

The background is a textured orange color. On the right side, there is a large illustration of a person's legs from the waist down, wearing light blue jeans and red shoes. On the left side, there is a smaller illustration of a baby sitting cross-legged, wearing a green shirt, blue pants, and red shoes. The baby has a yellow face and a small black curl on its head. At the bottom of the page, there is a horizontal strip of architectural floor plans in a light brown color.

Growth Spurt

No longer just a “baby hospital,”
Magee will celebrate its centennial
by adding two state-of-the-art units.

— By Anna Dubrovsky

Architectural sketch
of rear hospital expansion

When Rose Weadon began her nursing career at Magee-Womens Hospital, dads weren't allowed in the delivery room.

The year was 1968, a trolley barn stood next to the hospital, and patients slept in wards—large rooms with as many as 10 beds. Weadon, who worked the night shift in the labor and delivery unit, timed contractions by placing her hand on women's bellies.

Now, as she approaches retirement, dads are more than welcome in the delivery room. Almost all patients get private rooms. The trolley barn has given way to a parking lot, and sophisticated monitors measure the time between contractions. "I've seen a lot of changes," says the 64-year-old nurse, who now works in the operating room. Some of the advancements blow her mind. "A few weeks ago there was a case where one twin was getting more blood than the other one [in utero], and the surgeon did this laser procedure. My God, it was amazing. I had never seen anything like that." (See "Surprise Surprise" on Page 16 for more on twin-to-twin transfusion syndrome and Magee's fetal intervention program.)

Once known as Pittsburgh's "baby hospital," Magee now offers treatment for breast and gynecologic cancers, imaging services, plastic surgery, orthopaedics, and more. Today, as it celebrates its 100th anniversary, the hospital is at the threshold of another big change: a \$33 million expansion prompted by an increase in birth volumes and heavily influenced by feedback from patients and their loved ones. The project, which is expected to be completed in May 2012, will add two stories to a three-story section of the hospital and more than double the number of critical-care beds. It will be the first in Magee history to meet the U.S. Green Building Council's LEED (Leadership In Energy and Environmental Design) standards.

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When Weadon began working at the hospital, "we had babies galore," she recalls. "We were very, very busy. And then there was a decline." Indeed, as Pittsburgh's population plummeted in the latter half of the 20th century, so did the number of births at Magee. Annual deliveries dropped from 10,000 in the 1980s to 6,500 in the 1990s. In response, the hospital transformed a 28-bed obstetrical unit into an oncology unit.

In recent years, however, the number of deliveries has returned to 10,000 annually, despite the fact that Pittsburgh's population continues to decline. "It's not because there's an increase in the birth rate in this area. It's because other hospitals have closed their obstetrical services," explains Linda Antonelli,

vice president of facilities at Magee. UPMC Passavant, UPMC Shadyside, and UPMC McKeesport are among the hospitals that have gotten out of the baby-delivery business. Magee, which became part of the University of Pittsburgh Medical Center in 1999, now handles nearly half of all births in Allegheny County.

The two-unit addition will hold 42 beds, bringing Magee's total to 360. The fourth-floor unit will be a 14-bed state-of-the-art intensive care unit, or ICU. The fifth-floor unit, with 28 beds, will accommodate patients with breast and gynecologic cancers. An existing oncology unit will be transformed into an obstetrical unit, increasing the number of ob-gyn beds to 112. The expansion will create roughly 100 full-time hospital jobs.

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— Rose Weadon, Magee nurse

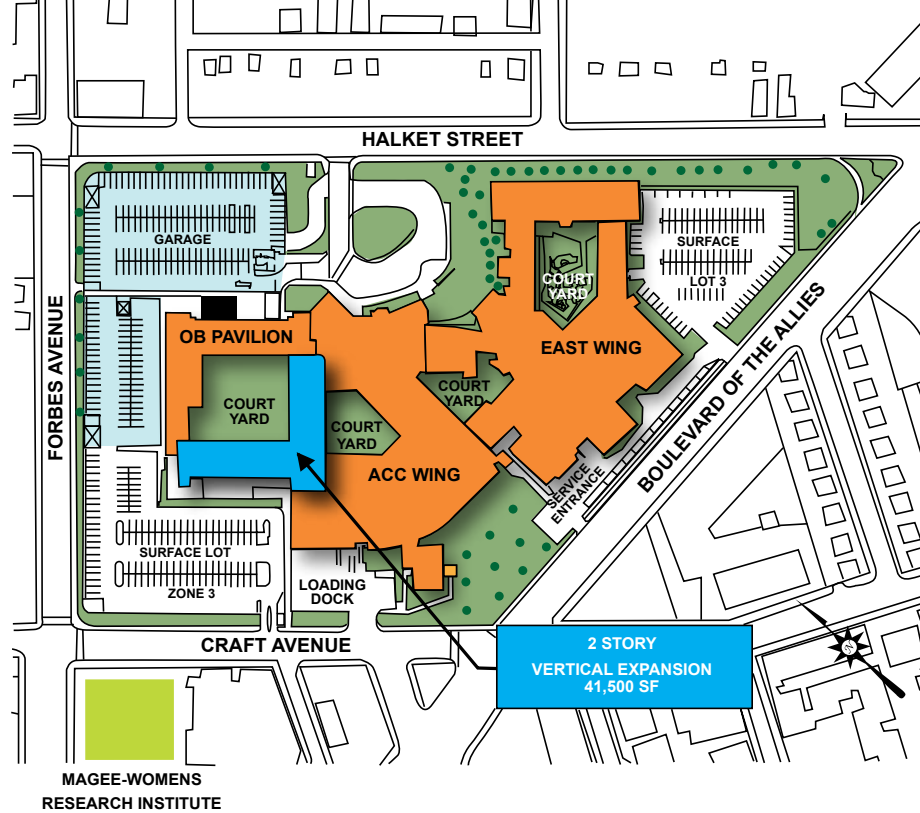
The new ICU rooms will be unlike any Weadon has seen in her 43 years of nursing. Like regular ICU rooms, they will be equipped with the technologies needed for tending to the most critically ill patients. Unlike regular ICU rooms, each will have an attached bathroom and other features of a typical patient room. Known in the health care industry as acuity-adaptable rooms, they dramatically alter the patient experience. Instead of enduring a transfer every time they require a different level of care, patients can stay in the same room from admission to discharge.

“Normally, as patients begin to recover, they would be transferred from the ICU to step-down and then transferred from step-down to a regular unit,” Antonelli says. “They have to move three times. That means you have to clean that room three times. Acuity-adaptable rooms are supposed to save all of that effort. Plus, from an infection-control perspective, it’s much better to keep the patients in one location.”

Keeping patients in one location also enhances employee safety. “A lot of employee injuries are from lifting patients—or trying to,” Antonelli says. Each of the ICU rooms will have a ceiling-mounted patient lift, which is especially useful in bariatric cases. Magee performs nearly 1,000 surgeries for morbid obesity each year.

Weadon believes the new-generation rooms, with all their bells and whistles, will bring back the patient-caregiver camaraderie of olden days. “Just think about the patients: They don’t have to move from place to place. They get to know their nurse and the people sharing the floor with them. That always helps a lot as far as recovery. And families feel more secure if they know who the nurse is. They’ll be more confident.”

Families will also be more comfortable. Each of the new rooms will have a sofa that converts to a bed. Rooms in the oncology unit will feature a “family zone” with a table, outlets for charging laptops and other devices, and lighting that doesn’t disturb the patient. Both of the new units will boast a family lounge with comfortable furniture, a television,



lockers, and a kitchenette. Plans call for two meditation rooms where patients and families can find a serene atmosphere and pamphlets with health and counseling information.

Construction plans also take into account patient concerns about room temperature and noise levels. The new rooms will have thermostats so that patients can adjust the temperature. Designers are looking into acoustical ceiling tiles and other sound-absorbing products.

Weadon plans to hang up her scrubs at year’s end, but she’s looking forward to seeing the new units as a visitor. The hospital rooms of tomorrow have more in common with hotel suites than the wards she once worked in. “We’re down to a patient in a room by themselves with a sofa sleeper—unbelievable,” she marvels. “That is really wonderful.” ♦ ♦

Naming Opportunities for Donors

Magee's expansion creates opportunities for donors to leave a lasting legacy by naming a patient room, family lounge, or other space in the two-story addition.

Educational Work Rooms

Magee's medical professionals will receive additional training in these rooms, which will have:

- AV equipment
- Wi-Fi access
- Work stations
- Conference area

Family Lounges

These comfortable and intimate waiting areas will have:

- TV
- Wi-Fi access
- Comfortable seating
- Kitchenette

Meditation Rooms

Designed for patients and visitors of all faiths, these rooms will have:

- Peaceful atmosphere for private prayer and conversation
- Pamphlets with vital health and counseling information

Private Patient Rooms

Private Patient Rooms will include:

- Full bath with shower
- Flat-screen TV
- Sleeper sofa
- Thermostats for climate control
- Hand washing sink for medical professionals

Specialty Patient Rooms

These larger rooms will comply with Americans with Disabilities Act requirements and will have:

- Patient lifts
- Features that allow for isolation of infectious patients

To discuss naming opportunities which start at \$10,000, contact Ann Felter at 412.641.8923 or feltera@mwri.magee.edu.