

The Alberta Children's Hospital move: What's changed and lessons learned from our new location

By Connie Abrey, RN, BN

The Alberta Children's Hospital in Calgary is now located in a new state-of-the-art facility. In September 2006, we left our old location – a space the Children's Hospital had occupied since 1952 – to move to a freestanding building in another quadrant of the city.

The new hospital boasts 'location, location, location'. Situated on the top of a hill, this colourful Lego-like building brightly contrasts against the blue prairie skies. There are several family-centred features, including family lounges, playrooms on every level, an art therapy centre and even a pet visiting room – all catering to our young patients and their families. Several landscaped areas on the property, appropriately named The Healing Gardens, have been developed to offer patients, families and staff some much-needed time away.

Preparation to move to the new site was no small feat. It took a collection of individuals, affectionately dubbed the Kids on the Move Team, to plan and facilitate the relocation.

I was fortunate to be part of this team and was hired as one of two nursing educators to plan an orientation program for all staff, volunteers, and physicians. My partner and I worked with others to create an orientation guide and facility maps, in addition to providing physical tours to more than 3,000 people. Staff participated in drills, mock scenarios and equipment training. Key code team responders also did preparatory training, testing code activation equipment, as well as the new paging and code elevator systems.

Other facets of the move preparation involved taking an inventory of the 10,000 items to be moved, as well as strategic move planning. Multiple staff members were involved in doing their department inventory. A designated move coordinator helped to facilitate and plan the six-week equipment move. In addition, each respective patient care area developed patient care contingencies, planning patient care delivery for either site (or patient transfer to an alternative site) for the days surrounding the planned patient move date.



Figure One. Courtesy of Robert Lemermeyer

What took months to plan finally culminated on a sunny September day, when 51 of the sickest inpatients were shuttled the five-kilometre distance by ambulance to the new site.

It has been a mere six months since the move and we continue to operate at our usual busy pace. While the move experience has become a faded memory for most of us, I cannot help but notice what has changed and what we now do differently as a result of this move. The following is a description of what, in my opinion, is different and how we have grown along the way.

1. The impact of physical relocation was greater than we expected.

Little did we know just how much this vast new space would influence and change how we work every day! Departments that used to be neighbours with one another now have changed work relationships. Those departments that formerly shared space, or even shared programs, are now more likely to be self-contained departments. Not only are they no longer co-located, but also they are likely situated on different levels in the building! This has required a change in how departments currently work and how they communicate with each other.

Even within the emergency department itself, there are changes related to this larger physical space. The cramped ED at the old site was a small, homey environment. The pitfall of that space was the obvious lack of patient privacy. Our new emergency space, which offers only single-patient rooms, now poses communication challenges of a different sort! As staff members are not as visible in our larger department, we have now



Figure Two.



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It's in our nature to care.

become dependent on communication using wireless, voice-recognition technology to communicate to each other, within our own department, as well as interdepartmentally.

2. Despite the move, process change continues.

Moving to a new hospital was a significant event that departments tried to use to make process changes they believed would improve their department overall. Yet, despite best efforts at planning, not all aspects of workflow could be anticipated. Now that we are working in our new location, many more frontline staff members have become engaged in process change, resulting in a greater number of new ideas being generated. By incorporating frontline workers' suggestions and changes, patient flow issues continue to be addressed.

3. Plans are plans, and then there is reality.

Several hundred staff members were involved in the planning and design of the 750,000 square-foot building. If you have ever done a renovation or built a new house, you will know that certain design ideas do not always work out as planned. In the few months since the move, we have seen various changes made within the building. For example, various clinical areas have had the recent addition of closed-circuit camera surveillance to improve patient safety. Computers have been moved to be more user-friendly. As well, millwork counter tops and cupboards have been adjusted to be more ergonomic for staff.

4. Adapting to change varies among individuals.

Some of us thrive on change, while others find it uncomfortable or even frightening. While we may realize that change affects us all, not all individuals are affected equally by any given


change. Some may embrace a new way of doing things and feel challenged and energized by the opportunity to learn something new, while others may not. We have seen many staff changes, shifts between departments, and even retirements since our relocation.

5. Adapting to change varies for families, too.

Despite being very family-focused in planning and designing the building, the facility move has been difficult for some of our families. For example, in the emergency department, we continue to refine our triage process. One day, families are expected to wait in the triage line, while the next week the same family may be required to use the take-a-number system that has just been implemented. During these adjustment periods, some family members comment that they feel confused or distressed. As families are our key stakeholders, we need to keep in mind how difficult such changes may be for them.

6. Further change is inevitable.

As with all aspects of health care, we continue to refine our patient flow and process and to make technological improvements with key patient safety issues in mind. But perhaps it is time to realize the driving force for further change may not be due to reasons of the relocation itself but, rather, the way we see and adapt to our regular health care demands. Health care is dynamic and, as such, we need to be responsive to the ever-changing needs within the system.

A new hospital is a rarity; few hospitals are being built from the ground up. This unique opportunity has allowed us to introduce some valuable changes. The Alberta Children's Hospital has been and continues to be a great place to work and our new space will allow us to continue to improve the care we provide for our patients and their families. 

About the author

Connie Abrey is a staff nurse who works and enjoys the view from the emergency department at the new Alberta Children's Hospital.

For further information on the new facility, please visit: <http://www.calgaryhealthregion.ca/ACH/>



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robert@eye51.com

Figure Three.