



*Grande Prairie Regional Hospital*

# **AHS Multi-Year Health Facility Infrastructure Capital Submission 2022**

**UPDATED September 20, 2022**

**Please Note: The following information is being provided to the Ministry of Health for the purpose of obtaining advice, proposals, recommendations, analyses or policy options for the Minister of Health, Treasury Board and Cabinet in relation to the Provinces' Capital Plan.**

## Executive Summary

The Alberta Health Services 2022 Multi-Year Health Facility Infrastructure Capital Submission describes priority major capital needs (for projects over \$5 million). The following information is provided to the Ministry of Health to inform the capital funding process of the Government of Alberta. The submission:

- is mandated in the Health Facilities Capital Program Manual as a major step in the planning and project approval process and is submitted to Alberta Health;
- outlines the overall planning and management of health infrastructure;
- communicates the planning and capital investments needed to meet mandated regulatory requirements and to effectively maintain the existing asset base and modify it as needed to support service delivery strategies;
- provides the Ministers of Health and Infrastructure with the information needed to recommend appropriate future funding for health infrastructure;
- provides a rational and compelling context to Alberta Health and in turn to Treasury Board and Finance, for annually assessing individual project recommendations relative to provincial capital proposals and priorities; and
- when possible, provides a preliminary estimate of operating costs for the proposed capital investments.

The report considers direction from the Government of Alberta and the priorities outlined in the AHS 2020-2022 Health Plan and 2021-2022 Business Plan supporting its key desired outcomes of:

- Improve the Experiences of Patients & Families
- Improve Patient & Population Health Outcomes
- Improve the Experience & Safety of Our People
- Improve Financial Health & Value for Money

The top priority projects identified in this year's submission represent a range of projects addressing critical time sensitive accreditation/agency mandated regulatory standards and critical operational needs. The list also provides equitable representation for investments across the province.

AHS' Capital Management Strategic Capital Planning team continues to work towards completing Major Capital Needs Assessments for all high priority initiatives identified by Zones or Provincial Programs across the province. These investigations will better inform decision-making and prioritization activities in the future and help ensure the most important projects are identified and presented to Government.

# Overview of Infrastructure

## 1.0 Overview of Infrastructure

AHS is responsible for owning, operating, funding, and leasing facilities supporting the delivery of health care. Currently, AHS utilizes in excess of 1,000 owned buildings and leased spaces (including license agreements) for direct care delivery and support services. AHS leased spaces are in both private and government owned buildings.

Most services are directly delivered by AHS in either owned or leased space. Services are also funded by AHS and provided by voluntary and private partners in AHS or non-AHS owned or leased space.

AHS also has key partnerships with universities and colleges acknowledging our shared responsibility to educate and train health professionals of the future, and support ongoing biomedical research and innovations.

As would be anticipated with a large volume of owned and leased spaces, there is wide variability in the condition and age of facilities.

## 1.1 AHS-Owned Space

AHS owns most of the area/space from which services are offered or are required to support health service delivery. The total number of AHS-owned (standalone) buildings is approximately 500, ranging from the largest urban hospital to small rural service or maintenance buildings.

Acute care hospitals, which comprise the majority of the owned building area, are the most expensive facilities to build and operate within AHS' complement of building assets.

Across the province there are just over 300 continuing care facilities in operation, approximately one-third are owned and operated by AHS, the remaining facilities are owned and operated by private and voluntary organizations.

## 1.2 Shelled and Vacant Space

Several acute sites have unfinished shelled and/or vacant space, which has been set aside for specific future development.

Some of the spaces that have been shelled for future use have had preparatory work done in anticipation of fit-out (e.g., partial mechanical/plumbing system installations, floor coring etc.). Originally proposed future uses were based on previously developed strategic facility master plans. Most of the vacant space listed in the following table will require redevelopment.

Unfinished Shelled / Vacant Spaces		
Facility	Shelled / Vacant Space (m <sup>2</sup> )	Proposed Future Use
Chinook Regional Hospital (New Addition)	6,440 Shelled	<ul style="list-style-type: none"> <li>Renal Dialysis</li> <li>Two Inpatient Units</li> <li>Staff Support</li> <li>Unassigned Level 4 and 5</li> </ul>
Chinook Regional Hospital Level 3	740 Vacant	<ul style="list-style-type: none"> <li>ICU/CCU Expansion</li> <li>Unassigned</li> </ul>
Medicine Hat Regional Hospital	410 Shelled	<ul style="list-style-type: none"> <li>Diagnostic Imaging</li> </ul>
Medicine Hat Regional Hospital – Level 3	2,048 Vacant	<ul style="list-style-type: none"> <li>Unassigned</li> <li>SIM Lab (Interim Use)</li> </ul>
Medicine Hat Regional Hospital – Level 6	2,488 Vacant	<ul style="list-style-type: none"> <li>Mental Health Inpatient</li> </ul>
Foothills Medical Centre Main Building 11th Floor West Wing	850 Vacant	<ul style="list-style-type: none"> <li>Inpatient or Outpatient Clinical (anticipated future use for the Integrated Stroke Program)</li> </ul>
Peter Lougheed Centre	1,785 Shelled	<ul style="list-style-type: none"> <li>Acute Inpatient</li> </ul>
Calgary South Health Campus	6,900 Shelled	<ul style="list-style-type: none"> <li>ICU</li> <li>Emergency Department</li> <li>Diagnostic Imaging</li> <li>Outpatient Dental</li> <li>Cardiac ICU (currently used for Pandemic Response Unit (PRU))</li> <li>Day Cardiology</li> <li>Surgical Suites</li> <li>Outpatient Clinics</li> <li>Endoscopy/Bronchoscopy (currently used for PRU)</li> </ul>
Richmond Road Diagnostic Treatment Centre	9,175 Vacant and Shelled	<ul style="list-style-type: none"> <li>Administration</li> <li>Support Services</li> <li>Ambulatory Services</li> </ul>
Rockyview General Hospital	3,350 Shelled	<ul style="list-style-type: none"> <li>Laboratory Services</li> <li>Ambulatory Services</li> <li>Facility Support Space</li> </ul>
Fort Saskatchewan Community Hospital	215 Shelled	<ul style="list-style-type: none"> <li>Administrative</li> <li>Off Site/Outpatient Community Programs</li> </ul>
Kaye Edmonton Clinic	3,471 Shelled	<ul style="list-style-type: none"> <li>Ambulatory Specialty Clinics</li> </ul>
Mazankowski Alberta Heart Institute	3,574 Shelled	<ul style="list-style-type: none"> <li>Cardiac Services</li> </ul>
Sturgeon Community General Hospital	687 Shelled	<ul style="list-style-type: none"> <li>Operating Theatres (two)</li> </ul>

### 1.3 Leased Space

AHS presently manages a portfolio of over 300 leases with an annual operating budget of approximately 90 million dollars. This value considers the rental of the space itself and related operating costs (i.e., systems maintenance, custodial and utilities).

The primary groups that occupy the leased spaces include:

- Acute Care (including Cancer Care)
- Urgent Care
- Public Health and Community Care
- Corporate Services
- Continuing Care
- Addiction and Mental Health
- Emergency Medical Services (EMS)

Strategic lease management is an essential asset strategy when flexibility is required regarding service location, the need to meet increasing demand or where expediency is critical.

Internal capital funds are typically required to complete leasehold improvements. Alternatively, AHS Real Estate negotiates an allowance in the lease that provides the required capital; however this can increase the lease operating budget as the capital is amortized over the lease term. Either scenario requires an additional funding source.

With the option for eligible staff to choose to work hybrid or remote, considerable space reduction will be possible, AHS Real Estate and Space Management teams are currently reviewing space needs and will be consolidating teams and reducing leasing costs.

### 1.4 Asset Divestiture Plan

AHS owns a large inventory of assets; however a number of properties have become surplus to its requirements. Not all owned lands and buildings have a strategic value in the long-term.

AHS may sell surplus properties subject to approval from the Minister of Health. AHS is required to obtain an independent appraisal of the fair market value of the property. Properties must be sold for fair market value unless the property will be used for the ongoing benefit of other government agencies. The AHS Real Estate land disposal process can create issues for timely, effective handling of land disposal projects. The process for disposal includes; Senior Executive Sponsorship, Government of Alberta approval, property condition assessment, appraisal, marketing, sale documentation and closing. Subject to Government of Alberta approval, AHS can proceed with the process.

All land transactions are subject to legislation (Regional Health Authorities Regulation – AR 15/95) that requires AHS to:

- Obtain the Minister of Health’s approval (Section 2.6).
- Receive fair value for the transaction (Section 2.71(1). Less than fair market value can be received where “the property will be used for the ongoing benefit of residents of the health region.”

AHS is in the process of performing due diligence on several properties which are likely to be surplus to the long-term needs of the delivery of health care. Currently, AHS has a number of sites that are under contract and follow a government approved process for disposition. Anticipated timing for this process is 12 to 18 months per transaction.

## **1.5 Infrastructure Maintenance Program**

The Infrastructure Maintenance Program (IMP) is a government funding source for projects with a value less than \$5 million. This ongoing program is intended for the planned repair, maintenance and renewal of health facilities and plays a critical role in preserving AHS owned assets.

Capital Management works directly with zone leadership to develop a rolling three-year plan for IMP projects according to an allocation formula. The plan is then submitted to Alberta Infrastructure and Alberta Health for review and support.

The Government of Alberta 2022-2025 Fiscal Plan (February 24, 2022) identifies Health Care Facilities – Capital Maintenance and Renewal allocations as follows:

- \$174.9 million 2022-2023 (target) IMP plus a Cash Flow amount of \$14.0 million for the ICIP Program
- \$147.3 million 2023-2024 (target)
- \$137.7 million 2024-2025 (target)

The three-year rolling IMP plan anticipates spending the full amount available to AHS from the Capital Maintenance and Renewal funding on an annual basis. Over the years prior to the COVID-19 Pandemic AHS Capital Management had proven that there is ability to utilize all the funding provided by the Government. During the pandemic, AHS was successful in completing projects within our healthcare facilities, which given the many waves and outbreaks is testament to AHS Capital Management processes and approaches. These have been developed over many years and even in the most challenging of times have worked to ensure continued ability to deliver healthcare services to Albertans. Capital Management completed \$119.25 million IMP work which included \$2.15 million that contributed towards the Investing in Canada Infrastructure Program (ICIP) initiative that is funded from the IMP Capital Maintenance Renewal (CMR) program.

Typical areas of focus for IMP projects in the upcoming years include:

- building and staff security system upgrades and replacements;
- electrical system upgrades and replacements;
- mechanical systems upgrades and replacements;
- exterior building and roof repairs or upgrades;
- life safety systems (fire alarm, nurse call etc.) upgrades and replacements;
- interior finishes upgrades and replacements; and/or
- minor functional projects.

The multi-year project list is subject to adjustments as issues and priorities emerge.

# Capital Submission Priorities

## 2.0 Project Prioritization

AHS prioritizes projects that are supported with data and fully aligned with Government of Alberta and AHS strategic directions. To arrive at the prioritized list Capital Management and Planning and Performance developed a multistage process to objectively assess relative project merits to ensure the highest priority projects are put forth for funding consideration.

Initial factors considered when prioritizing projects include:

- Zone/Provincial Program ranking of importance;
- supporting documentation status;
- demonstrated clinical need through reporting metrics; and/or
- facility functional and physical condition.

To further refine the prioritization of the projects under consideration, projects were assessed by:

- strategic alignment (impact of service need, system transformation etc.);
- value (cost savings, cost avoidance, foundation funding potential etc.);
- feasibility (documentation, service continuity, efficiencies realized etc.); and
- consequence (accreditation/regulatory requirements, patient or staff safety risk, service interruptions, etc.).

## 2.1 Capital Submission Priorities

The following table identifies the top priorities for the 2022 submission, the submission history, current documentation status and potential next steps.

Project	Previously Requested	Documentation Status		Next Steps
		Major Capital Needs Assessment	Major Capital Business Case	
Provincial Medical Device Reprocessing Department Upgrades	yes	yes	yes	Design
Pharmacy Sterile Compounding National Association of Pharmacy Regulatory Authorities (NAPRA) Compliance	yes	yes	yes	Design
High Priority Publicly-owned Continuing Care Facilities for Modernization (Replacement or Refurbishment)	yes	Seniors Capacity Plan	no	TBD
Northern Alberta Laboratory Infrastructure	yes	yes	no	Business Case
Alberta Kidney Care Chinook Regional Hospital Renal Redevelopment	no	yes-equivalent	yes-equivalent	Functional Program underway



Calgary Central Pharmacy Processing Facility	yes	yes	yes	Functional Program underway
Emergency Medical Services - Calgary Metro Response Station Capacity Improvement Projects	no	no	no	Needs Assessment
Alberta Kidney Care Calgary Northland Village Mall Hemodialysis Unit Replacement	no	no	no	Needs Assessment
Cardston Health Center Replacement	yes	yes	underway	Business Case
South Zone Cardiac and Intensive Care Plan	yes	no	no	Needs Assessment
Rockyview General Hospital Decanting Of Trailers – Unit 45 Mental Health Relocation	no	yes	no	Business Case
Southern Alberta Forensic Psychiatry Centre Phase 2 Redevelopment	yes	yes	no	Business Case
Richmond Road Diagnostic Treatment Centre Fit-Out of Shelled and Vacant Space (Mental Health and Ambulatory)	no	no	no	Needs Assessment
Alberta Children's Hospital Mental Health Renovation and Expansion	no	no	no	Needs Assessment
South Health Campus Development: Phase 1 SW Tower and Mental Health Pavilion	no	no	no	Needs Assessment
Airdrie Community Health Centre Expansion	no	no	no	Needs Assessment
Central Zone Surgical Initiative	no	no	no	Needs Assessment
Ponoka Centennial Centre for Mental Health and Brain Injury ECT Enhancement	no	no	no	Needs Assessment
Sundre Community Health Center Replacement	no	no	no	Needs Assessment
New Stollery Children's Hospital	yes	yes	underway	Business Case
Royal Alexandra Hospital Infrastructure	yes	yes	no	Business Case
Addiction Recovery Consolidation at Alberta Hospital Edmonton	no	no	no	Needs Assessment
Westview Health Centre Redevelopment	no	no	no	Needs Assessment
St. Paul Healthcare Centre Inpatient Redevelopment	no	no	no	Needs Assessment
High Level Northwest Health Centre Building Expansion for Ambulatory Clinic	no	no	no	Needs Assessment

**Note: projects are listed by Provincial Program then by Zone, they are not listed in priority order.**

In addition to the top priorities listed above, it should be acknowledged that there is demand for other capital projects which are not included on the 2022 top priority list. These projects are identified in **Appendix A - Potential Future Major Capital Projects** and highlight the ongoing need for enhanced infrastructure to ensure standards of patient care and patient safety are met.

## 2.2 Priority Project Descriptions

### 2.2.1 Provincial Sterile Instrument / Medical Device Reprocessing Upgrades

#### **Project Description / Scope of Work:**

Originating in 2010, a provincial review of Medical Device Reprocessing Departments (MDRD) was conducted to identify deficiencies in infrastructure and equipment critical to accreditation and providing high quality, safe services. Originally through a prioritization exercise eight of the highest priority sites were selected for Phase 1 of the initiative and 18 more through Phase 2. Since the initial work, a blended approach has been taken that combines the scope of both Phase 1, Phase 2, and ASI impacts. Out of the 26 total sites identified in Phase 1 and Phase 2, 12 remain unfunded. The reviews considered operational issues, equipment, and infrastructure requirements.

#### **Rationale for Project:**

MDR services occur in over 100 AHS facilities and in more than 300 areas within various AHS sites. Reprocessing includes all the steps necessary to make a contaminated reusable medical device ready for its next intended use. The following issues support the rationale for the project:

- Accreditation Canada requirements must be met at many sites to maintain “accredited status”.
- These projects in many cases support the Alberta Surgical Initiative and could potentially hamper those objectives without a coordinated approach.
- MDR is an essential service, supporting staff and patient safety, and directly impacts the prevention of transmission of infections from reusable medical devices used in the delivery of health care.
- The pressures on surgical services and subsequently MDR have been exasperated by the pandemic and service slowdowns to create capacity and staffing, as the services struggle to catch up and reduce waitlists.

#### **Capital Project Cost Estimate:**

Estimates from total project costs created by Alberta Infrastructure are at \$340M in 2021 dollars.

#### **Operating Expenditure Impact:**

The impact on operating costs will vary by site and are identified in the site-specific consultant reports. There will be a marginal reduction in maintenance costs as obsolete, more problematic equipment is replaced.

#### **Current Status of Project:**

Total project costs along with the consultant reviews of the sites have been submitted to the Government of Alberta as a Major Capital Business Case equivalent.

## 2.2.2 Pharmacy Sterile Compounding National Association of Pharmacy Regulatory Authorities (NAPRA) Compliance

### **Project Description / Scope of Work:**

There are 20 AHS acute care sites across the province (with 34 distinct pharmacy locations including satellite pharmacies) that compound sterile hazardous and non-hazardous products. All dedicated clean rooms where sterile products are prepared need to be modified to meet regulatory standards issued by the National Association of Pharmacy Regulatory Authorities (NAPRA). Depending on specific site deficiencies, the necessary improvements will require varying degrees of expansion, renovation, equipment and building system upgrades.

### **Rationale for Project:**

In 2017, the Alberta College of Pharmacy (ACP) adopted national regulatory standards for compounding of hazardous and non-hazardous preparations issued by NAPRA. The ACP set aggressive deadlines for AHS hospital pharmacies to meet compliance with these standards effective *July 2021*. Even if ACP does not direct closure of these clean rooms, continued use of non-compliant pharmacy sterile preparation areas and hazardous drug preparation areas with existing infrastructure and equipment deficiencies will present significant risks to patient and staff safety.

### **Capital Project Cost Estimate:**

As determined by comprehensive consultant site reviews conducted in 2019, the degree of compliance with NAPRA standards varies for each pharmacy. In the summer of 2020, Alberta Infrastructure reviewed the consultant reports and subsequently updated the project cost estimates for each site. The total funding requirement to address NAPRA compliance in AHS pharmacies was estimated at approximately \$68 million.

### **Operating Expenditure Impact:**

The proposed renovations to meet NAPRA compliance in AHS hospital pharmacies are anticipated to have a minor impact on ongoing operating costs.

### **Current Status of Project:**

Consultants assessed the current state of sterile compounding environments across the province assessing appropriate NAPRA Model Standards for Hazardous and Non-hazardous sterile preparations. Each site has a comprehensive report detailing the current state assessment and recommended renovation strategy. The Calgary Drug Production Center was added to the compliance facility sites but no consultant report was completed on the site.

A Major Capital Needs Assessment was submitted to Alberta Health in September 2019. Alberta Infrastructure updated the costing in fall 2021.

### **2.2.3 High Priority Publicly Owned Continuing Care Facilities for Modernization (Replacement or Refurbishment)**

#### **Project Description / Scope of Work:**

There are eleven high priority AHS owned and operated, and subsidiary sites identified for modernization (replacement or refurbishment) totaling 878 continuing care beds. The beds required for modernization at these eleven sites range from 289 to 8 beds. These beds are not eligible for Alberta Health's Continuing Care Capital Grant Program (i.e., Affordable Supportive Living Initiative (ASLI) Grants) for modernization or net new continuing care capacity; therefore, would follow the traditional Government capital grant process.

#### **Rationale for Project:**

AHS is supporting Alberta Health to modernize the continuing care system and improve continuing care services for Albertans. Replacing and refurbishing continuing care capacity of all ownership types aligns with Facility Based Continuing Care Review recommendations and addresses infrastructure-related learning from COVID-19.

There are a total of 11,700 LTC/Designated Supportive Living (DSL) beds identified in the province that will require replacement or refurbishment. These beds have exceeded lifecycles, are rooms and/or ensuite washrooms shared by two residents, or no longer meet space and infrastructure standards. This is in addition to the capacity increases that will be required moving forward for population and demographic projections.

AHS owned and operated, Carewest and CapitalCare facilities have also been evaluated for modernization needs and have been categorized as high, medium and low priorities for modernization. Through the work completed to date, eleven high priority publicly owned sites have been identified that require immediate replacement or refurbishment. In addition to these eleven high priority sites (878 beds), sixteen medium priority AHS or subsidiary sites (1,133 beds) were identified, and thirty-seven low priority (418 beds) AHS or subsidiary sites were also identified. These sites and identified capacity are included within the 11,700 LTC / DSL beds identified above for replacement and refurbishment.

#### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

#### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

#### **Current Status of Project:**

A Major Capital Needs Assessment to examine the options for the desired future state at each site will be required.

## 2.2.4 Northern Alberta Laboratory Infrastructure

### **Project Description / Scope of Work:**

To address ongoing laboratory infrastructure challenges, a new Alberta Precision Laboratories (APL) facility is required, located in Edmonton, capable of providing specialized services not provided by DynaLife Dx to the North Sector (Central, Edmonton and North zones) including:

Services include; Provincial Laboratory services including environmental water testing, specialized public health testing including infectious disease testing, genetic testing including newborn metabolic, biomedical genetics, molecular diagnostics and pathology, and esoteric testing including toxicology, trace element, transfusion medicine/blood bank services, and special chemistry.

### **Rationale for Project:**

The UAH laboratories were built in 1981 and have not had any significant upgrades despite additional equipment and procedures being added over the past 30 years. The spaces for the noted services are functionally outdated and have outgrown the existing space allocation. Infrastructure deficits for the APL laboratories, particularly in the Edmonton Zone, have been identified in accreditation reports repeatedly over the last 10 to 15 years.

The growth in the demand for laboratory testing and advancements in technology including genomics and proteomic technologies are putting additional stress on existing lab facilities. The space limitations are impacting the ability to automate thereby affecting efficiencies that could be achieved. Automation is key to maintaining service volumes in the future since there are limited specialized staff that qualified for performing the work.

If specialty testing can vacate acute care space, acute care laboratory functions can be better aligned with available space within the UAH.

Currently, there is a risk to quality, safety, and staff retention due to inadequate laboratory space and infrastructure.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

Based on the projected laboratory volumes up to 2040, the incremental direct operating costs is estimated at approximately \$38.6M.

### **Current Status of Project:**

The Major Capital Needs Assessment is complete.

## 2.2.5 Alberta Kidney Care - Chinook Regional Hospital Renal Redevelopment

### **Project Description / Scope of Work:**

Relocate the existing Hemodialysis unit from the Chinook Regional Hospital Auxiliary Building into shelled space (designated for this move) in the lower level of the new addition of hospital. The space would accommodate home dialysis training space, 28 hemodialysis treatment spots, and associated clinic and support space.

### **Rationale for Project:**

The Lethbridge and South Zone renal population continues to grow and is anticipated to continue to do so at a significant rate. The current program has outgrown their current hemodialysis space to support all areas of the program and faces significant infrastructure challenges/deficiencies; the disjointed functional relationships between spaces has created safety concerns. The existing location was redeveloped and expanded in 2000, the Auxiliary Hospital building original construction dates back to 1962. The existing infrastructure and unit size cannot accommodate future growth demands.

Pandemic impacts have highlighted the need to improve infection prevention and control preventative infrastructure measures to protect this vulnerable population. Those cannot be accommodated in the current location.

### **Capital Project Cost Estimate:**

Capital cost estimate would be determined at the completion of Functional Programming.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

Alberta Infrastructure has initiated an update of the Renal Dialysis Functional Program completed in 2011 as part of the Chinook Regional Hospital Redevelopment planning. The updated functional program will be considered as a Major Capital Business Case equivalent and will provide confirmation of the project scope and costs. Completion is anticipated in fall of 2022.

## 2.2.6 Calgary Central Pharmacy Processing Facility

### **Project Description / Scope of Work:**

Development of a Calgary based hub for central pharmacy processing to serve the south sector. Project space requirements and location to be determined through functional programming.

### **Rationale for Project:**

The redesign and centralization of provincial drug production and distribution systems will help Pharmacy Services achieve stated objectives of improving patient care and safety, improving drug use controls and optimizing drug costs, providing capacity for ongoing provincial growth, allowing for alignment in workflow optimization, and minimizing hospital pharmacy department capital renovation costs.

The current state of drug production and distribution is highly variable across the province, ranging from usage of automation technologies for drug packaging and compounding to poorly labelled, uncontrolled ward stock systems. This lack of consistency negatively impacts patient safety and quality of care.

New regulations and standards in pharmaceutical processing and sterile compounding necessitate an upgrade of AHS' existing facilities. Currently, space constraints in multiple hospitals limit capacity and the ability to meet future demand. The redesign and centralization of provincial drug production and distribution systems is the foundational requirement to achieve compliance to the new standards, and more importantly, to improve patient safety and service levels across Alberta. This project is required to support the NAPRA compliance scope of work and is a key piece of the future program vision.

### **Capital Project Cost Estimate:**

Capital cost estimate would be determined at the completion of Functional Programming.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

Functional Programming commences in fall of 2022.



## **2.2.7 Emergency Medical Services - Calgary Metro Response Station Capacity Improvement Projects**

### **Project Description / Scope of Work:**

The acquisition and development of two urban Calgary Emergency Medical Services (EMS) response stations estimated at approximately 2000 square meters each. Each site will support and house 20 EMS vehicles and associated support functions. Locations are required in downtown Calgary and North West Calgary.

### **Rationale for Project:**

In 2022, the Government of Alberta announced operational increases over the next two years to support additional ambulances. In addition, there is a legislated requirement to park ambulances indoors between calls or when the ambulance is out of service. These combined factors do not leave enough space in existing stations to operationally support activity in the Calgary Metro area.

The downtown core is an active area which is under-represented by EMS. This location would allow downtown ambulances to remain closer to the anticipated “next event” and would help decrease the strain on the EMS fleet by reducing kilometers driven.

Although typically a capital lease solution is sought to address EMS needs, the value and scope of this project is capital in nature and may be more cost-effective long term to implement as owned sites.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

A province-wide EMS Service Plan is currently in development and will help inform this project. A Major Capital Needs Assessment is required to finalize the desired future state.

## **2.2.8 Alberta Kidney Care - Calgary Northland Village Mall Hemodialysis Unit Replacement**

### **Project Description / Scope of Work:**

Relocation and construction of a new 25 bed Renal Dialysis Unit to meet current and future needs. The current location is 18 beds and needs to expand to 25 to meet future demands to 2030, the current location cannot meet the growth needs. The new location is to be confirmed, but Richmond Road Diagnostic Treatment Center is the preferred site at this time due to clinical synergies and to ensure longevity of the capital investment.

### **Rationale for Project:**

The current location of Northland Village Mall is a leased site that will need to be vacated by 2025 due to mall redevelopment plans, this will end AHS's lease with potentially no option for renewal with the landlord. There are also significant space and functionality deficiencies that are cost prohibitive or unattainable to correct at the current location. The current dialysis sites in the Calgary Zone are at capacity and have little to no room to accommodate the current mall site patients or any new patients. This is one element of a larger long term Calgary zone plan for renal services.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment.

### **Current Status of Project:**

A report has been completed to explore the service needs and infrastructure issues along with possible options. A Major Capital Needs Assessment would be the next step.

## 2.2.9 Cardston Health Center Replacement

### **Project Description / Scope of Work:**

Complete replacement of the Cardston Health Center is required. New land will need to be procured to support the project as redevelopment on the existing site is not a viable option. Work is currently underway to confirm future service configuration and workload. The consolidation of other health services in Cardston will be reviewed and evaluated for benefits and inclusion into scope of the replacement facility. Decommissioning of the existing Cardston Health Centre will be included in the Major Capital Business Case scope and costing.

### **Rationale for Project:**

The Cardston Health Center is a rural hospital site that has the fourth busiest Emergency department in the South Zone and comprises of 19 Acute Care inpatient beds and 14 long term care beds. In addition to inpatient and continuing care services day procedures and endoscopy services that are provide at the site. The site provides health services to a population of approximately 17,000 people in the LGA of Cardston-Kainai in the southwestern portion of Alberta.

The Cardston Health Centre is 63 years old (constructed in 1959) and had a major capital renovation in 1981. Currently the infrastructure is failing and is far below contemporary space configurations and standards. Both these factors have potential to create significant staff and patient safety issues. Replacement of the Cardston Health Centre has been recommended in studies dating back to 1993. Unlike other areas of the province where population growth is a key driver for facility enhancement, the age and condition of the Cardston Health Centre is the key driver, with each year the condition of the facility worsens and the demand for services increases.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

A Major Capital Business Case is being initiated with estimated completion in spring of 2023.

## 2.2.10 South Zone Cardiac and Intensive Care Plan

### **Project Description / Scope of Work:**

The proposed South Zone Cardiac Plan will have facility implications primarily at the Chinook Regional Hospital with additional modifications at the Medicine Hat Regional Hospital and a number of satellite sites. A staged approach is proposed for the implementation of the Plan, the initial phase (first two-years) has a focus on prevention and is primarily operational changes supporting enhanced cardiac services.

As the plan advances, the integrated cardiac services will require existing spaces be redeveloped and programs expanded. Infrastructure impacts include new and redeveloped ICU/CCU beds, dedicated stepdown beds, rehabilitation, diagnostic, imaging, ambulatory spaces, administrative support, virtual care spaces and procedure spaces. There is shell space available at both regional centres that will facilitate the changes necessary to implement the Cardiac Plan.

Longer term elements of the Cardiac Service Plan (beyond five years) are anticipated to have minimal capital requirements and are outside the scope of this capital project

### **Rationale for Project:**

The Cardiac Plan and the resulting infrastructure requirements support the following overarching themes:

- Care closer to home: Access to high quality, effective and sustainable patient and family centered cardiac care within the Zone.
- System integration: Seamless, coordinated and integrated cardiac care across the continuum throughout the Zone.
- Multisystem approach: Developing programs that support multidisciplinary teams in meeting the existing and growing demands within the Zone.

The plan will also leverage partnerships with Calgary Zone based services and will simultaneously alleviating pressures in Calgary where sites currently provide services to South Zone residents.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

The order of magnitude operating costs have been determined in the South Zone Cardiac Services Plan. The costs will be further refined in a Major Capital Needs Assessment.

### **Current Status of Project:**

South Zone Clinical Services Plan is nearing completion. The Plan identifies potential infrastructure impacts required to implement the Cardiac Plan. A Major Capital Needs Assessment would be the next step.

## 2.2.11 Rockyview General Hospital Decanting of Trailers – Unit 45 Mental Health Relocation

### **Project Description / Scope of Work:**

Replacement of trailers added to the Rockyview General Hospital (RGH) site as a temporary measure over 20 years ago. The temporary trailers have deteriorated over the years and costly upgrades are required. Programs in the trailers include Unit 45, a general mental health inpatient unit; the Repetitive Transcranial Magnetic Stimulation (rTMS) program and medical residents' space. These programs require permanent and appropriate spaces built to current standards in the main hospital to support services for the years to come.

A strategy has been developed that consolidates mental health services and creates a hub for mental health services in a single location for both inpatient and outpatient at the site. A transition inpatient unit would be moved offsite to ensure the capacity of mental health beds at RGH can be maintained. This is supporting equitable access to mental health beds in all quadrants of Calgary.

Removal of the trailers and refurbishment of the site would be included in the project scope.

### **Rationale for Project:**

Continuing the use and reliance on the temporary trailers at RGH poses potential risk for AHS. The building structure and the infrastructure systems are failing. These are potentially beyond repair. The temporary nature of the space is not ideal for healing and patient care and there are patient and staff safety concerns. There is potential that the City of Calgary will not renew the Development Permit required to keep these temporary structures on site in the future. As a result, the capital dollars required to improve the trailers would not be a wise investment.

Relocating the transition unit to a more appropriate community facility and level of care is beneficial to patients as well as the health system opening appropriate beds to those who need them. This will result in a reduction in cost for those transition patients.

Ultimately, the removal of the trailers will reduce maintenance and operational costs at the site and provide better and more suitable spaces for patient care.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

There will be a net reduction in operating budget with the relocation of a transition unit to the community.

### **Current Status of Project:**

A Major Capital Needs Assessment is currently underway.

## 2.2.12 Southern Alberta Forensic Psychiatry Centre – Phase 2 Redevelopment

### **Project Description / Scope of Work:**

Demand for Forensic Psychiatry inpatient beds continues to increase in Southern Alberta. The Southern Alberta Forensic Psychiatry Centre (SAFPC) experiences extremely high occupancy and frequently exceeds its funded capacity. The mismatch between demand and supply of Forensic Psychiatry beds not only impacts those individuals in urgent need of care, but it also regularly impacts the Alberta Hospital Edmonton (AHE) facility, the Criminal Justice system, and local Emergency Departments.

Forensic patients from Southern Alberta are often transferred to the AHE facility. The transfer of patients increases rehabilitation time and prolongs the recovery of the patient. Adding to occupancy pressures, 12 of 33 beds for pre-trial patient assessment have been allocated to patients who have been found Not Criminally Responsible due to Mental Disorder (NCR-MD).

The intent of the project is to increase the number of Forensic Psychiatric beds from 33 to 69 to meet current and future bed demand along with support spaces required to provide an integrated approach to patients suffering from a Mental Health Disorder from assessment to re-integration to the community.

SAFPC redevelopment will provide best practice environments that will include Infection, Prevention and Control requirements, barrier free access for patients, a safe work environment for staff and families, and flexible spaces to accommodate future changes in service delivery if required.

The existing 7.8-acre SAFPC site offers development opportunities to increase the capacity of Forensic Psychiatry beds.

### **Rationale for Project:**

The number of Forensic Psychiatric beds needs to increase by over 110% in Southern Alberta to meet current and projected bed demand. The increase of NCR-MD beds will allow patients to start rehabilitation earlier and re-integrate back into the community. Patients will be cared for closer to home and will receive services from assessment, management, monitoring, consistency of care throughout the patient's journey and transition to the community.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

There will be a net increase in the operating budget as outlined in the Major Capital Needs Assessment.

### **Current Status of Project:**

The Major Capital Needs Assessment is currently being reviewed by AHS Executive Leadership.

### **2.2.13 Richmond Road Diagnostic Treatment Centre Fit-Out of Shelled and Vacant Space (Mental Health and Ambulatory)**

#### **Project Description / Scope of Work:**

Develop 9,000 square meters of shelled and vacant space to accommodate additional clinical capacity required in the Calgary Zone. Building mechanical and electrical infrastructure system upgrades are underway with a late 2023 completion. Currently the upgrades have been intended to support outpatient services. These upgrades were required, as Phase 1, to support the new clinical capacity at the Richmond Road Diagnostic and Treatment Centre (RRDTC).

#### **Rationale for Project:**

The RRDTC is a complex comprised of six interconnected buildings varying in age: the original building was built in 1952 and the last building was built in 1984. The site was formerly used as the Alberta Children's Hospital until 2006.

After the relocation to the new site in 2006, a project to renovate the decanted spaces was approved, but due to escalating costs, the implementation stopped in 2010, and only two of the five phases were completed. The intent of this project is to complete the remaining three phases into one large, bundled project (Phase 3).

Completion of the building system upgrades 2023 will allow interior renovations to occur by providing clinical capacity required within the Calgary Zone. The RRDTC site offers an opportunity to relocate, expand, and develop specialized tertiary outpatient services for acute or chronic populations who have a level of complexity that requires access to sophisticated diagnostic and treatment facilities. The recent concept of adding Mental Health Inpatient beds requires further study to determine if this would be feasible and alignment with services currently planned for the site.

#### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

#### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment.

#### **Current Status of Project:**

The "RRDTC – Building Systems Infrastructure Upgrade Strategic Plan" was completed. The document informs the site's strategic planning activities to support future program development, and the current state of the major building systems upgrade requirements.

A Major Capital Needs Assessment would be the next step. Work to be initiated in 2022.

## 2.2.14 Alberta Children's Hospital Mental Health Renovation and Expansion

### **Project Description / Scope of Work:**

The project would include expansion and renovations to the existing Mental Health Patient Care Unit at Alberta Children's Hospital to include ten additional beds (for a total of 22 beds) and to create much needed inpatient capacity. The expanded mental health inpatient capacity will offer approximately 6000 additional bed days annually. Modifications to existing spaces will provide purpose built 'pods' for specific clinical populations. These populations would include high observation, neuro diverse youth, short stay and general mental health.

The scope of this expansion could be increased to include four additional levels above that would allow for 24 - 32 additional acute inpatient beds in the future.

### **Rationale for Project:**

The goal of the child and adolescent inpatient capacity expansion is to meet the increased and escalating demand for children and adolescent mental health acute care services. This would be a key part to the programs long term vision and plan.

Through the use of evidence-informed practice, these treatment informed cohort spaces will address known safety concerns for patients, family members, staff and physicians. Increased capacity and optimal clinical support will also improve patient and family experiences by:

- reducing wait times in the Emergency Department,
- reducing Inpatient length of stay (short stay unit), and
- providing treatment and treatment environments that are responsive to specific patient populations (e.g., sensory considerations and high observation spaces).

This project would address inpatient capacity needs, current mental health infrastructure deficiencies, and safety deficits for the next 10 - 15 years. Opportunities exist to partner with the Alberta Children's Hospital Foundation for capital support for this project.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment.

### **Current Status of Project:**

Preliminary planning has been completed; a Major Capital Needs Assessment would be the next step.



## **2.2.15 South Health Campus Development: Phase 1 SW Tower and Mental Health Pavilion**

### **Project Description / Scope of Work:**

This project envisions the completion of the inpatient acute care bed tower along with development of the Mental Health Pavilion at the South Health Campus (SHC). Additional beds are needed to address long-standing capacity issues in the Calgary Zone. The podium substructure for the SW tower was constructed as part of the original SHC project. The tower would add eight acute care inpatient care units (288 beds in 36-bed units) and outpatient services. The Mental Health Pavilion will include 16 short stay beds and 62 mental health inpatient beds.

### **Rationale for Project:**

Development limitations at the other adult acute care facilities (Foothills Medical Centre, Rockyview General Hospital, and Peter Lougheed Centre) are such that the SHC offers an achievable option to add acute care and mental health capacity for the zone. To inform project documentation starting with a Major Capital Needs Assessment, the SHC Functional Program and Phasing plans (which were developed more than 10 years ago) would be reviewed to ensure they are aligned with current planning requirements. The future distribution of hospital-based services across the zone will also be required to inform the overall development to be undertaken at the SHC, which could lead to different phasing options that more appropriately meet current demand.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

Operating costs will increase with the new inpatient beds and outpatient services added in the project. Further work is required to determine how and when the new beds and facilities are operationalized.

### **Current Status of Project:**

The Functional Program and Phasing plans for complete development of the facility were developed in 2008.

## **2.2.16 Airdrie Community Health Centre Expansion**

### **Project Description / Scope of Work:**

Currently, AHS provides services at three sites in Airdrie, sites include the Airdrie Community Health Centre (with Urgent Care, Diagnostic Imaging and Home Care services), the Airdrie Provincial Building (with Mental Health services) and the Airdrie Medical Clinic -Annex (with Public Health Services).

The proposed project is to develop a consolidated model of services that would accommodate both Urgent Care and Wellness services, in one location, to meet the projected demands to the year 2035.

### **Rationale for Project:**

The City of Airdrie is one of the fastest growing communities not only in Alberta but also in Canada. Airdrie has experienced unprecedented growth in the last ten years, increasing by 226.7% between 1994 and 2014. In 2015, the Airdrie Local Geographical Area (LGA) population was estimated to be 66,884 and by 2035 it is projected to exceed 100,000. The demand for health care services has consequently increased, especially for Urgent Care, Diagnostic Imaging, Laboratory and Mental Health services.

All the services at the existing locations operate at over capacity levels with no opportunities for growth. Many patients are diverted to Calgary as a result. The ability to accommodate more patients and the quality of care would improve significantly if programs were consolidated and additional physical space were available.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment.

### **Current Status of Project:**

AHS completed a Strategic Option Analysis in 2016.

A Major Capital Needs Assessment would be the next step.

## 2.2.17 Central Zone Surgical Initiative

### **Project Description / Scope of Work:**

In alignment with the Alberta Surgical Initiative, Central Zone has prioritized six hospital sites for surgical program expansion and volume enhancement. The enhancement of surgical program areas includes the Innisfail Hospital & Care Centre, the Olds Hospital & Care Centre, the Wetaskiwin Health Centre, the Ponoka Hospital & Care Centre, the Stettler Hospital & Care Centre, as well as the Red Deer Regional Hospital Centre procedure room.

These investments will improve surgical capacity across the zone and reduce patient wait times. The project provides capital infrastructure upgrades to OR's, MDRD's, Procedure areas and support spaces.

### **Rationale for Project:**

These proposed enhancements will help achieve the reductions in wait times and length of the surgical wait list as outlined in the Alberta Surgical Initiative (ASI).

- Details on procedure types and locations will be included in a Major Capital Needs Assessment to be undertaken 2022/2023.
- Anticipate creation of surgical hub sites to create efficiencies per the existing Innisfail model for eye surgeries.
- The Major Capital Needs Assessment will investigate/establish a plan to operationalize including both clinical and capital costs, anticipated funding sources for each and predictive analytics on capacity.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

A Major Capital Needs Assessment would be the next step.

## **2.2.18 Ponoka Centennial Centre for Mental Health and Brain Injury ECT Enhancement**

### **Project Description / Scope of Work:**

The proposed solution would convert space at Ponoka Centennial Centre for Mental Health and Brain Injury (CCMHBI) expanding inpatient services to include outpatient electroconvulsive therapy (ECT). The new unit would be purpose built to ensure appropriate safe patient care for both ambulatory and inpatient requirements.

The ECT and Transcranial Magnetic Stimulation (TMS) program would be a self-sufficient inpatient and outpatient clinic situated in a location within the facility that would allow for future growth and expansion. The program would be easily accessible for inpatient units with interior access to the clinic space. It would also provide direct access to community and zone patients accessing the clinic on an outpatient basis effectively reducing a portion of the bed demand and capacity pressures the site is currently experiencing.

### **Rationale for Project:**

The department is currently designed to service patients on an inpatient basis. As such, all community patients who require access to this program must be admitted to CCMHBI as an inpatient. This has been identified as an inefficient use of a patient room and puts increasing capacity pressures on a site which typically operates at over capacity on a fairly common basis.

ECT / TMS have dedicated operational resources with the exception of an anesthesiologist who is primarily based out of the Ponoka Hospital & Care Centre (HCC). Additionally, some inpatient unit staff may be utilized to assist as required.

The demand for ECT is increasing and access to the service within the zone is reduced due to surgical pressures from the Alberta Surgical Initiative.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status:**

Preliminary planning has been completed; a Major Capital Needs Assessment would be the next step.

## 2.2.19 Sundre Community Health Center Replacement

### **Project Description / Scope of Work:**

Replacement of the existing Community Health Centre trailer with new infrastructure to support Home Care, Public Health and Mental Health community services as well as integrated primary care. All services are currently located on the acute care site within a standalone portable structure that has reached the end of its lifecycle. There is site capacity for development. The project will allow for development of a leading-edge community health centre building with sub-acute supports.

### **Rationale for Project:**

The project aligns with AHS's patient first strategy enabling all Albertans to be full partners in their care. It improves the access to community-based care by decompressing acute site ambulatory services while addressing community health deficiencies. Accommodates for anticipated future Homecare growth driven by Alberta Health's goal to better supporting long term care services throughout the local area.

Replacement of the trailer will address many aspects of safety and functional deficiencies in terms of sufficient component and gross area, corridor widths. The existing community health trailer is a patient safety risk with narrow corridors, thin walls and poor access and egress.

Anticipated services include:

- Medical home model supporting virtual care
- Respite beds
- Day hospital
- Adult Day programming
- AMH community resources
- Primary Care Access

The expanded CHC will offer patient centred care and optimize health human resources by effectively providing community focused care.

### **Capital Project Cost Estimate:**

To be determined during a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined during a Major Capital Needs Assessment.

### **Current Status of Project:**

A functional and physical facility evaluation has been completed; a Major Capital Needs Assessment is the next step.

## 2.2.20 New Stollery Children's Hospital

### **Project Description / Scope of Work:**

A new Stollery Children's Hospital would consolidate pediatric services into a single distinct physical location. This distinct identity must remain physically adjacent to and be operationally integrated with University of Alberta Hospital (UAH), the Mazankowski Heart Institute, Kaye Edmonton Clinic, and the University of Alberta to ensure specialized services, personnel, and equipment remain accessible to both Stollery and UAH patients in a fiscally responsible and clinically efficient manner.

### **Rationale for Project:**

The consolidation of specialty inpatient medical services, inpatient mental health, and inpatient rehabilitation into a single Stollery building provides a greater opportunity for multidisciplinary care. By combining specialized inpatient pediatric resources under one roof, treatment, research, and teaching opportunities are modernized, and patient and family care is optimized. Relocation of mental health and rehabilitation beds from the Royal Alexandra Hospital and Glenrose Rehabilitation Hospital to the Stollery will provide comprehensive and holistic pediatric health care for children and adolescents. The new facility would provide an opportunity to integrate technology across programs and to virtually connect to distant patients, families, and care providers.

A new build would ensure all rooms are single patient rooms supporting privacy and reducing disruption in shared rooms. A new Stollery hospital would include care-by-parent beds to support families as they transition from the hospital to their home environment. Infection rates can be lowered, costs can be reduced, and efficiencies can be gained by providing single-family spaces in private rooms and additional isolation spaces.

As the demands on the Stollery increase and treatments become more integrated and complex, additional space is needed to reduce waitlists and support opportunities to integrate technology and innovation. Aging infrastructure, including undersized inpatient and procedure rooms; lack of teaching, meeting and outpatient clinic space; and family, clinical, and staff support spaces would be corrected in a new build while vacating space for future development to support adult and cardiac care in the existing infrastructure.

A new build promotes staff recruitment and retention by highlighting the Stollery as a premier location for pediatric research, innovation, and specialized care.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

The incremental operating cost increase is \$95 million per year with a one-time operating cost increase of \$21 million for a total incremental operating cost impact of \$116 million.

### **Current Status of Project:**

A Major Capital Needs Assessment is complete and a Major Capital Business Case is underway.

## 2.2.21 Royal Alexandra Hospital Infrastructure

### **Project Description / Scope of Work:**

The project is proposing a new build on the Royal Alexandra Hospital (RAH) campus to address operationally obsolete structures posing risk to the provision of care. Existing buildings would be decanted and demolished to create space on the campus, the energy centre would require upgrades to provide utility capacity, and the existing inpatient infrastructure would be renovated to provide clinical and staff support areas.

### **Rationale for Project:**

RAH has been noted in the Capital Submission for major renovation or replacement since 1999. The infrastructure dates to the 1950's, the spaces struggle to align with current best-practice standards and lack the integration of modern technology and equipment required for updated models of care and the building systems are at a high risk of failure. Currently, 69% of inpatient beds at the site (representing 20% of Edmonton Zone beds) are in multiple occupancy rooms, lacking purpose-built isolation spaces with shared washrooms that are not barrier free, nor bariatric compliant, resulting in privacy and infection safety risks for both staff and patients.

The safety and security of staff, patients, and visitors at the RAH is vital in the delivery of effective complex healthcare services. The inability to properly secure and monitor all spaces results in security gaps and safety concerns on the campus. The site has a steadily increasing trend of violence and crime, the 2019 Crimes Against Persons/Property (CAP) Index was 4.54 times higher than the national average. Improved design and security technologies will be integrated into the facility to create a safer RAH Campus.

The current footprint of the units, when populated with modern health equipment, creates a constrained patient care environment resulting in safety concerns for staff and patients. The RAH is one of the busiest surgical facilities in the province with thirty surgical theatres in four buildings. Efficiency is limited by the size of the theatres and distribution across the campus. The constrained Endoscopy area in the basement experiences multiple disruptions due to flooding. Increased demand for Endoscopy is causing challenges with the types of the procedures being limited due to outdated equipment. The department requires the support of an acute care hospital to manage the volume of complex cases.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

In 2030/31, the incremental ongoing operating costs is estimated to be \$212 million with an additional \$25 million in one-time costs.

### **Current Status of Project:**

A Major Capital Needs Assessment is complete.

## 2.2.22 Addiction Recovery Consolidation at Alberta Hospital Edmonton

### **Project Description / Scope of Work:**

Consolidation of three major recovery programs; Addiction Recovery Centre, George Spady Centre and the Henwood Treatment Centre into a single purpose-built building would create a safer healing environment aligned with current care models and code requirements while enabling operational efficiencies. Land is available at Alberta Hospital Edmonton.

### **Rationale for Project:**

The Addiction Recovery Centre was previously housed in downtown Edmonton. Access to the facility was negatively affected by recent light rail transit development, as a result the program has temporarily moved to Alberta Hospital Edmonton Building 12 (constructed in 1970). Building 12 is a temporary solution and the facility was not purpose-built for this use.

The George Spady Centre (constructed in 1983) is not building code, nor zoning compliant, for the current addiction recovery inpatient use. It needs replacement.

Henwood Treatment Centre (constructed in 1965) is not code compliant, nor is it designed for modern care models. It needs replacement.

In addition to the poor condition of all three buildings, and the inability to align with current models and standards, the current model of three separate buildings to manage addiction recovery is not operationally efficient.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

An internal report is in development to provide the Addiction and Mental Health program leadership with advice and outline opportunities. The preliminary information supports consolidation as the optimal solution. The Edmonton Zone Healthcare Plan is in development and may suggest additional components for co-location. A Major Capital Needs Assessment would be the next step once services for consolidation are finalized.



## 2.2.23 Westview Health Centre Redevelopment

### **Project Description / Scope of Work:**

To meet current and future demand, facility expansion on AHS land adjacent to the site and redevelopment of the existing site is required. Decanting some services into the community may be considered and would require operational funding for leasing.

### **Rationale for Project:**

Acute inpatient activity at the site exceeds current bed capacity and inpatient bed activity is anticipated to continue to grow by 48% by 2030/2031 based on the Alberta Health and Alberta Health Services shared bed modeling methodology. The facility, at 23 inpatient beds is challenged to meet operational targets and often cannot meet the four-hour discharge and eight-hour admission targets due to demand exceeding capacity. The site frequently operates more beds than it was designed for. Continuing Care has indicated a capacity deficit remains in that part of the zone despite recent grants for capacity increase in the area.

### **Capital Project Cost Estimate:**

To be determined during a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined during a Major Capital Needs Assessment.

### **Current Status of Project:**

In 2018 internal reports provided the site with operational and infrastructure analysis of the site with a lens of fiscal restraint. A Major Capital Needs Assessment would be the next step.

## 2.2.24 St. Paul Healthcare Centre Inpatient Redevelopment

### **Project Description / Scope of Work:**

The St. Therese-St. Paul Healthcare Center is experiencing safety, security, infection control and operational challenges because of aged infrastructure. Redevelopment appears possible with additional operational funding to split the inpatient areas onto two floors. Replacement may be indicated if a significant increase in bed requirements is indicated by a zone service plan.

### **Rationale for Project:**

St. Therese - St. Paul Healthcare Center in St. Paul Alberta provides a wide range of services including Emergency, Acute Inpatient, Hemodialysis, Long Term Care, Mental Health Inpatient (North Zone Intake Site), Mental Health Outpatient/ Community, Allied Health, Surgical, Laboratory, and Diagnostic Imaging. Although well maintained, the original facility opened in 1961, and since that time the facility has had additions such as the Continuing Care wing (built in 1984); however, few other renovations have occurred to update the facility.

The site is the second oldest facility in the North Zone. Redevelopment and reconfiguration would support integration of current standards and guidelines into the facility. Since 1961, the delivery of healthcare and the complexity of patients have changed greatly. Safety, Privacy, Infection Prevention and Control Guidelines, CSA Standards, Security, Bariatric Design, and Barrier-free compliance are many of the modern care requirements that would be recommended for redesign. Staff reported patient care concerns align with many of the deficiencies observed onsite. Lack of community capacity creates barriers to efficient patient flow. The inability to discharge patients in a timely manner into appropriate care creates obstruction of flow for incoming patient admissions.

Infrastructure barriers were observed onsite, such as 16 of its 42 acute care funded beds reside in four-bed wards. An example of patient safety risk is the impaired ability to utilize assistive devices or staff assistance in the undersized shared one-piece washroom on the four bed wards.

The concerns related to the Acute Inpatient Unit identified that there were infection control, safety, and functional challenges posed by the existing infrastructure.

### **Capital Project Cost Estimate:**

To be determined during a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined during a Major Capital Needs Assessment.

### **Current Status of Project:**

Strategic options have been analyzed and reported in a consolidated space review summary as internal advice to Alberta Health Services, a Major Capital Needs Assessment would be the next step.

## 2.2.25 High Level Northwest Health Centre Building Expansion for Ambulatory Clinic

### **Project Description / Scope of Work:**

Modular building expansion is urgently required to meet operational needs of the onsite medical clinic in a timely manner. The clinic connected to the site both supports patient access/safety and is viewed as a significant factor that promotes operational efficiency and medical staff recruitment.

Physicians from the clinic cover multiple areas/programs throughout the day and are often needed to respond to urgent clinical needs in other areas of the hospital. The site supports approximately 700 deliveries a year. The existing model reflects a family centered care approach with multiple services having access and ability to support patient needs.

### **Rationale for Project:**

High Level is the hub for surrounding sites, including surrounding indigenous communities. In 2006 the High Level Medical Clinic relocated to the Northwest Health Centre closed acute care hospital wing. In 2009, Alberta Health Services (AHS) became the operator of the clinic. The existing space is too small to meet the current program, staff, and physician requirements as a result of increased demand, program growth, and expansion of clinical offerings.

The current space houses eight physicians and Medical Affairs is underway recruiting another four full-time General Practitioners. In addition to this, a new full-time Pediatrician has just arrived, and a full-time Obstetrician/Gynecologist position is in recruitment. In addition, the site supports one to two medical students and one resident per school term on average that require space. There are only seven clinic spaces in the current medical clinic space which does not support the patient volume or complexity of obstetrics/complex patient visits daily.

There are five full-time Administrative/Clerical staff plus three full-time Licensed Practical Nurses onsite daily that require space. Currently, all share two office spaces and a front registration desk. These support areas are not sufficient to support the level of patient and physician activity needs at the site.

### **Capital Project Cost Estimate:**

To be determined in a Major Capital Business Case.

### **Operating Expenditure Impact:**

To be determined in a Major Capital Needs Assessment

### **Current Status of Project:**

An internal report and briefing note have provided an overview of the project. A Major Capital Needs Assessment would be the next step.

## 2.3 Approved Capital Project Priorities

The following table identifies several projects that have funding approval but have not yet proceeded to construction and/or have not been completed. These projects remain of critical importance to AHS.

Project Name	Phase
Alberta Surgical Initiative	Design/ Construction
New Edmonton Hospital	Planning
Royal Alexandra Hospital - Child and Adolescent Mental Health (CAMH) – PROJECT DEFERRED	Design
Provincial Pharmacy Central Drug Production and Distribution Centre	Design
Misericordia Hospital - Planning - Covenant	Planning
Royal Alexandra Hospital - Planning	Planning
Red Deer Health Capital - Planning	Planning
Foothills Medical Centre Neonatal Intensive Care Unit Renovation and Expansion (Foundation supported project)	Design
Rockyview General Hospital GI Clinic Expansion (Foundation supported project)	Design
Rockyview General Hospital Fit-Out for Intensive Care Unit and Coronary Care Unit (Foundation supported project)	Design
Calgary Cyclotron	Planning
La Crete Maternity and Community Health Centre	Planning
High Prairie Health Complex Demolition	Construction
University of Alberta Hospital (Walter McKenzie Health Sciences) Brain Centre (Phased Neuro ICU)	Design
Red Deer Regional Hospital Centre Redevelopment and Expansion	Planning

For a full list of the previously approved projects, (including those listed above and those approved for planning only), refer to **Appendix B - Approved / Active Major Capital Projects**.

## 2.4 Parking Structures

Legislation mandates that parking operates as an *ancillary service*, which means that no government-provided health care dollars can be used to build new parking capacity. All parking-related costs, including maintenance, major repairs, and the planning and construction of new facilities must be fully recovered through revenue collected from users of the service. Many of the parking capital projects described in this section will be funded through debt financing which will be repaid through parking fees.

The table below summarizes ongoing or pending parking initiatives.

Location	Number of Stalls	Estimated Cost (\$M)	Comments
Calgary Cancer Centre Project	1,650	\$157	Calgary Cancer Centre is being constructed on the FMC with 1650 underground parking stalls. Construction will be funded through debt financing.
Edmonton General Continuing Care Centre	650	\$25	Project is on hold.
Calgary Centre for Child & Adolescent Mental Health	156	\$8	Construction began on the building in 2019. The parking stalls are underground. The project will be funded from parking revenue.
Major Repairs and Upgrades	N/A	\$15	Structural, mechanical, electrical, architectural, and equipment upgrades to existing structures and surface lots. Upgrades will be funded from the parking revenue.
Edmonton / Calgary / Lethbridge	N/A	\$6	Fall prevention fence / screening will be added to 11 existing parkades in Edmonton, Calgary, and Lethbridge. The project will be funded from the parking revenue. Construction began in 2020 with completion expected by the end of 2022.
Norwood	296	N/A	The Norwood surface lot is being constructed and funded by Alberta Infrastructure. Construction is expected to begin in 2021.

AHS builds and upgrades structures to meet safer parking standards as well as encourages transportation demand management measures such as ride sharing and alternate modes of transportation, but recognizes that parking remains essential for most patients and staff. AHS is committed to providing parking services that are sustainable, effective, and efficient for all.

# Conclusion

## 3.0 Conclusion

The Capital Submission is updated and resubmitted each year to reflect the ever-changing needs of the dynamic healthcare system in Alberta.

The Capital Submission identifies the high priority capital projects which support AHS' strategic directions, operational demands and addresses time sensitive mandated or accreditation related requirements. Projects are aligned with the Government of Alberta's direction and priorities.

It is being provided to the Ministry of Health to aid in the development of their Health Plan for recommendations to Treasury Board and Cabinet in relation to the Province's Capital Plan.

## Appendix A: Potential Future Major Capital Projects

Not in order of priority.

Zone	Project Name
South	South Zone Mental Health Strategy (include Med Detox)
	Medicine Hat Community Consolidation
	Bassano Health Centre Replacement
	Medicine Hat Regional Hospital Phase II
	Chinook Regional Hospital Phase II
	Bow Island Health Center Replacement
Calgary	Alberta Children's Hospital Inpatient Expansion (Expansion on top of Mental Health)
	Alberta Children's Hospital – Enhanced Day Hospital
	Alberta Children's Hospital – Research/Administration Tower
	Calgary Community Health Centre Upgrade/ Expansion/ New
	Foothills Medical Centre – Cardiac Catheter Lab Renovation
	Foothills Medical Centre – ED Ambulance Bay Expansion
	Foothills Medical Centre – Integrated Stroke Treatment Unit
	Foothills Medical Centre – Medication Room Upgrade
	Foothills Medical Centre – On-call Rooms Renovation
	Foothills Medical Centre – Renal/ Transplant Renovation North Tower
	Foothills Medical Centre – Renovation of 9th Floor
	Foothills Medical Centre – Spine/Neurology Unit Expansion
	Foothills Medical Centre – Stephenson Advanced Cardiac Imaging Centre
	Foothills Medical Centre – Unit 21/22 (Mental Health) Renovation
	Foothills Medical Centre – TBCC-SSB Repurposing
	New North Health Campus Land Acquisitions
	North Health Campus Development
	North Community Health Centre Development –Coventry Hills site
	Peter Lougheed Centre – Basement Redevelopment
	Peter Lougheed Centre – GI Endoscopy Renovation/Relocation and West Wing renovation for expanded Day Medicine service
Rockyview General Hospital – Ambulatory Redevelopment (Pharmacy, Pre-admission clinic)	

Zone	Project Name
	Rockyview General Hospital – GU Expansion Project
	Rockyview General Hospital – Highwood Building Interim Renovations - DI, OR, Expansions, etc.
	Rockyview General Hospital – Maternal Newborn Services
	Simulation Centre Hub - eSim Program
	South Health Campus Development: Phase 2 (Women's Pavilion)
	South Health Campus – Endo/Bronch Suite (Digestive Health)
	South Health Campus – Expansion of Surgical Suites
	Strathmore District Hospital Redevelopment
Central	Red Deer Regional Hospital Centre CCU Development
	Innisfail Health Centre Redevelopment
	Consort Hospital and Care Centre Renovation
	Coronation Hospital and Care Centre Renovation
	Lacombe Hospital and Care Centre Redevelopment
	Olds Hospital and Care Centre Redevelopment and Expansion
	Our Lady of the Rosary Redevelopment (Castor)
	Rocky Mountain House Health Centre Replacement
	St. Joseph’s General Hospital Redevelopment (Vegreville)
	St. Mary’s Continuing Care Centre Redevelopment (Trochu)
	Stettler Hospital and Care Centre Redevelopment
	Three Hills Health Centre Renovation
	Wainwright Health Centre Replacement
	Wetaskiwin Hospital and Health Centre Expansion and Renovation
Edmonton	Northeast Edmonton Community Health Centre with Extended Ambulatory Care
	Alberta Hospital Edmonton – Pre-Community Complex Transition Infrastructure
	Glenrose Rehabilitation Hospital Redevelopment
	University of Alberta Hospital Emergency Department Expansion and Redevelopment
	University of Alberta Hospital: Renovate 5C2 Outpatient Unit to Increase Inpatient Capacity
	University of Alberta Hospital Transplant Redevelopment



Zone	Project Name
	Misericordia Community Hospital Redevelopment of an Inpatient Unit for ICU Capacity
	Grey Nuns Community Hospital Expanding Footprint of the ICU/CCU
	Royal Alexandra Hospital NICU Redevelopment
	University of Alberta Hospital Fit-Out of Shelled MAZ Space to Provide Inpatient and ICU Capacity
	Stollery Children’s Hospital Genetics Clinics
	University of Alberta Hospital Medical Outpatient Unit Expansion
	Stollery Children’s Hospital Cardiac Clinics
	Grey Nuns Community Hospital Pacemaker Suite
	Misericordia Community Hospital & Grey Nuns Community Hospital Cystoscopy Suites
	Sturgeon Community Hospital – Endoscopy and Ambulatory Clinic and Inpatient Bed Expansion
	Edmonton Colorectal Screening Centre
North	Bonnyville Healthcare Centre Emergency Department Redevelopment
	Northern Lights Regional Health Centre Redevelopment
	Whitecourt Healthcare Centre Redevelopment
	Barrhead Healthcare Centre Emergency Department Redevelopment
	QEII Phase II Repurpose
Seniors Health	Medium Priority Publicly Owned Continuing Care Facilities for Modernization (Replacement or Refurbishment)
	Low Priority Publicly Owned Continuing Care Facilities for Modernization (Replacement or Refurbishment)
Addictions and Mental Health	none
Cancer Care	Cross Cancer Institute Phase I Redevelopment
	Cross Cancer Institute Phase II Redevelopment
Diagnostic Imaging	None
Alberta Precision Laboratories (APL)	Northern Alberta Laboratory Infrastructure Project
	Sturgeon Community Hospital Lab
	Rockyview General Hospital Lab
	Southern Alberta Laboratory Infrastructure Project (Prov Lab South & Genetics South)

Zone	Project Name
Pharmacy	Medicine Hat Regional Hospital Pharmacy
Nutrition & Food Services / Linen & Enviro. Services	FMC Kitchen Redevelopment
	Provincial Waste Management Equipment Upgrades & Replacements (compactors, biomedical waste fridges)
	FSC Off-site Commissary (Production & Tray Assembly) move to On-site (Production & Tray Assembly) at RAH and GRH
EMS	EMS Edmonton Metro Response Station Capacity Improvement and Strategic Location Projects (4 Sites)
	North Sector EMS Rural Response Stations (4 sites)
	South Sector EMS Rural Priorities (10 sites)
	Central Communication Center (CCC) Replacement Project
Alberta Kidney Care	QEII Grande Prairie Renal Center Expansion & Grande Prairie Regional Hospital Renal Center Expansion
	Indigenous and Rural Capacity Strategy – Community Health Centre & Closer to Home initiatives
	North Sector Infrastructure & Capacity Strategy
	South Sector Infrastructure & Capacity Strategy
	Provincial Rural Capacity Strategy Infrastructure & Capacity Strategy

## Appendix B: Approved / Active Major Capital Projects

	Project Name	Total Approved Funding (000)	Phase
1	Calgary Cancer Project	1,407,908	Construction
2	New Edmonton Hospital	930,038	Planning
3	Norwood Long Term Care Facility (Edmonton)	385,135	Construction
4	Royal Alexandra Hospital – Child and Adolescent Mental Health (CAMH)	200,000	Design – Deferred – not listed in INFRA source report
5	Bridgeland Complex Continuing Care Facility (Calgary)	130,535	Construction
6	Misericordia Community Hospital Emergency Department	85,000	Construction
7	Provincial Pharmacy Central Drug Production and Distribution Centre	62,562	Edmonton – Design Calgary – On Hold
8	Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1 Peter Lougheed Centre	22,900 (reflects this projects portion of the envelope funding)	Construction
9	Lloydminster Continuing Care Centre	34,841 60 beds	Construction
10	Climate Leadership Plan Foothills Medical Centre Power Plant Redevelopment (co-generation initiative)	28,000 Generate 8 MW of power. Offset 27,000 tonnes of GHG annually.	Construction
11	Foothills Medical Centre Urgent Power Plant Capacity	54,498	Construction
12	Peter Lougheed Centre Emergency Department, Laboratory Development, and Mental Health Short Stay Unit / ICU	137,074	Construction
13	Rockyview General Hospital Fit-Out for Intensive Care Unit, Coronary Care Unit, and GI Redevelopment	74,000	Design
14	Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1- Fort McMurray, Sturgeon, Westlock, Foothills Medical Centre	1,778 - APPROVED FOR FUNCTIONAL PROGRAMMING ONLY	Planning
15	Red Deer Regional Hospital Centre Redevelopment and Expansion	1,806,000	Planning

	Project Name	Total Approved Funding (000)	Phase
16	University of Alberta Hospital (Walter Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)	81,241	Design
17	Foothills Medical Centre – NICU	37,989 Partial Foundation Supported Project	Planning
18	Calgary Cyclotron	49,543	Planning
19	La Crete Maternity and Community Health Centre	78,569	Planning
20	Alberta Surgical Initiative (formerly requested as Provincial Surgery Access Plan)	81,594	Design/Construction
22	High Prairie Health Complex Demolition	8,000	Construction

Source: Alberta Infrastructure Health Facility Branch Monthly Health Projects Report (dated April 30, 2022)