

From Vision to Reality...

THE BLUEPRINT BEHIND THE TRANSFORMATION

For 23 months we've seen new inpatient wing at Trillium – Mississauga emerging from the ground. As the first health units and their patients prepare to move into the new wing, we take a look back on how we got here and the people who helped make it possible.

Plan for Transformation

Planning for the new inpatient wing began in 1998 when a team of Trillium staff and leaders – led by Eric Vandewall (now Senior Vice President) and Patti Cochrane (now Vice President of Patient Services and Quality) – came together with a vision: to build a state-of-the-art space, centred on enhanced patient care in an open environment that supports patients and caregivers.



The team sought the input of Trillium patients and staff, and the expertise of architects, consultants and leading health care facilities around the world. They worked with governments and the Trillium Health Centre Foundation to find the money for the project. The result is a state-of-the-art facility that will truly transform the way health care is delivered.

Getting the Right Design

“Trillium is very innovative in building people places,” says Susan Black, principal architect of Perkins Eastman Black Architects, and designer of the new inpatient wing. “The new wing was designed to be the inpatient wing of the future.”

One of the main features is a decentralized nursing model that allows caregivers to be closer to their patients. On a typical 36-bed floor, there are three decentralized care stations (or clusters), responsible for 12 patients each. This means less travel time for nurses and more assurance for patients.

Each patient room has a window for plenty of natural light, a barrier-free washroom and a hand-washing sink for staff and visitors just inside the door. Semi-private rooms include a screen between beds to increase a patient's level of privacy. The rooms are also ergonomically designed to make it easier for staff to do their jobs.

The new inpatient wing also uses nurse call devices and e-whiteboards to make clinician's jobs easier (see “New Tools for Trillium” on page 12).

Building the Future

In 2007 construction began, and over the next two years, three hundred contractors, subcontractors and tradesmen worked together to bring the new inpatient wing from a hole in the ground to completion. But even as the shovels were going in and the concrete was being poured, Trillium's redevelopment team was making adjustments to address the unforeseen circumstances that always come with a large-scale construction project.



“When you're designing, you're designing on paper,” says Al Ducsharm, Project Manager with Trillium's redevelopment team. “The reality is always slightly different.”

Design adjustments are part and parcel of a construction project like this, not just due to construction realities, but also due to changing technology. That's where the Trillium redevelopment team, led by Henri Dekker, Director of Redevelopment, takes over.

“Our first priority is ensuring that we deliver the requirements that were articulated by the programs and services,” says Henri. “We provide due diligence to confirm the changes are necessary, and to determine the impact on cost, quality and time.”

Trillium's redevelopment team carefully coordinated with the corporate services and patient services teams to minimize disruption for patients and staff when the new inpatient wing was being tied into existing systems – electrical, plumbing, and so on. Soon all exterior construction was finished. This does not, however, mean the work is done.

Even as the health units move into the building, contractors are still working, completing minor deficiencies on unoccupied floors, and installing systems (i.e. telemetry, wireless, etc).

“Going from shell,” says Al – meaning going from just having the outside of the building done to having it ready for occupants, “can take three or four months. But it's a staggered event.”

The Final Stretch

Two years after construction began and 10 years after the initial plans were laid out, everything is on budget and on schedule. We are ready to open not only the new inpatient wing, but a new chapter in Trillium's history, and in Canadian health care practices.



“This new inpatient design will be the envy of any hospital in Canada,” says Patti Cochrane. “I can guarantee you.”