

IMPACT OF YOUR GIVING

Critical for Care campaign

Phase two: Hiller Pediatric Intensive Care Unit (PICU)



In 2013, the Government of Alberta committed \$55.3 million to improve and expand the Stollery's operative services, outpatient care and intensive care units.

With the help of our generous donors, we raised an additional **\$15 million over five years** through our Critical for Care campaign to provide specialized programming, research, equipment and training within these spaces:

\$2.5M for outpatient/ambulatory care (opened in 2014)

\$7M for operating rooms (opened in 2016)

\$5.5M for intensive care units

- Phase 1: \$3.1M pediatric cardiac intensive care unit (opened 2017)
- Phase 2: \$1.2M pediatric intensive care unit (opened 2019)
- Phase 3: \$1.2M neonatal intensive care unit (opened 2021)

THANK YOU!

Together, we're transforming children's health care in Western Canada by making sure kids and youth have access to some of the best physical and mental health care - right in their backyard.



"I don't know if there are words to properly thank everyone from the PICU who cared for us over the past couple years. I know this new unit will make a difference to patients and families. Thank you to everyone who made this possible."

-Melanie Proskow,
Stollery Mom (with daughter Lily and our Foundation's president & CEO, Mike House)



DR. NATALIE ANTON, IN A PATIENT ROOM WITHIN THE BRAND-NEW PICU AT THE STOLLERY CHILDREN'S HOSPITAL, MADE POSSIBLE IN PART WITH \$1.2M FROM FOUNDATION DONORS.

BETTER SPACE, Happier Place

Dr. Natalie Anton shines the spotlight on the Stollery's new pediatric intensive care unit

BY GEOFF GEDDES • PHOTOGRAPHY BY COOPER & O'HARA

“We see families at their worst, and slowly watch hope replace fear as their child recovers. I have the best job in the world.”

Though some would feel out of their depth working with critically ill children and terrified parents, Dr. Natalie Anton is in her element. The divisional



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the broader department of pediatrics.

“I try to ensure that we are in the loop when opportunities — such as grant funding, professional development and academic promotions — arise through the department,” she says. “I also try to act as a liaison between our own two groups in the PICU and PCICU [pediatric cardiac intensive care unit], as I have always felt that we are stronger working together than separately.”

The PICU is a dedicated unit for the delivery of critical care to infants and children with non-cardiac diseases including respiratory failure, sepsis, trauma and post-operative recovery.

“It is a high-stress environment,” Anton admits. “[But] one of the unique things about our division is that I can call a colleague day or night if I am feeling overwhelmed or just needing a second opinion about a difficult patient. We look after some incredibly complex patients who are critically ill, many of whom require very difficult decisions to be made with their families. It’s always better to ask for help than to try and figure these things out on your own.”

Anton believes support and teamwork are vital components within the PICU, but another key component to providing high-quality care is the actual environment in which that care is delivered. As part of a major expansion to pediatric critical care, the PICU has just undergone a total renovation — and Anton couldn’t be more excited.

“The design and transition to the unit has been a team effort all around,” she says. “We have a Change Adoption Team, which is comprised of representatives from all groups within our unit — RNs, RTs, educators, clinical nurse specialists and practitioners, unit clerks and pediatric aides. Each group [has been]

able to look through the design, suggest changes and find ways to make the transition as seamless as possible.”

BREATHING ROOM

Anton says when she got her first sneak peek of the new PICU, her breath was taken away. Where previously there were 12 beds in one open-floor unit, there are now 16 single-patient rooms that provide privacy for families and the best possible healing environment. A dedicated family space within each patient room includes a pullout couch and cupboards. In addition, the new family waiting room has comfortable seating as well as a microwave, coffee-maker, television and computer, and access to private showers and bathrooms.

“It’s a quiet, closed off area that is just steps away from the child’s bedside,” says Anton. “Preserving those small comforts in times of incredible stress and anxiety will be life-changing for parents.”

The renovation also includes two dedicated isolation rooms and two laminar air rooms, offering OR-quality air exchange to help prevent the spread of infections. This will allow for surgical procedures within the ICU without the fear of cross-contamination, which will further enhance patient care.

In assessing the impact of the changes on her and her team, Anton cites space and convenience as common themes.

“It became clear over the last five to 10 years how cramped and uncomfortable it [had been] in our space for patients and staff,” she says. “When you add in all the equipment we’ve adopted thanks to advances in technology, it’s hard to put patients and machines in one room and still be able to do our job effectively. Spreading things out makes a huge difference for patient care.”

HEALTH HUB

Within this spread-out space, Anton says, is a new feature that will reach far beyond the Hospital’s four walls: a transport team workroom, equipped with telehealth and central monitoring technology. The PICU serves as a major

director of the pediatric intensive care unit (PICU) at the Stollery Children’s Hospital feels right at home ensuring that patients and their families receive the best care possible.

Anton joined the Stollery in 2000 as a staff intensivist and assumed the role of divisional director in 2017. One of her primary duties in this role is helping connect the Division of Pediatric Critical Care to



pediatric trauma centre for northern Alberta, as well as the referral centre for solid-organ transplants in Western Canada. It has a busy transport service, co-ordinating more than 200 transports a year of patients from all over northern Alberta and the territories.

“[Previously], the equipment for the transport team [was] scattered throughout the Hospital, which [was] problematic for a transport program that is one of the busiest in the country,” says Anton. “The new clinical workroom [boosts] efficiency for this critical program.”

Other elements of the new look include a respiratory therapy workspace and extracorporeal life support (ECLS) workroom, a nutrition alcove, a medication room, a supply room and central equipment storage.

While Anton is pleased with each of these improvements, there is one element in particular she believes is the perfect prescription for parents and children in their darkest hour: natural light.

“The lack of natural light in our [old] unit was the most glaring deficiency for me,” she says. “When you have daylight streaming into a room, it’s amazing how it elevates the mood.”

Half of the new unit features large windows facing the courtyard, and ambient night lighting is also provided. The exposure to natural light is vital for preserving the day-night cycle for children and parents and minimizing disruption to patient sleep patterns.

“Sleep disturbance is a major component of ICU delirium and post-traumatic stress,” says Anton. “We must use a lot of sedatives and analgesics to keep patients comfortable, and that can mess with their



NATURAL LIGHT AND BRIGHT, HAPPY COLOURS HELP MAKE THE STOLLERY'S NEW PICU A MORE WELCOMING AND COMFORTING PLACE FOR PATIENTS AND THEIR FAMILIES.

natural sleep rhythms. Having windows, other lighting, and noise reduction gets patients to sleep rather than just being sedated; there’s a big difference.”

LOOKING FORWARD

Upon reflecting on all the effort that has gone into the creation of the new PICU, Anton is grateful to the colleagues who led the charge.

“The overall design, attention to detail and countless hours of commitment to optimizing the new unit fell squarely on

the shoulders of our leadership team: Trina Adams, Susan Huddleston and Dr. Laurance Lequier,” Anton says, adding that their undertaking will be worth it. “[I think] the new space will have everyone excited to come to work. We look forward to having some breathing space around patients and a window where they can see hope instead of tubes, lines and anxiety. Just the term ICU strikes fear in the hearts of families, so anything that lifts their spirits will do us all a world of good.”

The Stollery PICU BY THE NUMBERS

\$1.2M

Funding from the Foundation for the new PICU.

725

PICU patient visits last year.

5.2

Average length of stay, in days.

37.5%

Inpatients from outside the Edmonton zone.

16

Single patient rooms in the new PICU.