan, assess progress and make necessary adjustments.



The current iMRI suite was installed in 2009: approximately 80% of the suite's equipment will be transferred to the Glen site


Photo: Daniel Héon

"The intraoperative MRI allows neurosurgeons, and their fellows and residents, to virtually map a surgery before entering the operating room," explains Dr. Farmer. "They can locate the visual, motor, and speech fields of the brain, clearly contour a tumour and plan a surgical trajectory, which makes surgery safer and more effective." The new MRI has been instrumental in reducing diagnostic imaging wait times. The number of children who can undergo diagnostic imaging in a day has risen from six to 20.

In addition, the new MRI is also proving incredibly valuable to researchers such as Dr. Pia Wintermark and Dr. Isabelle Gagnon. "The opening of the iMRI suite has brought many advantages to those of us doing research using advanced imaging techniques," says Dr. Wintermark. "For example, imaging of very specific details of a

baby's brain is now possible thanks to this technology. It is allowing us to better understand how brain injuries develop in these patients. This is already dramatically improving the care of these babies, and will do so even more in the future."

According to Dr. Farmer, this new type of operating suite allows him and his team to conduct their work with extreme precision, which is vital for any surgery, but is particularly important for neurosurgery. "We've been able to lower the instances of second operations and shorten recovery and rehabilitation time," he explains. "To be able to say there are no visible complications after removing an entire tumour, or a lesion causing epilepsy, is a real gift for parents when their child emerges from anesthesia after a 10 to 12 hour operation."



**Woman's health + fetal medicine + perinatology + neonatology =
mother and child care all under one roof**
Interdisciplinary Clinical Integration will be the reality at the Glen Campus

By Lisa Dutton and Cinzia Colella

The McGill University Health Centre's Glen Campus will be one of only a few hospitals in Quebec to provide full-service adult and pediatric specialties under the same roof and thus be able to care for patients throughout their entire lifespan.

"On the Glen Campus, we will be able to provide the full spectrum of tertiary and quaternary care and services to pregnant moms, newborns, and senior citizens alike," says Dr. Harvey Guyda, Associate Executive Director of The Montreal Children's Hospital. "This will be clearly beneficial to all of our patients, and particularly so for women and newborns associated with high-risk births."

Dr. Guyda points out the women's health mission, birthing centre and post-partum unit will be located right next to the Neonatal Intensive Care Unit (NICU) in the new Montreal Children's, thus creating the ideal clinical environment for women and their newborns. Services for Women's Health will be located on the sixth floor of the MUHC adult facility and for Newborn Medicine on the sixth floor of the high tech B Block of the Montreal Children's Hospital. Both facilities will be easily accessible via a passageway that will link the two buildings.

Most often when both a mother and her newborn need full-service, specialized care, they must receive

it in two different hospitals. This is far from the ideal situation for mom or baby. In addition, it is very difficult for the family who must divide its time between two separate hospitals.

Integrated Mother and Child Care

"The MUHC's outstanding team of physicians, nurses, dieticians and numerous other allied health professionals will be able to take care of an expectant mum with complex medical needs as well as those of her newborn child," says Dr. Robert Gagnon, Director of Obstetrics and Maternal Fetal Medicine at the Royal Victoria Hospital of the MUHC. "This is very important, because the close proximity of newborns to their parent reduces stress and promotes healing."

Dr. Gagnon notes that at the Glen Campus, the Department of Medical Genetics that conducts pre-natal diagnosis and other related sub-specialties such as Fetal Medicine will be closely linked to the Women's Health Department, providing patients with access to truly multi-disciplinary care.

Neonatal Amalgamation

Currently, MUHC Neonatology Services are located at The Montreal Children's Hospital and the Royal Victoria Hospital. They provide advanced tertiary and quaternary care to newborns. In preparation for the move to the Glen, the

multidisciplinary members of the two neonatology teams are working collaboratively together to develop harmonized practices, flow plans and protocols. This important transitional phase will ensure the team is fully operational on the new campus. Dr. Gagnon says an added bonus for staff and physicians of being located side-by-side is the ability to communicate more easily and the ability to call on each other for immediate assistance and counsel when the need arises.

On the Glen Campus, everyone will benefit from private patient rooms. This contrasts sharply with the current open ward design of the NICUs which are often noisy and crowded. The single patient rooms will give families the opportunity to have quality private time with their newborn. A few NICU rooms are being designed to accommodate multiple births so parents will not have to move from room to room to take care of their newborns.

"The benefits of having Maternal Health, Fetal Medicine, Perinatology and Neonatology located one next to the other are innumerable. It will be a boon for our health professionals who currently work in separated clinical teams and for our patients and families who will be able to move seamlessly between all of the services the MUHC provides," says Dr. Guyda.

Happy together: Pediatric and adult scientists under one roof at the MUHC

MUHC and MCH researchers aim to improve health throughout life

By Christine Zeindler

Doctors, nurses and other healthcare professionals relocating to the McGill University Health Centre (MUHC) Glen Campus will not move alone as close to 200 researchers will be joining them. Academic researchers and clinician-scientists from both the pediatric and adult sites of the MUHC will be united in one facility for the first time.

“This will be an unprecedented opportunity to bring together prenatal, childhood and adult clinician researchers,” says Dr. Jacquetta Trasler, Director of the Research Institute at The Montreal Children’s Hospital, MUHC. “We will be able to look at disease across the lifespan and find out some of the root causes for adult illnesses at the early stages in life.”

Two major research components will be created at the Glen: the Centre for Innovative Medicine (CIM) and the Centre for Translational Biology (CTB). Within these units, pediatric research will have a distinct focus.

Centre for Innovative Medicine (CIM): a clinical research unit

The CIM is designed to be a multi-purpose unit where patients and their families will be enrolled to participate in clinical research, such as clinical trials. Assessment and evaluation will take place in this area as well. When in full operation, it will be the largest dedicated academic clinical research centre in Canada.

“This will serve as the centre where new therapies will be evaluated and new educational approaches tested,” says Dr. Trasler.

The pediatric research areas will include:

- ▶ **Prenatal and childhood origins of disease** – will focus on how the environment plays an important role in influencing genetic predispositions (for example, how vitamin D plays a role in bone strength).
- ▶ **Lung health** – will span the pediatric and adult population of subjects with respiratory disease (for example, asthma and chronic pulmonary disease).
- ▶ **Cancer** – will evaluate the impact of individual characteristics such as age, family history on the progression of cancer and the clinical response to therapy.



Nathalie Magnus, doctoral student, (supervisor) Dr. Janusz Rak, Cancer and Angiogenesis Research Laboratory.

Centre for Translational Biology (CTB): the main research pavilion

The CTB will be the central research pavilion at the Glen. It is designed to have an open lab concept that maximizes interactions and provides flexibility as teams change size. In the field of pediatrics, the main area of study will be the Prenatal and Childhood Origins of Disease.

“There is growing interest in how the genes we inherit from our parents are influenced by diet, and the experiences and environment we encounter during prenatal life and early childhood,” says Dr. Trasler. These early events are particularly important as a number of common diseases such as diabetes, hypertension, heart disease and neurobehavioural disorders such as autism can originate in very early life. While genetics are important, the new field of epigenetics provides a way for our genes to sense and respond to the environment and may provide a key element in understanding how the same gene defect can affect two individuals differently. “This will be an important focus of our research,” adds Dr. Trasler.

The major strength of the Prenatal and Childhood Origins of Disease theme is the consolidation of highly specialized clinical pediatric researchers with their colleagues in adult medicine, allowing disease trajectory, from fetus to child to adult, to be mapped. The research will lead to the development of screening tests and preventive therapies for birth defects and adult diseases originating in early life.

“Our hope for the future is that we may be able to prevent adult disease by identifying early causes” says Dr. Trasler. “The only way to prevent some lifelong diseases may be through early intervention.”

A comfortable recovery

Children receiving radiation therapy will soon recover in a pediatric setting

By Christine Zeindler

Good news is on the way for children who receive radiation therapy to treat their cancers. These kids are currently transported from The Montreal Children's Hospital (MCH) to the Montreal General Hospital (MGH) to receive their treatments. Then they are transported back to the MCH to recover. This will change once the MCH moves to the Glen Campus. Here, treatment and recovery will be completed in the same hospital which will be designed and equipped for children and teens.

Radiation therapy prevents cancer cells from growing and reproducing. The therapy usually involves using

specialized equipment that aims very specific amounts of radiation at tumors or diseased areas of the body. Children under five years of age usually are sedated so they don't move during the treatment. Radiation therapy is currently conducted at the MGH where the appropriate equipment is housed.

"It is more convenient and comfortable to bring the children back to the MCH after the radiation therapy is done," says Dr. Pierre Fiset, head of the MCH's Department of Anesthesia. "They are more at ease at the MCH."

"At the new Montreal Children's Hospital, the children will not have

to be moved across town thus it will be much less stressful and more convenient for kids and their parents," agrees Dr. Blair Whittemore, interim director of the MCH's Hematology/Oncology department.

When pediatric patients initially started coming to the MGH, some of the equipment had to be adapted, such as the anesthesia devices and means to administer medication. "At our new hospital, all the equipment for treating children and teenagers will be there and with minimum disruption, they will move to the proper setting for a rapid recovery," says Dr. Fiset.

Construction Schedule

Start of construction
2010

Excavation
June 2010-Jan. 2011

Foundations
Oct. 2010-Sept. 2011

Parking construction
Underground: Sept. 2011-Aug. 2013
Above ground: Apr. 2012-Nov. 2013

Interior design
Fall 2011-Fall 2014

End of construction
Fall 2014

Commissioning Period*
Spring/Summer 2015

* The time period when staff will be trained on new equipment and all aspects of the facility will be inspected and tested.

From the ground up

An east-facing view of the ongoing construction of the new Montreal Children's Hospital.

New plans for pediatric Cardiac Diagnostic Centre aim to increase efficiency and centralize services

By Pamela Toman

For the average patient and family, a visit to the current Cardiology department at The Montreal Children's Hospital (MCH) can be like navigating an oversized labyrinth, involving multiple floors and corridors.

It might be the current reality, but the plans for the new Cardiac Diagnostic Centre at the Glen Campus, developed in collaboration with Dr. Adrian Dancea, Director of the Pediatric Cardiology Division at the MCH, aim to reduce the need for patients to move around so much and to increase efficiency for staff.

"We are a department that is heavily reliant upon technology, with many of our patients requiring electrocardiograms (ECG), echocardiograms (ECHO) and cardiac stress tests, so the idea for this space was to centralize everything, offering a variety of services in one place," Dr. Dancea explains.

Located on the first floor of the new hospital's B block, the space will drastically reduce the need for patients and staff to make numerous treks throughout the building by grouping similar diagnostic services in the same area. These will include five ECHO labs, two ECG labs, five consultation rooms, a multi-purpose room that can be used for pacemaker interrogations or stress tests, a conference room for team meetings, and a waiting area that will separate pediatric patients from expectant mothers coming in for fetal cardiac consultations.

What's more, the new Centre's proximity to the public entrance of the hospital and the pediatric atrium will be more clearly identifiable to outpatients, while its vertical adjacency to the cardiac catheterization lab, located two floors above and next to the operating rooms, will provide easy access to inpatients visiting the centre for diagnostic tests.

Designing a space that will not only be centralized for patients and families, but be functional for staff has been no small task, says Dr. Dancea, but it has offered great opportunities to increase efficiencies and eliminate waste.

The Cardiology division was recently chosen to undergo a pilot project with the Transition Office called the Lean



Photo: Daniel Héon

Process, a well-known and respected management philosophy first used by Toyota in the 1980s, and more recently adopted by North American businesses and industries in various sectors, including health care and government. "This process focused on how we could simplify work processes as much as possible and look for ways in which we could make gains in efficiency and quality," explains Dr. Dancea. The results have inspired the current design, and have helped ensure that everything will be constructed in the appropriate place.

With the architectural plans in place, the next step will involve designing the finishes of the space and deciding on the details of each individual room within the centre, says Dr. Dancea, who is most looking forward to working in a modern, more pleasing environment.

"Certainly the new facilities will allow us to have closer contact with our adult care colleagues, which will be beneficial. It will help us integrate our efforts in teaching and research and help us create a uniform approach to the transition of patients, which is part of our overarching vision for the future."

Design and Development: What is it and what does it mean?

By Cinzia Colella

It is easy to see the construction progress on the Glen Campus. Ten cranes now dot the Montreal skyline and a structure has begun to appear in what was once an empty field. What is less evident is the elaborate detailed design work that is going on behind the scenes at the same time as construction.

Designing a hospital the size of the Glen Campus is extremely complex and requires the collaboration of many different people from many different fields. According to Imma Franco, Associate Director, Programs and Services Planning, “Our user groups, which are made up of architects, engineers, planners, clinicians, researchers, administrators, I.T. technicians, housekeeping staff, and many more,

are an extremely important part of the design process; these multi-disciplinary groups inform planners what is needed from a clinical, academic and research perspective. It is what will make the Glen an excellent academic health care centre.”

User groups discuss every aspect of the hospital: from the location of departments, to what medical equipment is required, to where a lightswitch will be placed. Everything must be taken into consideration to ensure optimal functionality and respect of best practices.

This information is then processed by MUHC planners who must have in-depth knowledge of the clinical and research programs. Planners

represent a key link between MUHC clinicians and the private partner (builders). They must ensure that the design of every department meets MUHC needs, is in keeping with contractual obligations, is optimally functional and respects best practices. Planners must also work in collaboration with engineers and architects to refine and perfect plans.

Building a modern healthcare institution that will take us into the future is challenging work that requires collaboration and openness. There is no doubt that the Glen Campus will be a reflection of the dedication and hard work being demonstrated by everyone who is working on this landmark project.

What Happened in Phase I of Design and Development

Phase I of Design and Development saw the completion of the design for all the lower levels of the Glen Campus – from levels SS2 to 2. This included:

- ▶ Emergency Departments
- ▶ Ambulatory Services
- ▶ Medical Imaging
- ▶ Cancer Centre
- ▶ Laboratories
- ▶ Elevators (for visitors, staff and patient transfers)
- ▶ Trauma-sized elevators
- ▶ Materials management elevators
- ▶ Kitchen
- ▶ Waste management
- ▶ Agile assembly area
- ▶ Linen chutes
- ▶ I.T.
- ▶ Housekeeping
- ▶ Clean and soiled utility rooms

What's Happening in Phase II of Design and Development

Phase II of design and development is essentially a repetition of Phase I but for the departments that are located on Floors 3 and up. It will include:

- ▶ Interventional Platform (ORs, procedure rooms, Interventional Radiology, Cardiac Catheterization and Electrophysiology labs)
- ▶ NICU
- ▶ PICU
- ▶ Inpatient units
- ▶ Critical Care
- ▶ Women's Health
- ▶ Inpatient and outpatient services
- ▶ Breast Centre
- ▶ Centre for Innovative Medicine
- ▶ Ambulatory Care
- ▶ Administrative offices

Joint Task Force looks at collaborative programs for MCH and Shriners Hospital

Preparing for Glen Campus when institutions will be next door to each other

By Lisa Dutton

As they look towards their future as neighbours on the Glen site, The Montreal Children's Hospital and Shriners Hospitals for Children®-Canada have created a Clinical Operations Joint Task Force to look at the types of clinical services, clinical support and general infrastructure support that could be shared by the two institutions to better serve the children and their families in their care.

"We are looking at the possibility of combining some programs, and perhaps single-siting others," says Dr. Harvey Guyda, Associate Executive Director of The Children's and co-chair of the task force along with Ms. Céline Doray, Administrator of Shriners Hospitals for Children-Canada. "That basically means considering almost anything to do with bones and orthopedic services, such as having access to highly specialized technology such as the movement analysis lab which the Shriners will be opening, sharing the single MUHC loading dock and aligning general support services such as materials management and purchasing supplies. We are looking at all the opportunities as well as constraints that co-location will provide."

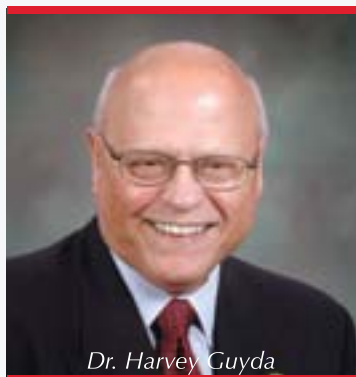


Photo: Daniel Héon



Photo: Jean-François O'Kane

"Patient safety and the quality of care we offer are the driving principles behind any collaboration now and in the future," says Ms. Doray. "If children can benefit and if the proposed changes are in line with our respective missions then we'll make it happen."

So far, the task force is still in the decision-making process, looking at what opportunities may exist in areas like pediatric orthopedics and pediatric trauma, reconstructive facial surgery, rheumatology, and neurology. According to Dr. Guyda, this will be a very complicated process, as both hospitals would need to harmonize clinical protocols, determine patient flow processes, standardize computerization, and measure the impact on human resources, teaching and potentially collaborative research programs.

Long-standing collaboration

Working together is nothing new for The Children's and Shriners who have developed many partnerships since 1998, notes Ms. Doray. The biggest example is the joint Orthopedics Program directed by Dr. Reggie Hamdy. Some Shriners patients, such as those requiring rhizotomies (a neurosurgical procedure that selectively severs problematic nerve roots in the spinal cord) have their surgeries at The Children's, spend a few days in The Children's PACU and 7th floor surgical ward and then return to the Shriners for rehabilitation. A few weeks ago,

both hospitals announced the launch of a joint Chest Wall Deformity Clinic under the leadership of Dr. Sherif Emil, Director of General Surgery at The Children's.

In all likelihood, says Ms. Doray, the Clinical Operations Task Force will be around for a long time, looking at ways the two hospitals can better collaborate and support each other both leading up to the move to the Glen campus and beyond.

About the new Shriners Hospital

The new Shriners Hospitals for Children®-Canada is slated to open at the same time as The Children's. The hospital groundbreaking ceremony and press conference was held on October 13. The hospital will feature a total of 22 single patient rooms, including one four-bed unit that could be turned into an intensive care unit or an intermediate step down unit. It will also have four operating rooms and over 25,000 square feet dedicated to research.

The hospital will be twice as big as the current facility on Cedar Avenue; the larger rehabilitation, ambulatory care, and teaching areas will greatly enhance the hospital experience for patients and families.

Plans for new family resource centre highlight importance of patient- and family-centered care

By Pamela Toman

When a child is hospitalized, it can stir up countless emotions in parents, siblings and young patients alike. Part of The Montreal Children's Hospital's (MCH) commitment to patient- and family-centered care involves providing information and resources to help families better understand their child's medical condition and participate in their care.

As the MCH of the McGill University Centre strives to build one of the most modern pediatric medical institutions in North America, exciting plans are being developed to better fulfil this need through the creation of a more accessible and multi-functional family resource centre at the Glen Campus.

Staff librarian Lynn Kiraly-Batist, MLIS, has worked in the current Family Resource Library located on the 5th floor of the C-wing since 2002, and has been a key participant in the drafting of the most recent plans for the new space, along with Dr. Harvey Guyda, Associate Executive Director of the hospital. Both agree that the addition of a larger, more accessible space for patients and families is both beneficial and important in the current age.

"There is a lot of literature that shows that offering educational resources and support makes a big difference in the health outcomes of children," says Ms. Kiraly-Batist. The new space will allow her to continue managing the consumer health-oriented library as she currently does, but will be roughly three times the size measuring approximately 1,000 square feet. "This will allow for more access to the most current



Lynn Kiraly-Batist

Photo: Daniel Héon

educational materials for parents and patients, and will allow me to house a greater number of some of the most widely distributed resources," she says.

While the current facility is adjacent to the Department of Child Life, the location of the new space will be much more central. "The centre will be located on the first floor of the A block of the new hospital," explains Dr. Guyda, "and will be near the main entrance, adjacent to the atrium and right near the ambulatory clinics." This will prove to be a much more convenient and identifiable location for families.

Having consulted with many users of the current library, Ms. Kiraly-Batist identified a great need for a space within which parents could meet and organize lectures, support groups and teaching sessions with other parents and health professionals. The new plans have therefore included the addition of a closed family conference room, so that parents can easily connect with and support one another and learn specialized skills, which could be taught here in

the form of workshops. "We hope to give parents a sense of empowerment through health information, and with that, we hope they gain a sense of control," she says.

A business centre will also be created, offering access to eight to 10 private workstations that will include desktop computers, Wi-Fi access, free printing, as well as faxing and copying services. This will allow parents to catch up on their personal business during spare time, or browse through online educational materials along with the help of a health professional or librarian.

"The goal is to ensure that all of the resources within this room are first class," says Dr. Guyda. Along with the help of Ms. Kiraly-Batist and parents and families alike, this vision of setting a "gold standard" in patient- and family-centered care is well under way.

► **Size:** the new space will be roughly 1000 square feet

► **Location:** right near the main entrance of the A block

► **Additions:** a family conference room, a business centre complete with internet access, printing and faxing services and Wi-Fi, as well as a more complete consumer health library

► **Perks:** skylights, soothing and relaxing design, and proximity to elevators, main entrance, Child Life department and ambulatory clinics

Entering the final sprint of the “Best Care for Children” Campaign

Marc Courtois, Chairman of the Best Care for Children Campaign

This sports analogy is very appropriate because there are many similarities between a race and an important campaign such as *The Best Care for Children Campaign*.

From the very start, we knew that the course would be long and arduous and that we would need to be well prepared. There were false starts, fears, even doubts but we stayed in the race and got our second wind.... The analogy could be pursued but perhaps at the risk of clouding our message: We have never been so close to the finish line; now more than ever we need to show our commitment and generosity.

Our new Children’s Hospital is quickly taking shape on the Glen campus. Let us make sure we can proudly say “mission accomplished” in the near

future for our \$100 million capital campaign. We are in the last stretch of the campaign and to get across the “finish line”, we have to join forces, talk with our relatives, friends, and neighbours, and rally them to dig deep into their pockets and give as generously as possible. This will allow us to meet our main objective of providing the Best Care for Children.

Thank you for continuing to support the construction of our new hospital in every way that you can.

