

By Cynthia Martin

Getting time with you is like trying to get an audience with the Pope; what keeps you busy?

I'm responsible for a \$349 million redevelopment project to be completed by end of calendar 2004, so that keeps me really busy. I'm constantly meeting with architects or site administration people, and I'm the public relations champion of the project, keeping colleagues up to date on progress. I'm also responsible for some large hospital programs and six departments – all facilities, plant operations, security, nutrition (patient clinical/retail), all retail leasing, medical engineering, plus any facility renewal. I'm not hands-on, as I certainly have capable directors, but I'm front and centre and have to keep it all going.

You're said to meet construction targets, yet we often hear of effects such as delays, work slowdowns or lack of skilled workers. How do you keep to time lines?

We have to have the best project team and follow a schedule in sufficient enough detail that it can constantly be monitored. If we're going off schedule we have to have a flexible contingency plan. We had a concrete strike last June and lost six weeks, when phase two was obviously contingent upon completion of that phase. The contractor worked around the strike and was able to work with our team to minimize impact. So, we've found that good construction management services are key to keeping things moving. We have five phases at both the Toronto General (TG) and Toronto Western (TW) sites and neither is a green field site, which is the ideal. Yet, we made a commitment to the government that we wouldn't be down for even one day, so we had to move patients and plan well.

Architect Raymond Moriyama said he couldn't live in a house he designed, as he'd want to make changes to it. Do you walk through the halls and watch how people use or don't use space?

It's really tough and so true, because I always see where I can make improvements. The Princess Margaret (PM) redevelopment was breathtaking on Day One, and yet I also knew there were things we could have done better. What's more of a challenge at TG and TW is that they've suffered from a decade of no funds being spent on them. I walk through the halls and see all kinds of things that need to be done.



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As for how people use space, we had an interesting example at the PM site. We'd put new chairs into a patient area where we assumed that they would be used in small groupings, but the patients put the chairs in rows so they can watch everyone who comes in. There is also not the respect there once was for public property, as with the Elizabeth Street entrance at TG – people walk across the front lawn instead of using sidewalks. Now that we have smokers outside, it has an impact on the look and function of all public places. It's difficult to keep the areas clean, and there are constantly smokers at entrances. Hospitals have gone through a decade of cuts, and there's been real demoralization of staff, but I think we're in a period of renewal for both the staff and public. My staff and the site VPs are working to develop improvements over time and encourage a culture of respect.

How are you preserving the important historical and valued aspects of the older buildings?

We removed the old Bell entrance at TG, and it's being preserved and stored so that it can eventually be reinstated in the patient court in the clinical services building on the fourth floor. It will be blended with the new and will be magnificent. All inpatient units will overlook the glass atrium. We've also taken a complete inventory of all artefacts, and where possible pieces will be reinstated in the new buildings, as we've already done in the emergency area with a stained glass window. As well, a statue of Edith Cavell will be integrated into the new front entrance on University Avenue in the atrium. The museum, with some 4,000 catalogued artefacts, will be displayed on rotation in all three sites.

We assume plans will improve patient care and staff contentment, but what's new with access, parking and wayfinding?

We've engaged a prominent wayfinding consultant. We looked at how to get to each facility and what's the easiest way to identify where a person is going and how to get there. We have a wayfinding strategy, such as reducing the number of main entrances and improving patient drop-offs, and parking will be increased at both sites. We're organizing patient activity in buildings so surgical, ambulatory, diagnostic and inpatient units are consolidated. This in itself will be a big improvement. At the TG site, there'll be underground parking, which doesn't exist now, and another 530 parking spaces in the Elizabeth Street garage. We'll also have a main street direct through the campus from Elizabeth Street to University Avenue and will no longer need tunnels. Glass bridges and glass elevators will connect buildings, and what's really new is the patient court. At the TW, the open courtyards were wasted space, but now a great patient visitor atrium will complete the flow by direct routes, the same as with TG.

The UHN was the first hospital in Canada to secure capital market financing for a public/private partnership, giving \$281 million of a \$349 million total. What downsides were discussed?

The biggest concern was committing a public institution to a 25-year repayment plan. The funding was wonderful, but we are committing funds and that scares people, as it's never been done here. Payments are certain, but funding is not certain. In my 12 years in the hospital sector, funding has never been predictable. It's also difficult managing the expectations of 8,000 staff. It was hard for some people to understand why we borrowed funds to build. Of course, we understand there should be more money for staff, but funding for building development is separate and this was part of our communications to staff.

So what did you play with as a kid – Lincoln Logs, Lego – and did you ace Grade One math?

I played school and had dolls, but yes I was always great at math. When I was in Grade 13, I took mostly math – four courses – so I could get into the best schools. It took discipline.

How does your sense of humour improve the workplace?

In spite of being a CA, I believe humour is always needed. If you can turn a situation around with humour, it eases the tension. Healthcare can be so serious, but we can lighten it up.

How do you ensure you plan for new trends and technology?

Within UHN, we have an excellent medical engineering group and we are affiliated with the University of Toronto, so leading-edge thinking is already in-house. A full-time director from our information technology group is integrated with my project team, so with the medical design team, we've gone out of our way to get the best to coordinate these demands.

How do you go from a COO/CFO to being in charge of redevelopment – isn't this usually an architect's or planner's role?

Yes it is, but as I was immersed in the \$225 million project at PM, and since the project was the building of a small hospital, I had the benefit of being involved in everything. It was my responsibility to manage it, and I was integrated with medical people and learned how a hospital functions at every level. I learned how important it is to bring clinicians, nurses and all professionals to the table. With my financial skills, I was conscious of budgeting. With that overview, I also know when something is fundamentally wrong with a patient process.

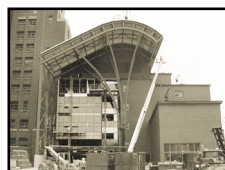
What buildings in Canada do you think work in all respects – from initial design or perhaps renovation – considering user and worker needs?

For public buildings, I think Toronto's BCE Place is spectacular in the way that it incorporates the old with the

new. I also like the Royal Ontario Museum, especially with its new plans. Historical merit is very important to me – blending the old with the new. We looked to the United States – Chicago, New York and California – for examples. The best hospital I've seen is Northwestern Hospital in Chicago.

What does your work at CARE Canada give you back?

It gives me a whole different perspective about the world, not in health so much as global issues. I'm the Second Vice-Chair of the Board of Trustees and Chair of the



· North face view of the New Bathurst Centre and the West Wing at Toronto Western Hospital



· The R. Fraser Elliot Building located at the north west corner of Elizabeth and Gerrard streets



· A view of the new emergency room patient area near reception at Toronto Western Hospital

Profile

Finance Committee and have been involved since 1994. We think of healthcare here as a huge problem, but it's really very small compared to the AIDS pandemic in Africa, so the work gives me an international perspective. I did volunteer work in cancer care prior to this, but the global feeling and sense I get with CARE Canada (www.care.ca) is important, and there are differences – for example, in Zimbabwe with women's health and how it's women who are turning their local communities around. This work gives me the feeling of what it is to be a Canadian.

What book(s) are you reading?

I don't read anything serious at home, but when I do read, maybe at night, a mystery or light reading. My husband and I are busy in the summer with property and a pool, plus I keep fit, so I don't spend a lot of time reading. I also garden a lot and find there's a great sense of accomplishment in that, perhaps mirroring my work.

What's on your favourite t-shirt?

I only have one t-shirt, from a project team, with our slogan: "Working well to the right solutions." But my favourite quote is, "If you're going to be in a parade, be in the lead." For me it fits, as in what we're doing at UHN – we're always leaders.

Susan Conner is Vice-President, Real Estate Solutions, for the University Health Network (UHN), which was born from the merger of the Toronto General, Princess Margaret and Toronto Western hospitals. The UHN is the largest hospital organization in Canada, and for the past two years Susan has been in charge of the hospital redevelopment project, the biggest in Canada. This \$349 million project will cover 4.2 million square feet and enable consolidation and integration of major programs among the three sites.

Susan was Chief Financial Officer for The Toronto Hospital, and at the time of the merger in 1997 she was the Chief Operating Officer for Princess Margaret, which she had joined in 1991. Prior to this, Susan was an executive with Diversicare Corporation of America, working in Tennessee and Toronto, and with Price Waterhouse. She is a graduate of Wilfrid Laurier University with a BBA, and earned her Chartered Accountant designation in 1981. Susan is actively involved in professional and fundraising activities. Her peers recently honoured her by awarding her a fellowship (FCA) of the Institute of Chartered Accountants of Ontario. She is a member of the Board of Directors of CARE Canada and is currently a board Vice-President.

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