

# 'Thoroughbred' hospital reaching finish line

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It's been a year of growth along with some growing pains for Markham Stouffville Hospital.

A year ago, the hospital upped and moved from the old to the new portion of the building, with new space and new technology.

It took years of planning for the big move of entire departments and patients from the old building into the new building last March.

Moving logistics included mock moves and several colour-coded move teams, each responsible for a separate task, including patient transfer, sanitation, transport and patient register teams.

"It took a lot of planning," hospital president and CEO Janet Beed said. "Some say all that planning wasn't necessary. Because of all that planning the move went off without a hitch."

Moving was the easy part.

Similar to moving into a new home, it takes a bit of time to get used to the new technology and new space, Ms Beed said.

For instance, one department forgot to request a code lock door, something department staff used every day and didn't think twice about. The team assumed a new code lock door would be in place at the new location.

For others it's about getting used to the new space.



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Markham Stouffville Hospital should be like new by August.

"The diagnostic department used to be in a shoebox," Ms Beed said. "They had to learn how to communicate with their co-workers. It's like living in a small apartment and sharing a bathroom. Then you move to a large house and miss the communication."

Another hiccup occurred during the early days after move in, when a nurse forgot to disarm the hospital's new infant abduction prevention system.

The live tracking fob was in the nurse's

pocket when the nurse walked near the elevator, sending the floor into lock down mode, hospital capital development vice-president Suman Bahl said.

Signage was another issue, where different corridors were closed day-to-day, she added.

"It was a challenge directing people," Ms Bahl said. "We were adapting as we went along. The hospital can be a scary place and the changing signs didn't help."

Not to mention, many hospital goers

The infant abduction prevention program is a tracking system designed to track an infant within a certain boundary – the maternity ward at the hospital.

The tracking device is a set of wristbands with a FOB worn by mother and baby, who can move freely on the floor.

If the infant is taken beyond the FOB boundary, an alarm will sound and the system will automatically lock down the floor, including stairways, doors and elevators.

continued to use the north entrance – an entrance with stairs.

"We designed the hospital with the end state in mind," Ms Bahl said. "We had to adapt the space for a temporary solution. Building a temporary entrance would have added to costs and time."

The next major milestone is expected this summer, when renovations to the old portion of the building will be complete.

"We will be glad to have our hospital back," Ms Beed said. "There will be no more detour signs."

Come August, there won't be a feeling of old versus new, as the old building will be transformed to look like the new building.

Seamless is how Ms Bahl put it, with the same flooring and colour scheme used throughout the hospital.

Then it is a matter of maintaining a strict maintenance structure and schedule.

"It is not often hospitals are given the opportunity to renovate and expand," Ms Beed said. "We can't stop caring for our building. Now the hospital is more of a thoroughbred and requires more maintenance."

Next on the project list is rolling out the hospital's strategic plan that will take the building to 2020. The focus of the strategic plan is developing the hospital's clinical programs such as special surgeries and a geriatric clinic.

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