BC Children’s Hospital officially opened the new Teck Acute Care Centre (ACC) to the first patient on Oct 29, 2017 at 0700h. The process started ten years ago. In this time, it went from ideas on paper with feedback obtained from staff and families of the various programs, to the site of the PNE (Pacific National Exhibition) where a mock-up of rooms was constructed, to the nine-story, fully functional, state-of-the-art, tertiary care hospital that cares for the sickest children of BC. There was much thought and future planning that went into the design and building of the Teck ACC. It is considered a P3 or “Public, Private Partnership” project. This means the funding for the actual construction and the maintenance required for a smooth, efficient operation over the next 30 years, comes from our provincial government and private donors. The entire Teck ACC emulates a “Beautiful BC” theme. There are “zones” to reflect: the ocean (parking, MED (medical equipment department)), harbour (Level 1), meadow (Level 2, 3, 4), forest (Level 6, 7), and mountain (Level 8). There are 30 “critters” that reflect BC animals associated with these zones. The zones are colour coded; the critters and colours assist in wayfinding and our hope is that they are helpful for people that do not have English as a first language. Patients, families, and staff were canvassed to help select the critters for each floor. Our program voted on 6 animals/drawings and decided on two animals: the moose which represents inpatient area and the bald eagle representing the outpatient clinic.

Numerous pieces of art were donated by several local BC artists and community partners. This art is showcased throughout the hospital. This particular project was spearheaded by the Children’s Healing Experience Project (CHEP) and was donor funded. The ultimate goal of CHEP was to create a healing environment through artwork. Some of the artwork is interactive and provides distraction during difficult and sometimes painful procedures. When CHEP opened their website for artists to submit their abstracts for our hospital, the interest was so high — over 1600 artists applied — it crashed the site!

With the exception of the fifth and ninth floors (which are mechanical floors), all of the floors are designated patient care areas. Every patient room in the Teck ACC has a window with access to natural light and is designed to be a single patient room. Within each room there is a provider zone upon entering the room, a patient zone in the middle of the room — where the patient’s bed is located, and a family zone towards the back of the room. We refer to our previous BC Children’s Hospital as the 1982 building (cleverly named for the year it was built). In the Children’s Hospital section of the 1982 building, many patient spaces did not have windows and sharing rooms with other patients and families during a very stressful time in their life was common practice. The main pharmacy remains in the 1982 building and there are now two satellite pharmacies located on the third and eighth floors in the Teck ACC; the third floor satellite pharmacy is the critical care pharmacy and provides medications for the PICU/NICU, while the eighth floor is the Oncology pharmacy where chemotherapy and biotherapy drugs are dispensed from.

Department locations in the Teck ACC

The first floor is the location of our emergency and medical imaging department. Our new emergency department is three times larger than our previous one. It has over 50 beds including two critical care

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The New Teck ACC at BC Children’s Hospital continued from page 1

rooms to accommodate multiple traumas if needed, a decontamination zone, a mental wellness area, and the Clinical Decision Unit (CDU) for patients requiring less than 24 hours admission.

Also on the first floor is the entire medical imaging department with all the radiological modalities; the MRI area with its own ACU (anesthetic care unit) for children who require sedation, CT, ultrasound, X-ray, and nuclear med area with a CZT scanner. This scanner is the third of its kind in the world and the only one in Canada. It is also the first to be used in the pediatric population. This scanner is very sensitive to radiation, and patients require much smaller doses of radioactive tracers for the gamma rays to be scanned.

The second floor consists of four of the six NICU pods, high-risk labor and delivery area that is equipped with operating rooms for C-sections, and the transfusion medicine laboratory. Two bridges connect the Teck ACC second floor to the 1982 building; one is designated for staff only and the other is public.

The third floor has the remaining two of the six NICU pods, a new Renal Dialysis unit and the General Procedures area. General Procedures is our new daycare surgery, as well as, where other general surgeries like dental, ENT, GI and urology take place. Located within General Procedures is a new area called ACU or Anesthetic Care Unit. Here, patients are assigned a private room where they are assessed by the nurse and surgeon prior to their procedure, then after their procedure patient’s return to the same area to recover.

The fourth floor is our PICU and Special Procedure area. PICU has three pods: two medical/surgical pods and one cardiac pod. The Special Procedure area performs more invasive procedures such as neurological, spinal, orthopedic, and cardiac surgeries. It is also the location of the cardiac catheter lab and interventional radiology.

The fifth floor is a mechanical floor and the location of the medical device reprocessing room (MDRD). This is where medical equipment is re-processed and sterilized. It is also the location of our largest outdoor patio and is open to all of our patients, families and staff.

The sixth and seventh floors are home to our medical/surgical patients. Specifically, the sixth floor is neurology, cardiac sciences, burns, and surgery. The seventh floor is specialty medicine including renal, metabolic, endocrine, and respiratory.

The eighth floor is home to our Oncology/Hematology/BMT program including both the inpatient unit and outpatient clinic; this is a big change as we previously spanned three floors! The air is HEPA filtered for better infection control for our immunocompromised patient population. Both areas have experienced some big changes. The inpatient unit has increased to two wings with 27 rooms (up from 24 rooms on two floors). We now have seven positive-pressure rooms to accommodate our BMT’s and one lead-lined room for future MIBG therapy.

The outpatient clinic has increased in size from 9 general patient rooms, to 22 single patient rooms. A dramatic change in the outpatient clinic is our “Provider to Patient” (P2P) model of care that is completely different from our previous operational model. In our previous, much smaller clinic, patients were often shuffled between numerous rooms to see various health care providers, and often waited in a small playroom between health care providers. With P2P, patients are assigned a room for the duration of their clinic appointment, regardless of their length of stay, when they arrive in our clinic. Health care providers go to the patient in their assigned room to assess them, plan and deliver treatment or whatever else is needed for our patients and
families. The patient stays in one spot and the healthcare providers come to them.

Our much improved procedure area now includes an assessment room, a procedure room and a recovery room with three recovery bays. The HR MacMillan Space Centre partnered with our program to create a “Spacewalk” theme throughout the entire procedure area. The area features pictures taken from space, as well as, LED lights on the ceiling in the form of various constellations that were specially placed by members from HR MacMillan to ensure authenticity. The recovery room has artwork that mimics the Northern Lights as patients “return to earth” after being sedated.

Move info
In order to successfully prepare our staff to work safely in the new hospital, a group of 32 Implementation Specialists were hired to develop and deliver an education curriculum for over 4000 staff. These men and women were hired from various programs within BC Children's hospital and included nurse educators, nurse coordinators, RT's, pharmacists, and imaging technicians to name a few. Development of the education curriculum started in January 2017. The formal training for all of the staff began at the end of July 2017. Training carried on daily until the end of September 2017. The education consisted of classroom sessions incorporating hands-on practice with new equipment, technology and workspaces. In addition, we worked with a company called HTS (Healthcare Technical Services) who helped develop three separate “Day in the Life” (DITL) dress rehearsals. Each of these rehearsals occurred about three weeks apart. During each DITL, a group of health care providers had the opportunity to work through three common mock scenarios. This helped us to better understand our new spaces, workflows and equipment.

Although the actual move happened in one day, “the Move Team” members of the Redevelopment team began planning months in advance. Countless hours, days and months were spent strategically planning the safest move possible for our patients - oftentimes with LEGO pieces. Prior to the designated move day, many programs attempted to “ramp down”. This was done by reducing or eliminating non-urgent services for two weeks before move day. A similar plan to slowly “ramp up” for two weeks after the move followed.

Move day: October 29, 2017
The actual move was done by Health Care Relocations (HCR): an internationally renowned Canadian company that specializes in only moving hospitals. HCR also worked with members of the Redevelopment team to assign specific roles to various health care providers. Some were part of the team called “senders” and it was their job to safely transport patients to the new Teck ACC, while others were the “receivers” who safely received the patients before the next patient was sent.

Since our Oncology/Hematology/BMT patients and NICU patients are the most immunocompromised, they were the first cohort of patients to be transported to the Teck ACC. The first oncology patient was received on the eighth floor of our inpatient unit at 7:35am. From here, a new patient arrived about every 10 minutes until our entire patient census of 15 patients was completed at 9:30am. Hospital-wide, one patient was moved every five minutes until all 186 patients were moved over to the Teck ACC by 1:30pm. The new emergency department opened at 7:00am. For about 10 hours that day, BC Children’s Hospital had two fully staffed, separate emergency departments treating patients. Any patients arriving after 7:00am went to the new emergency. Patients that were in the “old” emergency at 7:00am stayed and were either discharged or admitted during the day. The “old” emergency department closed its doors at 5:00pm and the remaining patients were transferred to the new emergency. This marked the end of an era for our 1982 building. Now we begin caring for our patients and their families in this state-of-the-art tertiary care hospital — BC Children’s Hospital — Teck ACC.

What is next for the 1982 building?
As previously mentioned, the 1982 building housed our Children’s hospital. It also encompasses BC Women's Hospital.

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The New Teck ACC
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This building is currently undergoing renovations as part of it will become the new home of BC Children’s Sunny Hill Health Centre in late 2019. Sunny Hill is being relocated from its current location in east Vancouver and this state-of-the-art facility is designed to meet the needs of all children and families requiring pediatric rehabilitation care. The new Sunny Hill will have an open concept gym with a fun multi-purpose therapy environment, a fully accessible therapy pool with moveable floors and therapeutic water features, a motion lab with modern movement analysis technology and a family-focused lounge that provides space for play and comfort.

When Sunny Hill relocates, BC Children’s Hospital will be one of the only pediatric medical centres in Canada with an acute care centre, research institute, mental health facility, and rehabilitation centre, all on a single campus.

Nadine Kennedy BScN, RN, Implementation Specialist, Redevelopment Team Teck ACC Pediatric Oncology/Hematology/BMT Program, BC Children’s Hospital

Photos by Analyn Perez & Paulina Chen

We wish you well Paulina Chen!

In February of this year our friend and colleague Paulina Chen retired. Paulina has been the Provincial Coordinator for the past 8 1/2 years and we would like to thank her for her dedication and service to the Pohn.

Paulina graduated from the UBC School of Nursing in 1982. Her career spanned 36 years and we are so fortunate that she spent 35 of them nursing right here at BCCH with our Hematology/Oncology/BMT program. In addition to working in many different roles as a Hem/Onc Registered Nurse at BC Children’s Hospital, Paulina was a Nursing Clinical Instructor at both UBC and BCIT nursing programs, the Clinical Coordinator for the Canadian Cancer Society’s Camp Goodtimes, and most recently the Clinical Resource Nurse involved in the analysis of a direct admission process as we planned care in the new Teck ACC. We miss her already. Her smile, laughter, curiosity, expertise, and her attention to detail have had such an impact on all of us who had the privilege to work with her.

Thank you for all you have done for us at the Network and for the children in BC living with cancer and blood disorders, their families and their care providers.

You will be missed. We wish you well as you enjoy your retirement years!

Planning in Progress:
We are planning for the 2019 Provincial Pediatric Oncology/Hematology Education Day. It will take place here at BC Children’s Hospital in the Fall of 2019.

THE PROVINCIAL PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORK

The Network is an interdisciplinary organization whose goal is to ensure appropriate diagnosis, management, follow-up, and end-of-life care for pediatric patients with malignancies and blood disorders.

The Network supports community hospitals and practitioners, and develops partnerships with other health care facilities to enable seamless and integrated care for patients and families on treatment and off treatment.

It will further develop and enhance the research programs of basic, translational, and clinical research to better childhood cancer control and improve outcomes for these patients and their families.

FOR MORE INFORMATION
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BC Children’s Hospital
Provincial Pediatric Oncology/Hematology Network
B315, 4480 Oak Street, Vancouver, BC V6H 3V4

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Balancing For Dollars

On May 12, 2018 we hosted our 19th Annual Event

In Support of Children with Cancer and Blood Disorders at BC Children’s Hospital

What is Balding For Dollars?
- Events to raise community awareness about childhood cancer
- Raises funds for family support & outreach programs, research, teen & family adventures, educational bursaries, & medical supplies all for the oncology/hematology programs at BC Children’s Hospital
- Encourages headshaves & haircuts to show support - Bald is Beautiful

Want to get involved or learn more?
Visit www.baldingfordollars.com & follow us @baldingfordollars

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