

Facilities Management

Year in Review 2014-15



London Health Sciences Centre
Facilities Management

Introduction

The 2014-2015 year at Facilities Management (FM) has been one of great change, working towards better customer service, integrating disparate divisions under a unified leadership, and leveraging our assets. We've completed the final stages of the extensive restructuring projects that began 18 years ago. The Milestone Phase 1, 2 and 3 restructuring projects included a massive consolidation of almost every area of acute care at St Joseph's Health Care and South Street Hospital with new and renovated facilities at Victoria and University Hospitals. The final Phase 3, to be completed this year, will introduce modernized care facilities that meet the latest infection control and barrier-free features, as well as new operating rooms and a family medicine/palliative care inpatient unit.

For the fiscal 2016 budget cycle, LHSC was again faced with an overall decrease as inflation out-paced health care funding. To meet this challenge, the hospital allocated across-the-board savings targets of 1.75% for Clinical and 2% for Support portfolios. This translated into a \$243,000 efficiency target for Facilities Management. For the second straight year, FM exceeded its savings strategy goals, contributing \$1.1 million to LHSC's bottom line.

The new era in Facilities Management is now focused on making more efficient use of the abundant space we now have, leveraging business opportunities to increase revenue, and taking advantage of community resources to alleviate congestion in some parts of our campuses. Communication has also become a high priority for the department, within the hospital itself as well as in the community and with the Ministry of Health and Long-Term Care and the Southwest Local Health Integration Network.

This new approach to Facilities Management is holistic, where clinical and patient needs drive decisions, and solutions are developed in partnership with front line staff as well as leaders. Corporate values and strategies also play a large part in arriving at priorities and ways to serve LHSC better.

As we move forward, Facilities Management is dedicated to finding more efficient ways to use space, and working to discover new innovations in the sector. We are also promising a more transparent, open, and accountable department that anyone at LHSC can approach with their concerns.

Message from the Vice-President

As Vice-President of Facilities Management (FM), my role is to inspire the people in my department to work hard and always embody the values and mission of London Health Sciences Centre. I'm extremely proud of the team we've built, and glad we have a variety of disciplines in our own department, including nurses, designers, technologists, and project managers. Everyone at FM is dedicated and focused, and we work very well together as a team.



Since my time here, we've made great strides in opening up communications with the rest of the hospital, and this report is just one of the ways that FM is being more transparent and accountable. I also hope that the various departments at LHSC are aware of the work we do, and feel comfortable coming to us with concerns about the facility or infrastructure. LHSC is a vast organization with an incredible amount of space, equipment, furniture, signage, and infrastructure that makes it all run. Everyone from the patients, doctors and nurses to Environmental Services, Porterage, and support staff are users of the facilities, and as such, "clients" of Facilities Management. I'm never too busy to hear your concerns – in fact, that's exactly what keeps me busy!

I hope you take the time to read this Year in Review report, and learn a little about the work that FM is doing. We're here to manage and improve the millions of square feet of space we have, and make life a bit better for everyone at LHSC.

Sincerely yours,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Dipesh Patel

The Facilities Management Team

Facilities Management (FM) is responsible for the creation, maintenance and sustainability of all LHSC facilities, spaces, and physical infrastructure, including wayfinding, power, water, and HVAC (heating, ventilation and air conditioning). We collaborate with patient care groups and other corporate customers to provide innovative design solutions that foster a healthy environment for staff, caregivers, visitors, and patients. We manage over 3 million square feet of space on three principle sites.

FM consists of two divisions: Planning and Engineering, with a total complement of 132 staff under the leadership of Manager Perry Schwab, Director Derek Lall and Vice-President Dipesh Patel.

In 2014, FM reorganized its leadership under a single management structure. Previously, the department was divided into a Planning division, a Design & Development division, and an Engineering division with three distinct directors. Now, under a single director, the divisions are more unified and accountable.

In 2015, the FM department is also going to be physically unified, as all staff come together at the MU Building (Zone F, Building 13). This will enable better collaboration and communication between our former divisions.

Tim Johnson is the department's Business Manager. He acts as the liaison between FM and Corporate Finance and provides financial oversight and monitoring of the department's revenue, spending, and strategic financial decisions. His extraordinary business savvy makes him a valuable asset to the FM team and ensures we remain fiscally responsible and transparent, and employ cost-saving measures whenever possible.

In addition to space planners, designers, and technical staff, FM employs staff that allow the department to connect with LHSC's clinical departments and executive office. Carol McIntosh is a Registered Nurse on our team who provides great insights into clinical needs and methods as they affect the space planning process, and follows up with innovative, holistic solutions. Additionally, Neel Modi uses professional communications skills to develop correspondence, graphics, photography, and web development to allow FM to better communicate its messages.

FM is also a strong voice to the Southwest LHIN and the Ministry of Health and Long-Term Care, advocating for capital investments and improvements to infrastructure.

Dipesh Patel, Vice-President

Dipesh is a Registered Architect with over 20 years of experience in the design, planning, and management of Health Care Facilities in London. He was a senior leader with HDR Architecture, LHSC's primary consultant, during most of the M2P2 and M2P3 restructuring initiatives. Dipesh is always looking at the bigger picture, and pursues open communication with his staff, the rest of LHSC, the Ministry and the LHIN, and community partners to leverage all opportunities to foster a better environment for everyone at the hospital.

Derek Lall, Director

Derek was a Senior Project Manager at both Infrastructure Ontario and St. Joseph's Health Centre here in London. He brings a wealth of experience with implementing projects including the complex navigation of government processes. He has worked closely with hospital boards and community stakeholders to get projects completed successfully. At FM, he oversees construction projects and interfaces with consultants, the board of directors, and internal staff.

Perry Schwab, Manager

Perry's background in providing outstanding customer service is deeply rooted in his experience holding various positions in Support Services at LHSC. During his 35 year career at the hospital, Perry has provided leadership in Housekeeping, Portering, Dispatch, Mailroom, Transportation, PSA program, Engineering, and most recently managing major infrastructure projects in the Planning department.

He has a wider range of knowledge and a systems approach to problem solving and delivering exceptional results. Perry's experience with the CAW contract negotiation team has provided insight to the importance of team building and gaining cooperation from various groups to generate the best results.



From left to right: Derek Lall, Director; Perry Schwab, Manager; Dipesh Patel, Vice-President

Major Projects

Emergency Department Transformation

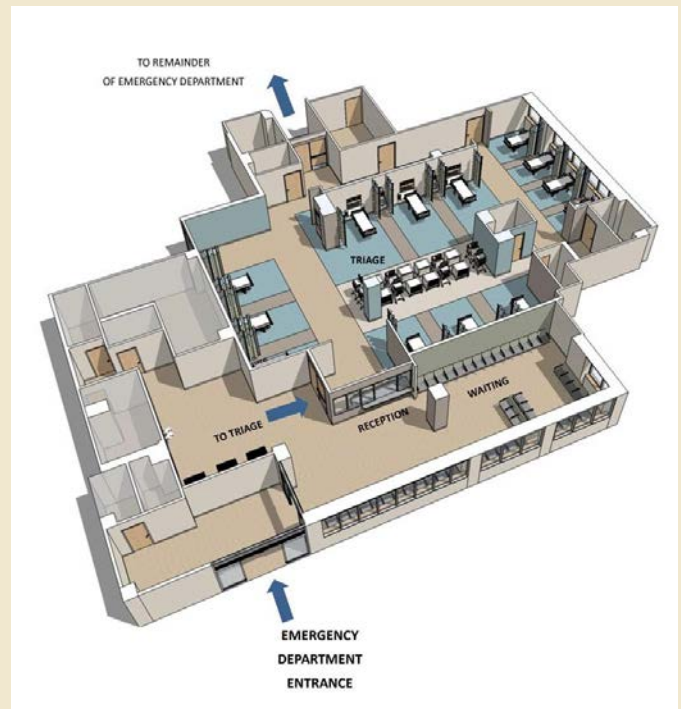
Over the past ten years, the Emergency Departments (ED) at LHSC have experienced rapid growth in patient demand and acuity. Coupled with challenges in access and flow of patients has put LHSC's waiting time performance among the worst in the province.

In late 2013, Facilities Management (FM) began the Emergency Department System Transformation program, working closely with 54 front-line ED staff and physicians from both University and Victoria Hospitals. A new operational model, based on Toyota Production System principles, will introduce a radical shift in the way emergency patients are triaged. Patients in the new model are presented with a "production cell" consisting of a physician, nurses and support staff, to initiate care simultaneously and reduce numerous wait times. FM conducted simulations to demonstrate reduced wait times and improved care provider satisfaction.

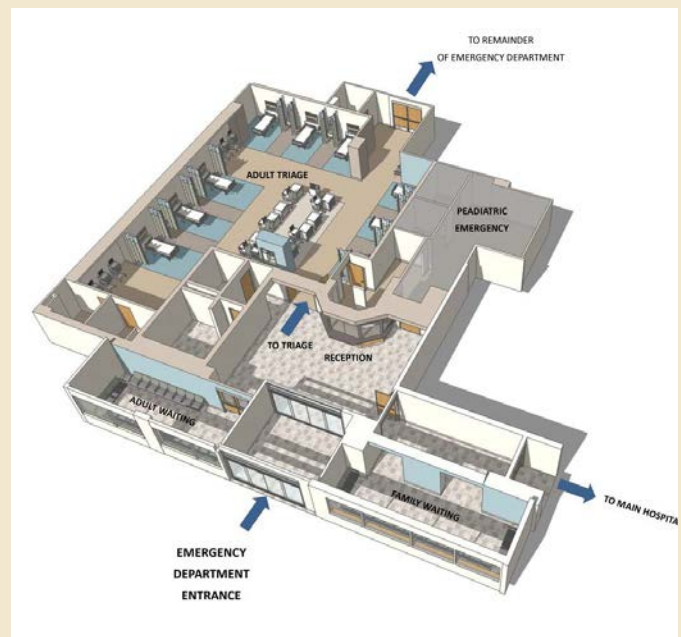
The design process was carefully planned with needs assessments from users and evaluations of various design options. Fundamental principles of design decisions included safety, function, efficiency and economy. The proposed redesigned Triage Room is envisioned as an open-concept space, allowing unobstructed movement of patients, care providers, and equipment. Three production cells in each ED are equipped with treatment bays, beds, examiner lighting, medical gases and medical power.

At FM, Kevin Sanche, together with David Payne, are largely responsible for managing and executing this project, together with external consultants and the Emergency Department. Kevin and his team have been working closely with Carol Young-Ritchie, Vice-President of Patient Centered Care, as well as Dr. Adam Dukelow from Emergency and Dr. Mohammad Shanti from Medical Affairs.

Renovations are scheduled to be completed in June 2015.



Proposed Emergency Department Transformation at University Hospital



Proposed Emergency Department Transformation at Victoria Hospital

University Hospital Auditoriums

Originally built in the early 1970's, the main auditorium space at University Hospital is currently undergoing some much needed improvements. The space is shared by both LHSC and the University of Western Ontario, being graced by both clinical and academic lectures and presentations. High on the priority list are the replacement of the seating, flooring, and some acoustic wall panels.

The Auditoriums are often the first place academic visitors to the hospital see and as such, are a strong reflection of LHSC's public image. Facilities Management wants everyone to have a great first impression.

Funding for this improvement project was provided by the Ministry's Health Infrastructure Renewal Fund. FM's in-house interior designer, Lindsey Webber, has been instrumental in managing the project as well as coordinating finishes and products for the final design.



South Street Hospital Decants

The decanting of over 100 staff from the old South Street Campus is the final major piece of the long restructuring process. For over 10 years, South Street was used as a "hotelling" space for new staff, but the buildings are aged and need to be demolished. Staff from Human Resources, Occupational Health and Safety, Risk Management, and other departments are being moved to Victoria Hospital. Final moves are occurring in 2015, and final demolition of the South Street buildings are scheduled for 2016. Having these programs consolidated at VH will help achieve one of the main goals of restructuring: operational efficiency.

Following demolition, control of the land returns to the City of London.



Copyright Matthew Trueman 2014

Demolition at South Street will be completed in 2016.

Milestone 2 Phase 3 (M2P3) Restructuring

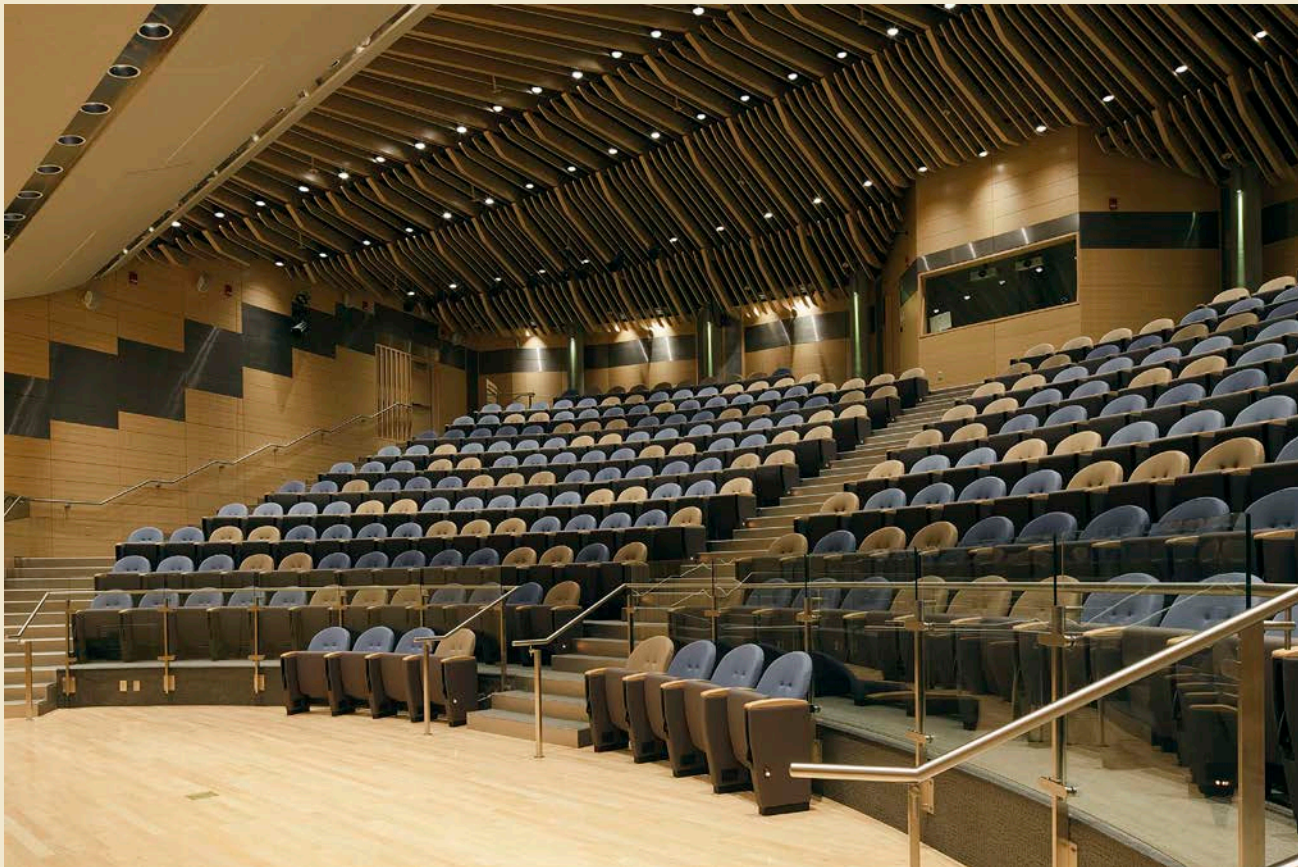
M2P3 is the final phase in a massive restructuring initiative that began over 18 years ago. On a scale never before seen in London, the project sought to consolidate programs, improve infrastructure, and breathe new life into the Victoria and University campus buildings. The older South Street Annex was slated to be decommissioned, with final move-outs taking place in 2015.

At University Hospital, the restructuring included the addition of a new, state-of-the-art 40,000 square-foot building. The Lindros Legacy Research Centre brings together LHSC, Lawson Health Research Institute, and the University of Western Ontario, to test and train the next generation of minimally invasive surgeries, including remote robotics.

At Victoria Hospital, major changes included the addition of 700,000 square feet of space, including the new patient care North Tower. Extensive renovations were completed at Westminster Tower, as well as upgrades to the Power Plant. Operating rooms, conference spaces and amphitheatres were renovated. Two new programs were also part of the restructuring initiative: London Regional Cancer Program and the Thames Valley Children's Centre.

The Power Plant upgrades have made the plant at Victoria Hospital unique in Canadian healthcare, as it produces both thermal and electric energy from two gas turbine generators. The plant provides power to Parkwood Hospital and St Joseph's Health Centre Regional Mental Health facilities, as well as selling power back to London Hydro.

Kevin Sanche is one of FM's Project Managers, and he played a key role in managing the M2P3 projects, working closely with consultants HDR Architecture and contractor Ellis Don to ensure work was completed on time and on budget.



Sumner Auditorium in North Tower (Zone B)



Thames Valley Children's Centre



London Regional Cancer Centre



Power Plant at Victoria Hospital campus

Ebola Protective Screening

In October 2014, the province issued directives for Ebola preparedness. Facilities Management (FM) was required to install protective barriers between patients and patient care providers at their first point of assessment in high risk areas (emergency) and ambulatory clinics. A Competitive Bid Exemption made the process move quickly, and frequent consultant HDR Architecture and contractor Ellis Don were given the job. Priority areas were identified with the input of clinical leaders, and all protective screens were installed by December 1. Laurie Gould, Chief Clinical Officer for Patient Centered Care, led the charge for this priority initiative.

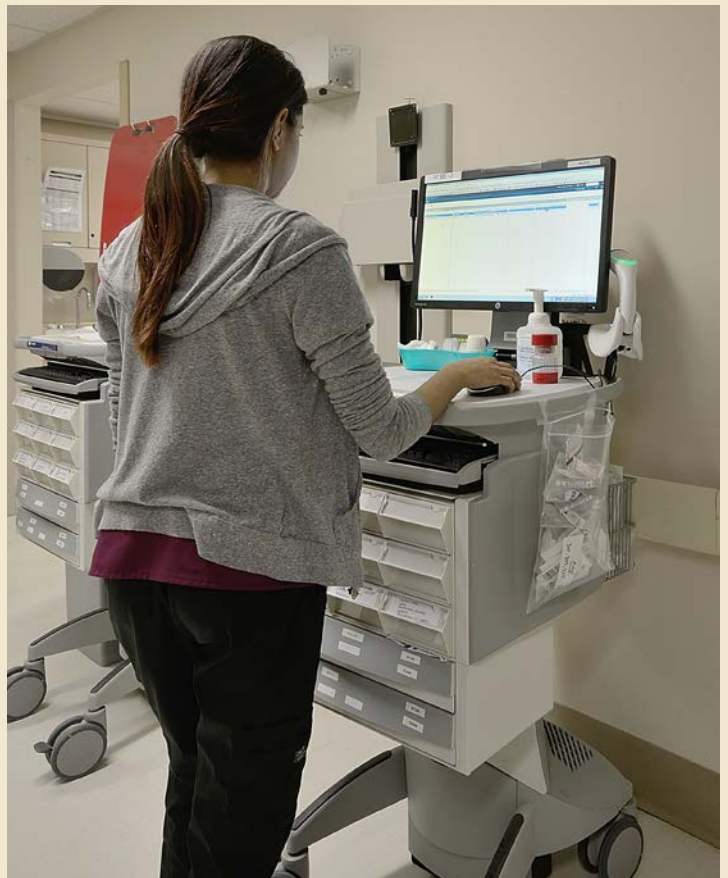
This was an instance where FM had to be agile enough to complete the job extremely quickly and efficiently. It was a good test for our new leadership structure, and certainly all the collaborative and transparent work we had been doing with clinical and other departments played a big role. Consensus was quickly reached on key issues, and everyone understood the gravity of the issue at hand. Confidence in our Ebola preparedness is high across the hospital.



HUGO (Healthcare Undergoing Optimization)

During the introduction of HUGO and electronic patient records in 2014, Facilities Management was responsible for ensuring desktops, power outlets, and network connections were all in place to manage all the new WOWs (Workstations on Wheels) throughout the inpatient areas. Careful project management and scheduling had to be employed to minimize disruption to individual patient care areas.

The FM team worked closely with Glen Kearns, Chief Information Officer to ensure all stakeholder needs were met.



Infrastructure Improvements

Risk Management

In 2014, Facilities Management (FM) and Risk Management completed an assessment of all our infrastructure systems such as power, water, and heating and ventilation. The study identified several systems where the potential for catastrophic break-downs could result in evacuations and/or harm to patients and staff.

The risks are real, and we have had several “close calls” in recent years, where evacuation was narrowly averted, usually by sheer luck. As such, FM is now on a mission to bring improvements to our aging infrastructure systems, including emergency boilers, power systems, and sprinkler systems. Submissions have been made to MoHLTC to fund these improvements. FM Director Derek Lall has been working closely with the Risk Management Group and Susan Nickle to identify and prioritize these risks.

These improvements are far from glamorous, and they’ll win no accolades for beautiful designs or amazing spaces. They are, however, the vital lifeblood of both campuses, essential to the work everyone at LHSC does on a daily basis.

In January 2015, FM re-hired Gary Zions, who was Chief Engineer at LHSC from 2010 to 2014. We are delighted to have Gary back; he is a First-Class Engineer who will be optimizing operations at the power plant, making improvements to reduce our energy consumption and ensuring smooth operations of our infrastructure.



Aged steam pipes at Victoria Hospital

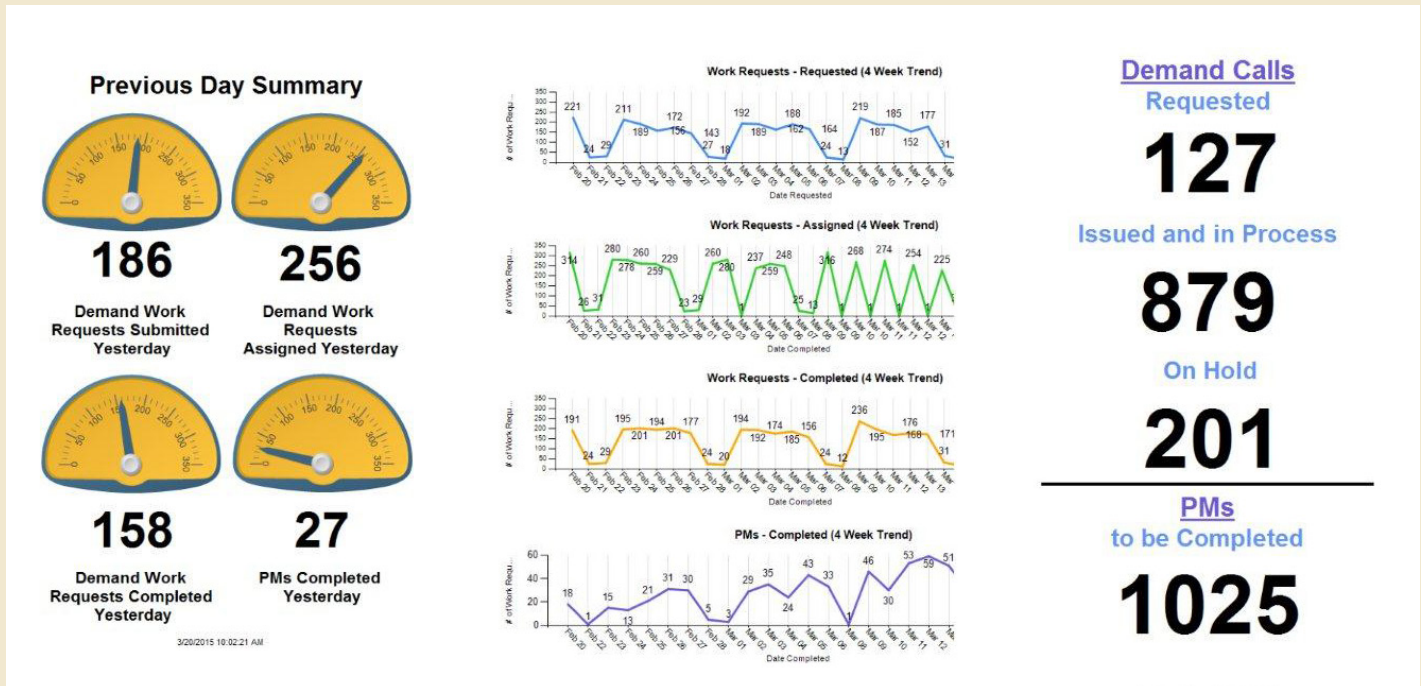


New co-generating Power Plant at Victoria Hospital Campus

On Demand and Maintenance Requests

Facilities Management is dedicated to open, transparent customer service. On an ongoing basis, we receive requests for small repairs and improvements, perform regular preventative maintenance, and monitor the completion of these requests. To this end, we have implemented a database to log every request that comes in, and when they are completed. The aggregate data is available to anyone at LHSC to see the overall trend of requests, completions, and outstanding jobs.

Rob Ayres has been an instrumental FM team member, developing and managing the database, as well as making the information available and presentable to anyone at LHSC.



Live updates on work requests are always available.

Leveraging Our Assets

Space Utilization

Now that major projects in restructuring, expanding, and renovating are completed, Facilities Management (FM) is shifting its focus to making the best use of the space we have. In 2014, we completed a study of conference and meeting spaces, bringing efficiencies to scheduling and booking, and enabling the sharing of these spaces for everyone. Higher demand for meeting spaces was met without building any new square footage.

Our studies are continuing with optimizing clinic spaces and office spaces in 2015. We are assessing metrics such as which clinic groups are using spaces and when, the types of appointments that are being booked, operating times, and booking procedures. We are also measuring the duration that administrative and physician offices are occupied. By optimizing the usage of these spaces, we hope to foster a culture of collaboration, in addition to finding operational efficiencies.

FM is constantly engaged with the clinical groups affected by these studies and policy changes, with user group meetings, feedback, and cooperation. Carol McIntosh is an FM coordinator who is central to the process of investigating space utilization and being a registered nurse, she fully understands the ways in which these spaces are used.

Land Leasing

LHSC owns and controls a good deal of dormant land in London. While real estate values continue to climb, Facilities Management is looking to leverage this opportunity and lease some of these lands for community-based health care solutions. Most recently, we have entered into discussions with the London Middlesex Emergency Medical Services Authority to allow a new ambulance dispatch station on the Parkwood Hospital site. We are also working closely with Susan Nickle, Director of Legal Services, to properly assess the legal and risk implications to the hospital.

FM is also issuing a Request for Qualifications to invite private developers to propose uses for these sites. The process will only consider proposals that meet LHSC's mission and values for community-based health care.

These ventures are relatively risk-free, as we don't take on any new construction or management duties. We maintain control of our assets for the future, provide an additional revenue stream for the present, and allow for greater community partnerships. LHSC would also control developments that affect our Master Plan and ensure harmony with our campus architectural aesthetic.

As well as rental revenue, we also have the opportunity to sell the tenants hydro power generated by our power plant, at a cheaper rate than London Hydro.



Vacant LHSC land on the Parkwood Hospital site

Wayfinding

Wayfinding in a campus as large, expansive and complicated as Victoria Hospital is a complex, multi-layered system that is about more than just signage. The overall patient experience begins with a doctor referral in the community, and ends with a clinic visit, or begins with a room number, or just the name of a physician. Wayfinding must offer multiple pathways to navigate the campus. Facilities Management (FM) is constantly investigating and implementing new ways to improve this aspect of the patient experience.

In 2014, Accreditation Canada identified a major shortfall in the wayfinding experience for patients and visitors at Victoria Hospital. Previous ventures have included tear-off maps, and a campus-wide naming and room numbering system.

Currently, FM is rolling out a new digital wayfinding system with standing and wall-mounted kiosks, and future expansion into smartphone and web-based applications. Tear-off maps are being brought back, and of course, staffed information kiosks are always available.

FM is also investigating the effect of visual and physical clutter on wayfinding. Notices, bulletin boards, and the proliferation of equipment in public corridors can adversely affect the visibility of signs, and impede a successful wayfinding path.

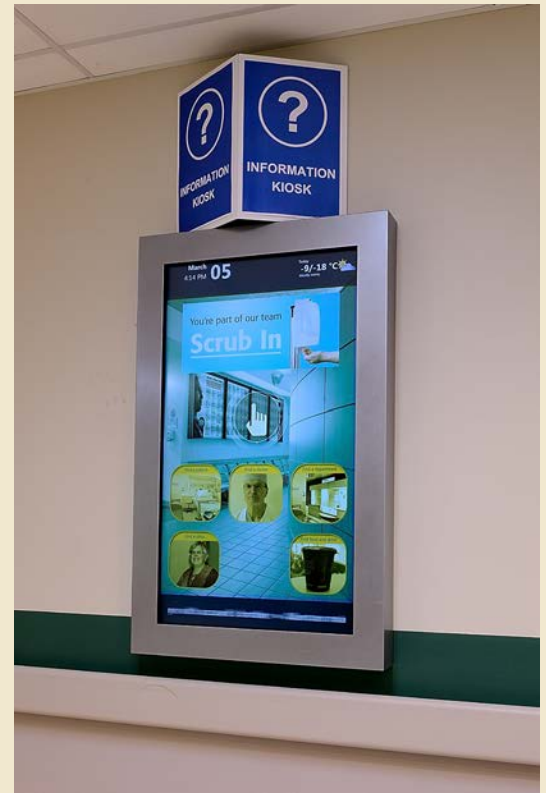
Wayfinding is an ongoing, continuous process of improvement and innovation. FM is reaching out to the patient experience group, corporate communications, volunteers, security, and parking to ensure holistic, well thought out, patient-centered solutions. Rob Ayres is FM's in-house wayfinding expert, planning and implementing the digital kiosks.

Art for Health

Studies have shown the positive effects of art in health care environments. A study by the Center for Health Design in California found that nature-related images placed carefully in a hospital setting can reduce blood pressure, heart rate, stress and perceived pain.

Facilities Management has a vision for the overall beautification of our public and patient spaces, and this includes the use of art. At the Hudson Valley Hospital Centre in New York State, a full-time curator manages the acquisition and hanging of artistic pieces throughout the hospital – in waiting areas, post-surgery recovery areas, and dedicated galleries. Even the staff there have commented how the art positively effects their moods and stress levels.

Often, art is donated, and mostly depicts landscapes, waterscapes, and floral imagery. As with wayfinding, visual clutter can be an issue that needs to be carefully managed and balanced with other needs for the valuable and limited real estate of our walls.



Rethinking Space

There has been a recent movement in health care building design to more carefully consider the shifting relationships between patient experience and the spaces they occupy. Facilities Management (FM) has been slowly implementing planning solutions that seek to employ principles from psychology, modern care models, and demographics. The way younger people are seeing health care is changing into more self-sufficient ambulatory models, where transparency and a holistic approach are favoured. At the same time, an aging population has increasingly complex inpatient needs as simpler treatments and procedures move to outpatient clinics. These changes have implications on space planning, equipment and furniture, and human resources. LHSC is looking to FM to provide solutions that are forward-thinking and inclusive of a variety of considerations. We are taking up the cause to do things differently, not for its own sake, but because there is evidence to show that planning that is thought-out, inclusive, and holistic can result in better patient engagement, outcomes, and recovery. Ultimately, that's the mission of any health care organization, and Facilities Management is playing its part.



Proposed Cerner Centre renovation as a collaborative space for physicians



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