



Getting better everyday

Work is well under way on the rebuilding, expansion and refurbishment of Kingston General Hospital, Ruari McCallion learns from Krista Wells

The heart of Kingston General Hospital (KGH) in Kingston, Ontario, has quite a historical legacy. From 1841 to 1884 it was the home of Canada's original Parliament, when the Province of Canada was created under the Act of Union (1840). It established a single legislative assembly for what had previously been Upper Canada and Lower Canada—now, in essence, the Provinces of Ontario and Quebec, respectively.

KGH itself dates back even further, to an 1832 Act of Parliament that established a commission to superintend and manage the construction of a hospital in the area. The first building opened in 1835, but there wasn't enough money to run it so it stayed empty until 1838, when 20 wounded Americans, taken prisoner in the Battle of the Windmill during the Upper Canada Rebellion, were cared for. After the parliamentary interlude, it reverted to its original purpose and actually



started treating people regularly in 1845.

In more than a century and a half, KGH has established its own history: being in the forefront of medical developments and technological advances. It was the first Canadian hospital to purchase X-ray equipment for medical use, in 1886. More recently, the acquisition of MRI (medical resonance imaging) equipment in 1994 made it one of Canada's top regional diagnostic centers. The integration of the Kingston Regional

Cancer Center with KGH in 2004 created the Cancer Center of Southeastern Ontario.

A lot of water has flowed under the bridge since 1835, but the original building—and the whole concept behind KGH—still does sterling service. However, medical advances and a population that is both growing and aging require different services, and those services require modern facilities. KGH has often updated itself with reconstruction and refurbishment projects over the decades; the cancer



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center was built in the 1970s. Since then, patient volumes have increased 300 percent and available space has gone up just 30 percent. That's good news, essentially; more cancers are curable and a lot more are treatable than was the case 30 years ago. But the original spaces are no longer fit for today's purposes or advances in medical technology, and it is now engaged in possibly the largest construction and modernization endeavor in its long history.

"The redevelopment project involves just under \$200 million," says Krista Wells, director of planning for the Kingston Hospitals (KGH/ Providence Care/Hotel Dieu Hospital). "It involves the renovation of a lot of the existing space. It's about 50/50 renovation and new build in our cancer center, ICU and central processing unit." The hospital will be getting an entirely new pediatrics facility, dialysis unit and a new floor for medical surgical inpatient

beds. The acute inpatient mental health service, which is currently located at Hotel Dieu Hospital, also in Kingston, will be transferring to a new facility at KGH. "We currently have 456 inpatient beds. This project will add approximately a further 100."

Canada's health system is funded by federal and provincial governments. The wheels of government grind exceeding slowly, but they grind very fine. The plan to upgrade KGH was actually formulated in 1999, under Ontario's Health Services Restructuring Commission; the Provincial Ministry of Health and Long-Term Care started its restructuring study in the late 1990s, prioritizing various projects across Ontario. While some services—mental health, central processing services and the cancer facilities upgrades—were being planned as early as 2002, the bulk of the

project was formalized only in 2006. Contracts were signed in July 2008, and completion of the 27 phases involved is scheduled for 2012. It may seem a long time, but in fact, KGH overcame some significant hurdles in order to get it all done.

The real miracle about this project is that, from the point we got the green light, we had only six months to prepare tender documents," Wells says. "Undertakings like this move to the political agenda; we had to have everything signed, sealed and delivered before the Provincial elections in fall 2007. Of course, all the time we were waiting, people were committed to make it a reality. That's the only way we could bring in a \$200 million project."

The reason the political timetable is so important is that the Province provides a massive amount of funding. It was previously 50 percent for construction and equipment, but this has increased to 90 percent of construction costs, which are the bulk of the total investment. A lot of capital equipment can be transferred to the new facilities, but the hospital itself will be raising \$20 million—in addition to the 10 percent it has to find itself—for new equipment.

"The hospital can build and undertake to pay for it, but the Province gives the final approval. It ensures standards of services and facilities across the province and that we're not over-building," she says. "Local fundraising will cover the difference; all three hospitals in Kingston are involved. The campaign entered its public phase in June 2008." KGH has the only trauma unit in Kingston; "walking wounded" go to Hotel Dieu. "The new ICU and inpatient beds at KGH will improve patient flow through the ER, but that itself was not the driver for the project. It was the restructuring study in the 1990s that assessed the area's medical needs." As Wells said earlier, the whole project is being completed in 27 phases, which seems a lot, even for a \$200 million undertaking.

"It's taking years because we cannot impact patient services," she says. "We can't close beds, and infection control is paramount. There's also noise to consider and disruption to circulation—patients who are used to particular routes will be directed through other ways. That's why we have 27 distinct phases."

KGH has had some of the best facilities in Ontario—maybe even in all of Canada—during its long history, since the 19th century. The redevelopment and reconstruction project will make it fit for the 21st century. — *Editorial research by Jim Rose* ■