Super hospitals prove super hard to build

Written by Mark Cardwell on November 20, 2010 for Canadian Healthcare Manager

After 15 years of development work, controversy and political wrangling, construction is finally getting underway on two new university hospitals in Montreal: the MUHC and the CHUM

Dr. Nick Steinmetz, a Montreal paediatrician and medical school professor, says many people scoffed back in the early 1990s when he began sharing his vision for a new university hospital for McGill, which would offer healthcare professionals a modern work environment and leading-edge technology to provide patients and their families with the best possible care. Since August of this year, however, when work finally got underway to prepare the site of what will be one of the biggest hospital projects in Canadian history, he has been watching that dream become reality.

"I walk my dog around the site every day to see how things are progressing," says Dr. Steinmetz, the first and former planning director of the future McGill University Health Centre (MUHC). "It's all very exciting."

Work on the new 700-bed, 15-storey Centre hospitalier de l'Université de Montréal (CHUM) is now expected to begin early next year.

The MUHC is the first of two so-called "super hospital" projects to break ground in Montreal. Work on the other — the future Centre hospitalier de l'Université de Montréal (CHUM) — is expected to get underway in early 2011.

When complete, the two projects are expected to ensure Montreal’s reputation as a world-class city for healthcare and health sciences well into the future. If and when that happens, people might forget the seemingly Kafkaesque complexity of the planning and development stages that have altered, delayed and set back both projects for 15 years and spanned the political lives of four provincial governments, three premiers and six health ministers.

In the process, acrimonious public wrangling and reams of bad press over everything from construction funding formulas and site locations to staffing and even the need for the buildings have shaken public confidence in the merits of both projects, and raised both eyebrows and concerns about Quebec’s ability to get them off the ground.
“University hospitals are marvellous,” says Dr. Louis Godin, president of the 8,000-member Quebec Federation of General Practitioners. “But we’re preoccupied by the government’s priorities. Many Quebeckers can’t even find a family doctor.”

Big plans bring big problems

To be sure, the grandiose nature of both projects, which aim to consolidate several old facilities into single advanced medical centres, has proven difficult to plan and to sell from the start. **Proponents of the projects say the new hospitals, which will feature more space, mobile equipment, fibre-optic networks for clinical information and facilities for co-operation between healthcare providers and researchers — changes that are expected to lead to trend-setting innovations in patient care and new treatments for many illnesses — will be a boon for Montreal residents and the city’s reputation as a centre of excellence.**

The new 3.2-million-square-foot MUHC, for example, which will be built over the next four years on the Glen Yards campus, will bring together the present-day Royal Victoria Hospital, Montreal Children’s Hospital and Montreal Chest Institute. The other hospitals in the McGill network — Montreal General and Lachine — will be refurbished.

The new MUHC building will also include a cancer centre and a research institute, and provide 346 single-patient rooms for adults and 154 for children.

For its part, the CHUM will regroup the Hôtel-Dieu, Notre-Dame and Saint-Luc hospitals in a stylish 700-bed, 15-storey building complex on St. Denis St. in downtown Montreal. The Sainte-Justine children’s hospital, though part of the Université de Montréal’s teaching network, isn’t included in the merger and will remain open, eliminating the need for a children’s ward in the new facility, which is expected to open in 2018.

The new CHUM facility on St. Denis St. in downtown Montreal will incorporate the Hôtel-Dieu, Notre-Dame and Saint-Luc hospitals.

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“Along with ensuring Quebec’s metropolis of the highest-quality health service, these major building initiatives will vigorously support the economy and employment,” Quebec Premier Jean Charest said at a ceremonial sod-turning function on the MUHC site in April — an event that was marred by about 50 demonstrators who swarmed the area to protest provincial funding for an English hospital in Montreal.

But critics say the planning process, particularly the need to mesh and synthesize the different visions of many stakeholders about technologies, services, management — even architecture — have weakened both projects.

According to Steven Appelbaum, a marketing and management professor who was hired by the MUHC to help merge the three hospitals into one administrative body, turf wars undermined the project. "It's
extremely difficult for people in positions of authority within an institution to agree to give up what they have now to be an equal player in a future entity,” he says.

Notably, Appelbaum says the decision to refurbish rather than close the Montreal General was the result of its “being a heavyweight and its people wanting to win. It was a typical clash of cultures, ideologies and agendas that was not resolved.”

**Where do you put a super hospital?**

The sites chosen for both projects also proved controversial. In the case of the MUHC, the Glen Yards location is outside the downtown core, 5 km to the west of the McGill campus, and the hospitals that make up the university network. Preliminary costs included purchasing the site from Canadian Pacific Railway and paying for an extensive environmental cleanup, and critics have slammed it for being too far from the university — not to mention the patients — it’s meant to serve.

The 3.2-million-square-foot MUHC will be built over the next four years on the Glen Yards campus, 5 km west of the McGill campus, bringing together the Royal Victoria Hospital, Montreal Children's Hospital and Montreal Chest Institute.

The MUHC planning committee stuck to its guns, however, eventually winning approval from both the university and government.

“It would be wonderful to build at Peel and Sherbrooke, but [the site is] taken,” Dr. Steinmetz quipped to a reporter a decade ago. He added that the Glen Yards were also big, accessible and flat. “Five kilometres is not the end of the world,” he said. “Try bringing your grandmother up the hill to the Royal Victoria Hospital in the winter. It’s no picnic.”

In the case of the CHUM, the site selection process has been marred by sometimes acrimonious debate over three proposed locations. It began in 2000, when the Parti Québécois government under Premier Lucien Bouchard announced it had picked 6000 St. Denis St., with construction set to begin in 2006.

Soon after being elected in 2003, however, Liberal Premier Jean Charest’s government ordered a review of the project. A year later, it announced that the site would be moved closer to downtown — though on the same street — at 1000 St. Denis.

Public outcry was so intense, however, that the government hired former PQ Premier Daniel Johnson to examine the options. Johnson backed the government’s choice, which was officially accepted in 2007 by Health Minister Philippe Couillard.

The decision proved to be a bitter pill to swallow for some, however, including the Université de Montréal’s former rector, Robert Lacroix, and Louis Maheu, a university director who represented the school on the CHUM planning board. In a recent essay entitled, “Le CHUM, une tragédie québécoise,” the two men offered up scathing criticism of the CHUM site and design selection processes, among other things.

Steadily rising cost estimates and the public-private partnership financing formula chosen for both the CHUM and MUHC projects have also been criticized. The MUHC, for example, has gone from an original cost estimate of around $850 million to $2.23 billion. The CHUM, which was projected to cost $320 million when the project was first given the green light by the PQ government in 1995, will now cost an estimated $2.58 billion. That’s an increase of $1 billion since 2007, when the final decision was made to move it downtown.
Yves Bolduc, the current health minister, feels the delays and increased costs are normal for such projects. He notes, for example, that the Georges Pompidou Hospital in Paris, which opened in the late 1990s, took two decades to build. Similarly, the ongoing construction of a new £842-million university hospital in Glasgow, Scotland, is set to open in 2016 — two years behind schedule.

“When you look around the world,” Bolduc told Canadian Healthcare Manager, “university hospital projects take 20 years or more. We’ve done two in 15. We should be proud.”

Dr. Steinmetz agrees. “People are never happy with delays,” he said. “But that’s part of the process of public consultations and with changing governments. The complexity of understanding reaches a level where decisions are made on the need for the project or elements of it, then you need to figure out how to do and explain all those processes and decisions along the way. No one expected these hospitals to be built overnight. These things take time.”

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