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John Rieck from Children's Mercy Hospital in Kansas City, Mo., steps out of a pink-walled ambulance at Children's Hospital in Denver as four visiting teams of EMTs from other states helped with massive move to Aurora. *Cyrus McCrimmon, The Denver Post*

ColoradoVoices

The point of astonishment in hospital's relocation

By Chuck Reyman

For a single moment, as I stood in the ambulance bay, the enormous and often bewildering complexity of The Children's Hospital's move to its new location coalesced into meaning.

During the preceding months and years of planning, I had become familiar with many of the behind-the-scenes details that collectively defined the Herculean task of moving a 253-bed pediatric hospital and its 111 small patients 7 miles east to its new \$567 million home.

In preparing information for the media, I knew about the new hospital's 1.44 million square feet and its 48-acre campus footprint; the 842 miles of wiring running through 238 miles of conduit; the more than 14 million pounds of steel needed to support 34,000 cubic yards of concrete; the 16,000 light fixtures and the three football fields that could fit into the new hospital's basement; the 400 tractor-trailers needed to haul drywall for the interior finish; and the 90 tractor-trailers needed to deliver the hospital's enormous air-handling units.

I knew just enough about the preparations, the parking at the new facility, the landscaping, the painstaking architectural design, and the seemingly endless list of patient and family amenities. By serving on several transition planning committees, I learned about moving and liquidating furniture and used medical equipment and archiving hospital treasures. And, overlay-

ing it all, I learned about the full range of human behaviors under the stress that comes with saying "goodbye" to the familiar and uncertainly saying "hello" to dramatically new circumstances.

In the last two years, I and my colleagues experienced many highs and lows, joys and frustrations, successes and failures. During all that time, internal website for staff, physicians and volunteers featured a digital clock that counted down the seconds to the exact time of the move commencement: 7 a.m., Saturday, Sept. 29.

At 6 a.m. on that day, hospital leadership gathered in the command center to monitor progress and communicate updates to staff and the community. It was between hourly incident briefings that I walked to the new emergency department to check on the assembled media and hospital public relations staff.

Within a few minutes and without flashing lights and siren, the first ambulance slowly pulled into the emergency bay. Suddenly hushed, the people assembled there gathered around, leaving room for the receiving team to do their work. As the rear doors to the ambulance swung wide, I heard an EMS person from within the vehicle say in a clear voice, "I want to confirm this is a red child," meaning a child who could not be photographed. Cameras lowered as the receiving personnel moved close to the rear of the ambulance. An isolette with a tiny Neonatal Intensive Care Unit baby slowly came into view as EMS staff lowered it to the

waiting hands of the receiving team. The time was 7:45 a.m.

Our first scheduled patient had arrived.

In the solemnity of that quiet moment, the enormity of the task, with the full burden of its complexity, condensed into one small isolette and into the eyes of one tiny child. All of the months and years of planning, building, practicing, meeting, reassessing, purchasing, communicating; all of the real estate, building materials, technologies, fundraising, construction workers, clinical and non-clinical staff, and the community at large, condensed into meaning and purpose: the life of a tiny child in need.

Standing in an ambulance bay, in what Emerson would describe as "the point of astonishment" in every landscape, I understood fully, perhaps for the first time, the purpose of this work. My teacher, appropriately enough, was a child.

Somewhere on a sheet of paper or on a hospital computer monitor is that child's name, gender and position in the patient transfer sequence. Perhaps by now he or she has gone home with a grateful family. But no matter. For me, that one child's delivery into our hands gave meaning to the struggles we endure and the complexities we erect in support of life.



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