

# Bridging to the future of health care

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Carlos Caceres is beaming as he lifts himself, slowly as a sunrise, from his bedside wheelchair at Toronto's Bridgepoint Hospital.

"Now," he says, "watch this!"

One . . . two . . . three precarious steps later, the 69-year-old raises his hands, palms upwards, in the "ta daa!" gesture.

Though slow and unsteady, that short stroll describes a course in courage far more profound than is typically required of many elderly patients rehabbing from hip fractures.

With a long history of colon cancer, hypertension and kidney disease, he has had to bull through a gruesome set of life-threatening ailments to reach this little triumph.

Caceres' cacophony of ailments is typical of Bridgepoint patients, whose medical charts are often as cluttered as the hospital they lie in. The hospital, which sits on the southern rim of Riverdale Park, is surely the most crammed and jumbled-up medical facility in the city.

In a fashion that sets fire inspectors fuming, its arching hallways are lined with wheelchairs, walkers and every manner of ambulatory assistance. Almost every room that doesn't house a patient or four is given over to mounds of storage, every shelf and countertop groaning under the weight of piled equipment.

And don't even mention the washrooms.



RICK MADONIK/TORONTO STAR

Patient Carlos Caceres, awaiting discharge at the old Bridgepoint hospital, is among a growing number of people who live with chronic illnesses, conditions that a modern new Toronto facility will treat when it opens in 2013.

"It's like high school; remember where you had community washrooms?" says hospital spokesperson Paula McColgan. "There are a couple of stalls per unit, male and female, and 50 patients share each one."

As the hospital celebrates the 150th anniversary of its various incarnations at the Riverdale site, this dilapidated and hygienically dangerous situation is about to disappear. In its place is being built a new \$430-million facility, slated to open in February 2013.

Bridgepoint will need to raise \$60 million of the total, something its typically poorer patient population could hinder.

"Fifty per cent of our patients come from inner-city homes, so opportunities to augment ministry revenue are really low," McColgan says.

Cranes rising out of a 40-metre excavation are now in the process of hoisting a 10-storey glass and steel structure that will become a new focal point for drivers on the nearby Don Valley Parkway.

The hospital's square footage will nearly double, from its current 350,000 to some 680,000. And while the hospital's in-patient capacity of 479 will remain about the same, its ambulatory care role will greatly increase.

Bridgepoint CEO and president Marian Walsh says people today are living with complex ailments that they wouldn't have 30 or 40 years ago.

The current hospital "was never built imagining the really complex types of patients that Bridgestone now treats." Nor did it imagine the superbugs that hospitals now house, multiple drug-resistant infections that people dealing with a host of chronic ailments are especially susceptible to, she says.

Aside from the shared washrooms, each hospital room houses two or four patients in stifling proximity, she says.

"Given the types of complicated medical conditions, the exposures, the opportunities for cross infections . . . it really means that standard is not acceptable today."

Built in the 1960s, the current ventilation system huffs out six air exchanges an hour, whereas the new one will quadruple that.

And yet, given its physical plant limitations Bridgepoint has built an enviable reputation in patient care. Where once the hospital was a place Toronto's sickest came to die, Bridgepoint now sends 80 per cent of its patients home.

With a growing armament of treatments for chronic illnesses that once would have killed them, people are collecting ailments as they age.

"These are people who have not just one, but eight to 10 coexisting medical conditions," such as heart disease,

cancer, diabetes and cardio-respiratory problems, Walsh says.

The new building will allow them to live through often lengthy treatments in far more comfort and with a good deal more access to cutting-edge technologies.

"It will also increase our efficiency substantially, we'll have treatment facilities on every unit," Walsh says.

"Today we're portering everyone up and down five or six floors to treatment gyms ..."

The new facility will also incorporate the centre block of the historic Don Jail, whose forlorn, incarcerating innards are now being torn out to make room for classroom and administration space. The jail, which dates to 1865, will be connected to the hospital via a glazed bridge.

The jail has long been associated with the hospital in one form or another, Walsh says. Both were originally built well outside the city proper, in countryside where criminals and contagion would be well away from Toronto's then 40,000 citizens.

"There has been a continuous public hospital here since 1860 . . . when the city fathers created it as a house of refuge . . . for people who were 'incurable, incapable and indigent poor,' " she says.

In 1870, the city faced its first cholera outbreak and the facility, then closer to the river, became a quarantine centre. In that role it housed people with small pox, German measles and tuberculosis.

In the 1950s and '60s it was Toronto's main polio centre and housed the cruel iron lungs that kept victims alive yet immobilized for weeks and months.

When that disease was eradicated by vaccine, the hospital was again re-tasked, this time as a rehabilitation centre, a role it keeps, in an ever more complex way, to this day.