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.
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.

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Appendix A: Prior Years Capital Submission Project Status

Appendix B: Potential Future Major Capital Projects

Appendix C: References
The Alberta Health Services 2016 Multi-Year Facility Infrastructure Capital Submission describes priority major capital needs (projects over $5 million) for Alberta Health Services (AHS). 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. The submission is to:

- outline the overall planning and management of health infrastructure;
- communicate the planning and capital investments needed to effectively maintain the existing asset base and modify it as needed to support service delivery strategies;
- provide the Ministers of Health and Infrastructure with the information needed to recommend appropriate future funding for health infrastructure;
- provide a rational and compelling context to Alberta Health (HEALTH) and in turn to Treasury Board and Finance, for annually assessing individual project recommendations relative to provincial capital proposals (including all the ministries’ capital submissions) and priorities; and
- when possible provide a preliminary estimate of operating costs for the proposed capital investments.

In the Government of Alberta’s (GoA) Budget 2016 announcement (April 2016), 500 million dollars was allocated for “future health facilities projects” over the next five years. An additional 15 million dollars was allocated in Budget 2016 for “health facility project planning” over the next three years, this is in addition to 20 million dollars previously identified for planning for major redevelopments at the Misericordia and Royal Alexandra Hospitals in Edmonton.

The majority of projects included have been requested in past Capital Submissions. Some of the projects represent a degree of risk to patients and or staff. In some cases current infrastructure cannot support existing or evolving service demands, in other cases facilities are functionally and or operationally obsolete and require upgrades or replacement. Other projects are of significant strategic/operational importance.

Despite previous approvals, there is a significant demand for AHS capital projects, well beyond the projects identified by AHS as the highest priority. See section 5.4 for future priority projects that have been identified previously or are emerging priorities.

The determination of which projects elevate for inclusion in the Submission considers the Alberta Quality Matrix for Health and the “Dimensions of Quality” and various “Areas of Need”. The projects are also assessed on magnitude of risk and strategic value to AHS.

While AHS is a strong proponent of shifting investment from acute care to community care programs/facilities, AHS still faces challenges with many of its aging acute and long-term care facilities. Given the age of many facilities, some are functionally and physically obsolete when compared to current standards, creating health and safety challenges that need to be addressed (e.g., meeting basic Infection Prevention Control and program Accreditation standards).
AHS continues to advance its understanding and forecasting of future needs for facilities in growing service areas, such as continuing care, mental health and community based primary care. In 2012, AHS initiated the first long range integrated health service and infrastructure plan in Edmonton. This plan integrated health service projections with infrastructure demand by looking at health needs across health sectors within a community, between Zones and in a provincial context, and mapping infrastructure requirements and risks going forward. To move towards a more efficient and sustainable healthcare system, infrastructure changes will be required. Some of the top priorities in this submission are outcomes of the work completed to date.

Similar planning will take place across all Zones, over time. As these planning activities evolve, AHS anticipates future Capital Submissions may see an increased emphasis on community based projects. Depending on the scale of the projects and funding availability, this shift may also put increased demand on smaller (less than $5 million) functional Infrastructure Maintenance Program (IMP) projects.

The importance of IMP funding cannot be overstated. IMP funding permits proper maintenance of facilities and the prevention of potentially significant or unanticipated building failures that may impact or halt healthcare services. Despite the fact IMP projects are typically valued at less than $5 million and the identification and prioritization of these projects is completed through a separate process, there is a strong, direct linkage between IMP and major capital projects. Proper maintenance over the life a facility can defer facility replacement, and planned facility obsolescence allows informed decisions for use of limited IMP resources. Recent increases to infrastructure maintenance funding will help to address maintenance/preservation requirements.

The Capital Management, Strategic Capital Planning team continues to work towards completing Needs Assessments or Strategic Options Analysis 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 future and help ensure the most important projects are identified and presented to Government.

An integrated, informed and proactive approach to capital planning supports the strategic direction of AHS. It aligns program, geographic and facility needs and provides longer term planning of construction, maintenance and renewal cycles and related expenditures.
1.0 Introduction

AHS is the largest health service organization in Canada with over 108,000 employees, including approximately 99,900 direct AHS employees and almost 8,200 staff working in AHS wholly-owned subsidiaries such as Carewest, CapitalCare Group and Calgary Laboratory Services (excluding Covenant Health staff), 15,600 volunteers and almost 9,300 physicians.

These skilled and dedicated health professionals, support staff, volunteers and physicians who promote wellness and provide health care every day to approximately four million Albertans, as well as to many residents of Saskatchewan, British Columbia and the Northwest Territories.

Programs and services are delivered at over 650 facilities throughout the province, including hospitals, urgent care centres, long-term care/supportive living facilities, mental health facilities and community health sites.

1.1. Our Vision

This is the vision for AHS. It’s what we are striving to be and what we consider in every decision we make. After talking to our external partners, employees, physicians and volunteers extensively, AHS launched this new vision statement in March 2016.

The AHS vision statement inspires us and unites us as an organization as we work to provide high-quality health care to Albertans.

AHS’ vision can’t stand alone; it must align with our mission and values, our Health Plan and Business Plan, and our four foundational strategies.

1.2. Our Mission

AHS MISSION

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

Our mission statement communicates our purpose and defines who we will serve and how.

If our vision is our inspiration behind the work we do, and the mission gives us our reason for being, our values define what we believe in and what we stand for, as we go about the work we do each day.
1.3. Our Values

AHS’ core values - compassion, accountability, respect, excellence, and safety - guide our actions and behaviors to achieve excellent patient- and family- centred healthcare for all Albertans.

Living our values. Together.

Our values are at the heart of everything we stand for – they inspire, empower and guide how we work together with patients, clients, families and each other.

The values provide us with a common understanding of what’s important and guide our actions and interactions in support of providing health care that is truly patient- and family- centred.

Whatever we do and wherever we work, we contribute to building healthy communities because we are stronger together.

- We show kindness and empathy for all in our care, and for each other.
- We are honest, principled and transparent.
- We treat others with respect and dignity.
- We strive to be our best and give our best.
- We place safety and quality improvement at the centre of all of our decisions.
1.4. AHS Health Plan and Business Plan
2016 - 2017

The one-year Health Plan and Business Plan for the period commencing April 1, 2016 was prepared under the Board’s direction in accordance with the Regional Health Authorities Act and direction provided by the Minister of Health. AHS will be moving to a three-year planning cycle and will prepare a three-year Health Plan for 2017 - 2020.

Using the AHS Health Plan and Business Plan as our road map, AHS has worked with employees, physicians, volunteers and partners to build four foundational strategies. The four strategies will guide efforts to sustain safe, high-quality health care delivery for the benefit of all Albertans. They are built on the base of our Values and Mission, and provide a solid framework for us to manage the demands within our system and to coordinate efforts across the province.

Foundational Strategies
Following extensive consultations with key stakeholders – including patients, clients and their families – AHS developed four foundational strategies to address pressures on the health system and protect the sustainability of safe, high-quality health care delivery.
The foundational strategies are designed to coordinate current efforts and guide future directions. They are:

**Patient First Strategy**

**Main Objective:** Strengthen AHS’ culture and practices to ensure patients and families are at the centre of all health care activities, decisions and teams.

**How will AHS do it:** Promote respectful patient/provider interactions; improve communication between providers and patients/clients/families; adopt a team-based approach to care; and improve transitions in care.

**Our People Strategy**

**Main Objective:** Our People Strategy is about how we support each other. It is about creating a culture in which we all feel safe, healthy, and valued, and can reach our full potential. Through Our People Strategy, workforce engagement will be higher, and patient and family experiences will improve as a result.

**How will AHS do it:** Create a clear vision for the organization, with a shared purpose and common goals; build a safe, healthy and inclusive place to work; develop excellent leadership that will respect, value and support the workforce; create a culture of empowerment by giving people access to the resources and development opportunities they need to do their jobs effectively.

**Strategy for Clinical Health Research, Innovation & Analytics**

**Main Objective:** Generate, share and use evidence in the delivery of care to improve patient outcomes and to solve the complex challenges affecting the health system.

**How AHS will do it:** Use Strategic Clinical Networks to engage partners in research and innovation; identify gaps where research and innovation will have a significant benefit to patients and the health system; provide easy, timely and secure access to health information; apply and spread knowledge; and innovate to achieve service excellence.

**Information Management / Information Technology (IM/IT) Strategy**

**Main Objective:** To make the right information available to the right people at the right time across the health system, so that providers and patients across the province have access to complete information at the point of care and to learn from in the future.

**How AHS will do it:** AHS will use information and technology to transform care in the following ways:

- **Strengthen the Foundation** - improve understanding and use of technology, provide reliable infrastructure and info-structure, and enhance security of information.
- **Optimize Operations** - make investments which provide best value, support critical services, and improve access and flow of information.
- **Transform Care** - empower Albertans to participate in their health with better access to records and communication with providers; better clinical decision support tools at the point of care and learning and innovation which drives long-term improvement in the health system.

These foundational strategies and goals are not mutually exclusive. Actions in one area can and should support or complement actions in another. Significant initiatives and actions undertaken in support of the strategies and objectives will span the short, medium, and longer terms. In addition, performance measures, developed in collaboration with HEALTH, will help us determine progress in each of our foundational strategies.
Measuring and Monitoring Our Progress

The 17 performance measures in the AHS Health Plan & Business Plan were established in collaboration with Alberta Health. The measures reflect a balance across the spectrum of health care and reflect health system performance. They were developed to enable us to compare AHS performance with national or regional operational best practices. The measures play a key role in advising staff and physicians about our progress and where we may need to adjust actions to achieve the identified targets, as well as communicating with Albertans about the value provided by health funding expenditures.

These performance measures are linked to the Alberta Quality Matrix for Health which describes six dimensions of quality.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability</td>
<td>Health services are respectful and responsive to user needs, preferences and expectations.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Health services are obtained in the most suitable setting in a reasonable time and distance.</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>Health services are relevant to user needs and are based on accepted or evidence-based practice.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Health services are provided based on scientific knowledge to achieve desired outcomes.</td>
</tr>
<tr>
<td>Access Efficiency</td>
<td>Resources are optimally used in achieving desired outcomes.</td>
</tr>
<tr>
<td>Safety</td>
<td>Mitigate risks to avoid unintended or harmful results.</td>
</tr>
</tbody>
</table>

A health care system that is successful in all quality dimensions, and across all areas of need, will be far better at meeting the needs of Albertans and providing quality health services. Albertans will experience care that is more responsive, available, integrated, reliable, and less wasteful, while being safer.

1.5. Health Business Plan 2016-17

The Ministry of Health Business Plan sets the context for which the Alberta Health Services Health and Business Plan are developed. AHS’s goals are in alignment with the Ministries goals to ensure that Albertans receive the right health care services, at the right time, in the right place, provided by the right health care providers and teams.

Key outcomes identified in the Business Plan include:

- Improved health outcomes for all Albertans.
- The well being of Albertans is supported through population health initiatives.
- Albertans receive care from highly skilled care providers and teams to their full scope of practice.
- A high quality, stable, accountable and sustainable health system.

To achieve these desired outcomes a number of key strategies impact service growth and infrastructure, including but not limited to:

- Expanded model for home and community care which will increase access and the variety of services available to Albertans.
- Creation of 2,000 public long-term care and dementia spaces over four years to assist seniors and persons with disabilities to remain in their communities when they can no longer live at home and thereby take pressure off acute care systems.
- Implement an addiction and mental health strategy.
• Enhance the delivery of primary health care services to enable Albertans to be as healthy as they can be through increased integration of services, improved capacity, timely access and improved quality and safety.
• Improve the quality of care provided to continuing care clients and improve care and supports needed by Albertans living with and affected by dementia.
• Improve the effectiveness and efficiency of emergency and ambulance services.
• Develop and implement programs related to maternal, infant, child and youth health.
• Repair aging health infrastructure and build new health care facilities, where appropriate, to ensure that such infrastructure meets current and future health care needs.
• Improve performance of emergency departments for enhanced patient flow through the acute care system.
2.1. Alberta’s Demographic Highlights

The following highlights are identified in the GoA, Treasury Board and Finance, Population Projection Alberta 2015-2041 (July 31, 2015):

- Alberta currently has a population of approximately 4.1 million.
- The population is expected to grow to between 5.5 million to 7.3 million (low and high scenario) by 2041.
- The medium scenario anticipates a population of 6.3 million in 2041.
- Population growth is expected to slow gradually because of moderating net migration, lower fertility rates and population aging.
- Population growth moderates from an annual average rate of about 1.8 percent between 2015-2024 to 1.4 percent in the long term (2025–2041) under the medium scenario. Alberta’s population is expected to grow, on average, by 1.5 percent annually between 2014 and 2041.
- International migration expected to be the primary growth driver (in low, medium and high scenarios) accounting for approximately two thirds of the anticipated growth.
- Net migration is expected to slow in the near term due to the economic slowdown, rebounding when the economy improves.
- Despite a total fertility rate that has remained relatively stable over the last ten years the annual number of births is expected to grow by about 26.4 percent by 2041.
- Albertans are expected to live longer, life expectancy at birth for females is projected to rise from 83.5 years in 2014 to between 86.6 to 89.4 years in 2014 (low to high scenario), for males it is projected to rise from 79.0 years to 83.3 to 86.7 years in 2014 (low to high scenario) in 2041.
- Despite Alberta being one of the youngest populations, population aging will accelerate due to low fertility rates and rising life expectancy, baby boomers (born between 1946 and 1965), accounted for almost a quarter of Alberta’s population in 2014.
- Population growth is not evenly distributed across Alberta; Calgary, Edmonton, Red Deer and Grande Prairie are projected to grow faster than the provincial average.
- Urbanization is expected to continue with the share of those living in Calgary and Edmonton to grow from 69.9 percent in 2014 to 73.6 percent in 2041.

2.2. Health Statistics in Alberta

AHS has made significant progress toward its strategic goals and objectives. However, many of the challenges facing the health care system in Canada are also affecting Alberta.

Alberta’s population is growing.

Alberta is the fastest-growing province in Canada and currently has a population of slightly more than four million people. In 2015, Alberta’s population growth rate doubled the national average (1.8 per cent and 0.9 per cent, respectively).

Alberta’s population is living longer.

Albertans born in 2015 are expected to live to 81.9 years of age; that’s up from 79.6 years expected for Albertans born in 2000. As we age, we depend more on the health care system. By 2031, one in five Albertans is expected to be 65 or older.
Alberta has diverse community needs.
Along with a growing population, Alberta has an increasingly diverse population, with large rural and some remote populations. Certain geographical areas within our province are composed of different ethnicities, different population structures and unique health needs requiring tailored approaches to health care delivery. We must better understand and respond to the health needs of our diverse populations. Patient, family and community engagement is critical to gaining the understanding that will improve the health system and result in better health for all Albertans.

Alberta is facing increased demand and costs for health services.
While we work to improve the services we provide and the health outcomes for Albertans, we must also address the cost and sustainability of services. We are facing service and cost pressures as a result of increased activity and growth in the province, and we must continue to be responsible managers of our financial, capital and human resources.

Budget, aging workforce and existing health infrastructure challenges continue as we are asked to do more with limited resources and financial constraints. We must make difficult decisions in the coming years to encourage cost containment and be a sustainable health care system. Our focus still needs to be on quality and patient care, while doing so in a more efficient and cost-effective way.

The anticipated population growth patterns as identified by the GoA in conjunction with various health factors will influence and impact service delivery and resultant infrastructure requirements in multiple ways. While AHS continues to strive for more efficiency in how and where services are delivered across the province, ultimately new and or reconfigured space will be required to support new demand and shifting demographics.
3.0 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 and health sciences research. These important relationships have space/infrastructure implications as well.

As would be anticipated with a large volume of owned and leases spaces, there is wide variability in the condition and age; ranging from state-of-the-art to dysfunctional and in dire need of replacement.

3.1. AHS-Owned Space

AHS owns the majority of the area/space from which services are offered or are required to support health service delivery. The total number of AHS-owned (stand-alone) 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/space, are the most expensive facilities to build and operate within AHS’ compliment of building assets.

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. Of the AHS owned continuing care facilities (long-term care and supportive living), approximately 15 percent are between 40 to 49 years old, and 6 percent are over 50 years old.

3.2. Condition Rating of AHS Owned Space

As buildings age, progressive deterioration of physical performance occurs. This deterioration is countered by periodic capital investments including major repairs and renovations. Typically the life expectancy of health facility infrastructure is approximately 40 years (amortization). Physical deterioration is assumed to occur at an annual rate of 2.5 percent per year. To the extent that AHS makes major capital investment in a given facility, that facility can have its useful life extended to 50 or 60 years or even longer.

Alberta Infrastructure (INFRA) has a methodology to calculate the physical condition of all government owned facilities; including those owned by AHS. The tool which is administered by INFRA, produces a Facility Condition Index (FCI) rating by systematically assessing numerous building systems and elements to gauge the overall asset condition. This software/methodology system is helping AHS track the condition of its buildings and better anticipate building renewal investments.
Direct benefits are:
• Understanding the state of AHS’ physical assets including replacement costs, life-cycle analysis, and current funding needs.
• Understanding the implications of deferred capital as it relates to measured conditions and strategic goals.
• Facilitating the development of robust Needs Assessments/Business Cases (AHS/INFRA) for facility upgrade funding needs and allocations.
• Producing consistent reports designed to deliver accurate planning data in presentable form.
• Approving and implementing capital planning activities based on set priorities in line with AHS strategic goals.

On an ongoing basis, new sites are being assessed and previous studies are being updated on a cyclical basis. This evolving database will inform AHS which existing acute care hospitals and other facilities are in alignment with evolving service plans. This will ensure that asset management programs are in place to keep strategic facilities in good condition.

To date, facility assessments have been limited to government owned facilities; assessments for voluntary (non-profit organization) and private (for-profit) long-term care facilities are required to gain a broader understanding of the state of building utilized for continuing care residents.

To date assessments have been focused on the building condition, Strategic Capital Planning is developing an assessment tool to review and consider the functional condition of a facility. The combination of physical and functional condition will better inform potential utilization and potential redevelopment options in the future.

3.3. Shelled Space
Recent large capital projects have included unfinished/shelled space which has been set aside for future development (see the following table).

<table>
<thead>
<tr>
<th>Unfinished / Shelled Spaces</th>
<th>Facility</th>
<th>Unfinished Space (m²)</th>
<th>Originally Proposed Future Use</th>
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<tbody>
<tr>
<td></td>
<td>Foothills Medical Centre McCaig Pavilion</td>
<td>2,940</td>
<td>Operating Theatres</td>
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<td>Peter Lougheed Centre</td>
<td>7,750</td>
<td>Emergency Department</td>
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<td>Psychiatry</td>
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<td>Rockyview General Hospital</td>
<td>9,100</td>
<td>Laboratory Services</td>
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<td>ICU / CCU</td>
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<td>Dialysis</td>
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<td></td>
<td>Red Deer Regional Hospital</td>
<td>567</td>
<td>Critical Care</td>
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<td></td>
<td>Calgary South Health Campus</td>
<td>15,377</td>
<td>ICU</td>
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<td>Emergency Department</td>
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<td>Diagnostic Imaging</td>
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<td>Outpatient Dental</td>
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<td>Cardiac ICU</td>
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<td>Surgical Intervention Suites</td>
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<td>Outpatient Family Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endo/Bronchoscopy</td>
</tr>
<tr>
<td></td>
<td>Alberta Hospital Edmonton (Building 12)</td>
<td>2,110</td>
<td>Addictions and Mental Health Inpatient Units</td>
</tr>
<tr>
<td></td>
<td>Kaye Edmonton Clinic</td>
<td>13,030</td>
<td>Ambulatory Clinics</td>
</tr>
<tr>
<td></td>
<td>Walter C. Mackenzie Health Sciences Centre Mazankowski Alberta Heart Institute</td>
<td>3,870</td>
<td>Cardiac Services (as per 2015 Master Plan)</td>
</tr>
<tr>
<td></td>
<td>Chinook Regional Hospital</td>
<td>5,903</td>
<td>Renal Dialysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4th Floor Inpatient Unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5th Floor Inpatient Unit</td>
</tr>
</tbody>
</table>
Some of the spaces that have been shelled for future use have had considerable preparatory work done in anticipation of fit-out (e.g., partial mechanical/plumbing system installs, floor coring etc.). Reallocation or repurposing of these spaces for uses other than those originally intended will have significant impact to strategic facility / master plans already in place or in development.

3.4. Leased Space

AHS presently manages over 300 leases totaling approximately 90 million dollars per year on space rentals and related operating costs.

The primary groups that occupy the leased space include:
- Acute Care (including Cancer Care)
- Public Health and Community Care
- Corporate Services
- Continuing Care
- Addiction and Mental Health

A smaller portion of leased space includes miscellaneous programs or groups such as, but not limited to EMS, Lab Services and Maintenance/Warehouse Services.

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

Funding for new or amended leased space is a constant challenge and operational funding is diverted to leasing initiatives to meet growing essential demand. In addition to new leases, many of the existing leased spaces are sub-standard and require lease hold improvements requiring additional funding allocations.

3.5. Lease Plan

AHS is constantly working to rationalize and consolidate leased space to make more efficient and effective use of these resources and to reduce operating costs. Real Estate Services (including AHS Space Management) supports AHS overall strategy by locating/collocating departments to capture efficiencies wherever possible.

Initial lease plan work has focused on the Edmonton and Calgary offices and health centre/clinic spaces where there is significant lease space purchased and some of the most costly rents. Space is being consolidated as opportunities occur.

More efficient utilization of space requires the standardization of AHS space allocation, which means that a growing proportion of office, maintenance and support staff are placed in an open concept layout. AHS Strategic Capital, Space Management and Real Estate Services have developed office space standards to guide space design for workstation and office layouts for new/renovated AHS office facilities to improve consistent application across the Province.

3.6. Asset Divestiture Plan

AHS owns a large inventory of assets; however a number of properties are surplus to its requirements. Not all owned lands and buildings have a strategic value in the long-term capital plan. AHS is completing the required due diligence to assess the needs, condition and value of these properties.

AHS may sell surplus properties subject to approval of the Minister of Health. AHS will be required to obtain an independent appraisal of fair market value (FMV) of the property. Properties must be sold for FMV 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, GoA approval, property condition assessment, appraisal, marketing, sale documentation and closing. Subject to GoA approval, AHS can proceed with the process.

AHS works in tandem with the INFRA in the evaluation of suitability for other government requirements such as the Ministry of Municipal Affairs and the Ministry of Education.

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

- Obtain the Minister of Health’s approval and in the case of land sales, Cabinet 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.”

The proceeds from the sale of an interest in land can result in one of the four outcomes below:

- Proceeds from the sale are deposited in the AHS account and AHS must request approval from the Minister to use these funds;
- The funds are treated as ‘general revenue’ by AHS;
- Land is transferred for a nominal sum and there are no proceeds; or
- Proceeds of the sale are returned to government.

Legislation also allows the Minister of Health and Minister of Infrastructure to assess “whether the Province would have any use for the property” before recommending the sale of property to Cabinet. In these cases, “the Province may assume ownership of the property”.

AHS is in the process of performing due diligence on a number of 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 approximately 12 to 18 months per transaction. AHS will spend approximately $300,000 in required due diligence (e.g., appraisals, environmental assessments etc.) to complete a transaction. This estimated expense does not consider the cost of demolition. The list of sites for disposition is included below.

**North Zone**
- Clear Hills County vacant land
- Fort Vermillion Staff Housing property
- Hythe residential vacant land
- Fort Vermilion residential vacant land
- Grand Cache treed lot vacant land
- Edson Community Health Services property
- High Prairie Health Complex property (minus AHS residential property)

**Edmonton Zone**
- Edmonton Recruitment House property

**Central Zone**
- Drumheller Environmental Services Building property
- Manville Nurses Residence property

**South Zone**
- Raymond Care Centre property
- Raymond Health Unit property
- Taber Health Unit property

The following sites are under active contract to be transferred and/or sold:

**Central Zone**
- Islay lands
- Red Deer Nursing Home property
- Valley Park Manor (Red Deer) property
- Eckville vacant lands
The following sites have recently been sold:

**Central Zone**
- Myrnam vacant land
- Drayton Valley Thrift Shop property

**Calgary Zone**
- Little Bow Long-Term Care Centre (Carmangay) property

**South Zone**
- Cereal Health Unit property
- Coaldale Health Unit vacant land

### 3.7. Infrastructure Maintenance Program

In addition to major capital funding for projects with a value over $5 million, the Infrastructure Maintenance Program (IMP) is a 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.

The program primarily targets two distinct project types; building preservation and functional upgrades. Building preservation projects are intended to repair, upgrade or replace base building systems and building service equipment. Functional upgrades are renovation projects which will enhance operational functionality/capacity of health service delivery space. Other IMP eligible initiatives include maintenance related engineering studies, emergency repair or replacement of failed building components and demolition of facilities.

The ability for IMP initiatives to maintain and prolong the useful lifespan of an AHS asset directly impacts the number and type of major capital projects requested. Inevitably buildings do cease to be viable and need to be replaced, but with a concerted effort and adequate support, major expenditures or replacements could be mitigated or deferred with proper maintenance over the lifespan of a facility. With improved facility maintenance planned obsolescence becomes more of a possibility and strategic capital planning can be less reactionary.

As of April 2016, AHS currently has an identified backlog of deferred maintenance of approximately 783 million dollars.

The Government of Alberta 2016-2019 Fiscal Plan (April 14, 2016) identifies Health Care Facilities – Capital Maintenance and Renewal allocations as follows:

- $131 million 2016-2017 (estimate)
- $144 million 2017-2018 (target)
- $146 million 2018-2019 (target)
- $154 million 2019-2020 (projected)
- $185 million 2020-2021 (projected)

As noted, IMP is intended to provide funding for both building maintenance/preservation type needs as well as address functional issues. Functional issues address a wide range of operational issues such as to address operational flow, physical space obsolescence, adherence to current standards or capacity demands. The scope of these projects may include minor renovations to existing departments to major renovations or new construction up to a value of 5 million dollars.

Historically the allocation of IMP funding has been 80 percent for preservation and 20 percent for functional. Functional projects of a larger value become difficult to advance and they present the decision makers with the unenviable task of pitting essential preservation needs against important patient care issues. However the 760 million dollars committed to IMP over the next five years represents a significant increase that will help address both essential preservation/maintenance and potentially larger functional projects as well.
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.
4.1. Capital Planning Process

The following diagram illustrates the Capital Planning Process from the identification of a “need” through to funding approval.
4.2. Capital Submission Parameters

The AHS Capital Submission outlines top priority capital projects based on the AHS strategic directions; facility risk profiles and service projections.

The purpose of the Capital Submission is to describe the facility needs of AHS over the next five years. A further projection to ten years and beyond is provided for information, but accurately projecting to this time frame is difficult and subject to significant variation. This submission strives to achieve three goals:

- To improve the overall planning and management of Alberta’s health infrastructure by providing a written document which can be used to guide and coordinate capital planning and implementation work of AHS, HEALTH and INFRA.
- To communicate future capital funding needs to HEALTH, INFRA, and ultimately to Treasury Board and Cabinet to effectively maintain the existing asset base and to support service delivery strategies.
- To provide a preliminary estimate of the service impact and operating cost implications of proposed capital investments.

Not all projects included in the submission have met funding eligibility requirements (i.e., Needs Assessment plus a Business Case). The projects do, however, represent AHS’ highest needs.

Like the AHS Health and Business Plan, the Capital Submission is an ongoing, annually updated document which reflects service projections and infrastructure risk. The Submission reflects the evolving and shifting realities of a dynamic health system, new ideas, challenges, opportunities, costs and other pressures and influences.

4.3. Integrated Service / Infrastructure Planning

An Integrated Service / Infrastructure Planning Framework, referred to as “2030 Planning” (acknowledging the planning horizon year) was recently completed for the Edmonton Zone and forecasts the health and space needs of the population to support safe, sustainable, effective service delivery in the most appropriate and functional physical environments.

The process and guiding planning principles will be common across the remainder of the province. These principles are aligned with current AHS goals, strategic directions and priorities to improve health outcomes and quality of life.

The goal is to transform the health care experience for Albertans through:

- Improved patient experience of care and improved health outcomes
- Improved health of the population
- Greater value for money

The integrated service and infrastructure planning is to provide:

- A comprehensive, near short (five years), medium (five-ten years) and long-term plan (ten years plus) integrating service demand with a supporting infrastructure plan (acknowledging existing building condition).
- A long range view toward integrating service needs and infrastructure and/or alternatives.
- Service planning is based on population health and growth, and defines what services should be where and forecasting capacity to 2030 (or date as determined).
- Integration of service and capacity requirements with service siting and facility space availability to create a Service Siting and Space Optimization Plan.
4.4. Capital Submission Principles

In the future, Albertans can expect a stronger, more integrated, province-wide health system as outlined in the Health Action Plan. The health system will focus on early detection and the prevention of illness through more timely access to health services.

As noted in Section 1, AHS is responding to the challenges of our changing world by establishing strategic directions through the AHS Health Plan and Business Plan 2016 - 2017. Strategies and goals established will fundamentally align with how health services need to be delivered across Alberta.

Facility plans must support and enable staff and physicians to follow through in implementing new service delivery concepts and plans to meet evolving needs. In some cases, this will mean the development of new facilities to meet the needs of our growing and changing population. In other cases, it will mean renovating and/or other space optimization strategy for existing facilities to support new service demands/concepts.

4.5. AHS Operational Strategies

In addition to the over-arching goals identified in the AHS Health Plan and Business Plan, there are a number of specific strategies and reports that have been developed or are in development that influence this and future Capital Submissions; as many have an infrastructure implication.

A selection of reports and key strategies includes, but is not limited to:

Creating Connections: ALBERTA’S Addiction and Mental Health Strategy (joint AHS - HEALTH development)

   Key Strategic Directions:
   1. Build healthy and resilient communities

2. Foster the development of healthy children, youth and families
3. Enhance community-based services, capacity and supports
4. Address complex needs
5. Enhance assurance

Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015

Alberta’s addiction and mental health system must serve Albertans better by identifying problems earlier, by providing the right care when and where needed, and by supporting people as they move through life. Although many of our recommendations have been made before, they are as important today as they were then. We are recommending actionable changes that shift the system:

- from one that views individuals, families and caregivers as passive recipients of services to one that is person-centred and works with individuals, families and caregivers to choose a course of treatment that works for them;
- from one focused on episodic illness and injury, to one that is focused on promotion of good mental health, early intervention, and treatment of mental illness as a chronic disease;
- from one in which providers deliver services in isolation, to one that employs more multidisciplinary teams; and
- from one that is fragmented to one that is coordinated and integrated, with flexibility in access, timely sharing of treatment plans, and accountability for evidence-based programs and collaboration.

Four priorities need to be addressed:

1. Alberta Health and Alberta Health Services must establish a process to harmonize their respective roles and goals in order to effectively develop an integrated service delivery system for addiction and mental health.
2. Alberta Health, Alberta Health Services, and partners must measure progress towards achieving a person-centred system for addiction and mental health.

3. Primary health care providers must play a stronger role in addiction and mental health, with a greater focus on screening, prevention, early intervention, and continuity of care, to reduce distress, suffering and health care costs.

4. A leadership team must be established to implement this report and prioritize our system, appointed for a term of at least two years, with fresh thinking, coordinated inter-ministerial planning and funding to achieve better access, quality, and efficiency in addiction and mental health services.

Changing Our Future: Alberta’s Cancer Plan to 2030

Key Strategic Directions:
1. Transform Alberta’s approach to cancer by creating a comprehensive and coordinated system of prevention, screening, care and research involving stakeholders from across the wellness, health care and research spectrums.
2. Support, engage and integrate primary health care providers in the delivery of cancer services in the home or community and to underserved populations.
3. Reduce the risk of cancer through coordinated and integrated prevention strategies.
4. Find cancer early by using robust data and appropriate screening activities.
5. Better integrate care to deliver cancer diagnosis, treatment and support services to Albertans.
6. Provide cancer patients, survivors, their families and caregivers with the best possible psychosocial, physical and supportive care throughout their cancer journey.
7. Focus Alberta’s research efforts to better support breakthroughs in cancer prevention, cancer care and policy and attract and retain world class researchers and funding.
8. Develop a strong cancer workforce to meet the needs of cancer patients and their families.
9. Manage health system infrastructure, including information, equipment, knowledge and technology to effectively support the delivery of best practices in cancer care to Albertans.
10. Develop a robust cancer surveillance and monitoring system.

Community & Rural Health Planning Framework

The Community & Rural Health Planning Framework supports consistent and sustainable planning for rural health services by:
1. Identifying health service needs in a specific community.
2. Matching needs with appropriate services.
3. Supporting service gap analysis, risk reduction and prioritization.
4. Developing service plans.

The Community & Rural Health Planning Framework includes the following components:
• Community Assessment and Service Response (CASR) Framework
• Rural Hospital Clinical Service Capability Framework
• Decision Support & Data
• Provincial Rural Obstetrics Service Plan
• Rural Impact Assessment

These components work together to paint a clear picture of community service needs. The Framework also provides Decision Support Tools to help zones in their planning.

The Community & Rural Health Planning Framework supports safe, quality care that is accessible for rural residents when they need it.
Strategic Clinical Networks
To get the most out of our health care system, AHS has developed networks of people who are passionate and knowledgeable about specific areas of health, challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

Current Strategic Clinical Networks (SCNs) include:
- Addiction & Mental Health
- Bone & Joint Health
- Cancer
- Cardiovascular Health & Stroke
- Critical Care
- Diabetes, Obesity & Nutrition
- Emergency
- Kidney Health
- Maternal Newborn Child & Youth
- Respiratory Health
- Seniors Health
- Surgery

Pharmacy Services Strategic Plan
Key Strategic Directions:
- All pharmacy staff will practice at full scope.
- Deliver quality medication management services for improved quality of care, patient safety and staff safety.
- Standardize processes to optimize medication distribution services.
- Optimize pharmacy practice and service delivery through application of process improvement principles.
- Implement an organization-wide framework to optimize drug budget management processes and systems.
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Chinook Regional Hospital, retrieved August 2016 from https://www.canadianarchitect.com/architecture/chinook-regional-hospital/1003733813/ Photograph - Andrew Latreille.
5.1. AHS Capital Planning Process

Each year’s Capital Submission is a continuation of previous submissions. Of the twenty-four high priority projects identified in the 2015 submission, none have been approved to date.

This year, as per previous years, AHS Capital Management approached Executive Leadership from all five Zones, Covenant and the Provincial Clinical and Support Programs (Cancer, Community/Continuing Care/Addiction & Mental Health, EMS, Diagnostic Imaging, Pharmacy, Laboratory and Kidney Care) requesting that they review previously submitted projects for continued relevance and priority and to identify and prioritize new capital needs for possible inclusion in this year’s submission.

The majority of previously identified top priority projects continue to be urgent priorities for AHS. However, other urgent priorities have arisen and have been added to the submission.

Priority projects from previous submissions to the GoA and new projects that did not make it to this submission may still be considered for inclusion in a future capital submission as service plans and finances permit. These projects are listed in Section 5.2 and Appendices A and B respectively.

In keeping with the strategic intent of AHS and HEALTH, AHS supports that capital resources need to be directed to promoting new service delivery models and a shift to supportive living, ambulatory and community based care.

Looking ahead, it is imperative that AHS capital infrastructure be well managed, and either expanded, modified, or divested to keep abreast of its evolving service plans. Prioritization of priority projects will be reviewed on an annual basis as Health and Business Plans, Integrated Service/Infrastructure Plans, Zone Operations Plans and / or other strategies are developed or updated.

Over the years the prioritization process has continued to evolve, but consistently at the core is an assessment of proposed project values based directly on (or very similar to) those identified by the Alberta Quality Matrix for Health (AQMH).

The building assets, both existing and future play a critical role in supporting and influencing AHS’s ability to achieve the six “Dimensions of Quality” as defined by the AQMH. The six dimensions of quality focus on the patient/client experience, and are defined as:

1. Acceptable
   - Health services are respectful and responsive to user needs, preferences and expectations.

2. Accessible
   - Health services are obtained in the most suitable setting in a reasonable time and distance.

3. Appropriate
   - Health services are relevant to user needs and are based on accepted or evidence-based practice.
4. Effective
   • Health services are provided based on scientific knowledge to achieve desired outcomes.

5. Efficient
   • Resources are optimally used in achieving desired outcomes.

6. Safe
   • Mitigate risks to avoid unintended or harmful results.

Project requests, by their varied nature will fall into different categories of “Areas of Need”. In some cases project requests will fall into multiple categories of areas of need.

The four areas of need are defined as:

1. Being Healthy
   • Achieving health and preventing occurrence of injuries, illnesses, chronic conditions and resulting disabilities.

2. Getting Better
   • Care related to acute illness or injury.

3. Living with Illness
   • Care and support related to chronic or recurrent illness or disability.

4. End of Life
   • Care and support that aims to relieve suffering and improve the quality of living with or dying from advanced illness or bereavement.

Given limited approvals, limited financial resources available and the ever present demand for infrastructure modifications or upgrades, only the most urgent of the priority projects identified elevate to being “on the list”. This has necessitated an additional filtering of projects beyond the AQMH assessment. In the simplest terms (for a very complex issue) projects elevate to inclusion in the Capital Submission after the AQMH assessment on the basis of:

Strategic Demand: and Risk

Strategic demand has a number of drivers relating to patients/clients and care providers including but not limited to:

- population growth and demographic shifts
- changes in care delivery or best practice
- evolving program/service demand and pressure
- optimized utilization and improved efficiencies
- re-alignment of service delivery for improved operational efficiencies
- alignment with GoA/HEALTH strategies and priorities
- project dependencies/sequencing
- availability of Foundation funding or other partnering opportunities

Strategic demands can clearly have an element of “risk” associated (i.e., risk to public, risk to patients). However for the purposes of this document, “risk” is infrastructure related and is defined as follows:

Physical Obsolescence:

- Building physical plant does not meet minimum standards to support delivery of effective, efficient care
- Cost benefit of renovation versus replacement
- Continuity of service as risk due to physical environment / potential system failure
- Safety and accreditation standards

Functional Obsolescence:

- Building design or configuration is not able to meet acceptable care delivery requirements
- Life safety issues
- Accreditation or other mandated standards (IP&C, CSA, etc.)
Risk is assessed on probability of a risk event occurring and the magnitude of impact if it does.

The combination of high strategic and high risk elevates project importance.

Projects included in this submission are categorized as follows (by primary drivers):

**STRATEGIC + RISK**

- Glenrose Rehabilitation Hospital - Energy Centre
- Royal Alexandra Hospital- Child Adolescent Mental Health (CAMH) New Building
- Royal Alexandra Hospital-Clinical Services Building
- Capital Care Norwood Redevelopment Project
- Misericordia Community Hospital/Health Campus Modernization
- Provincial Pharmacy Central Drug Production and Distribution Centre (Phase 1 Edmonton – Phase 2 Calgary and Rural)
- Edmonton Clinical Laboratory Hub
- Royal Alexandra Hospital – Phase 1B (Including required building demolition)

**RISK**

- Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1
- Foothills Medical Centre Kitchen Redevelopment
- Province Wide Centralized Laundry Hubs
- Foothills Medical Centre Power Plant Upgrade (Cogeneration Plan)
5.2 Future Priority Projects

In addition to the projects identified in Section 5.4, there a number of other priority project for AHS. These projects include projects requested in previous Capital Submission that have been superseded with new or higher priorities and new emerging projects. These projects are considered higher priority projects than those identified in Appendix B – Intermediate and Long Term Priority Projects. These projects are currently various stages of the planning process and will be considered for inclusion in future Capital Submissions.

The list for future priority projects currently includes the following projects.

<table>
<thead>
<tr>
<th>Project</th>
<th>Previously Requested</th>
<th>Documentation Status</th>
<th>Next Steps</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Cancer Institute Phase 1 Development</td>
<td>Yes</td>
<td>n/a</td>
<td>construction</td>
<td>Previously approved project with funding removed.</td>
</tr>
<tr>
<td>Peace River Primary Care Centre Consolidation</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Update Needs Assessment</td>
</tr>
<tr>
<td>Alberta Hospital Edmonton Specialty Care Program Expansion (Schrag Pavilion)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Programming/Design</td>
</tr>
<tr>
<td>Long-Term Care and Supportive Living Refurbishment and Replacement (Province-Wide)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Project specific BCs</td>
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<tr>
<td>Cardston Hospital Facility Replacement with Integrated Hospital / Health Centre</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Bassano Health Centre Replacement</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Update BC</td>
</tr>
<tr>
<td>Foothills Medical Centre Surgical Capacity (McCaig OR Suite)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Strathmore District Hospital Redevelopment</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Master Plan</td>
</tr>
<tr>
<td>Richmond Road Chronic Pain</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>to be determined</td>
</tr>
<tr>
<td>Calgary New North Hospital Land Acquisition</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>to be determined</td>
</tr>
<tr>
<td>Grey Nuns Vascular Surgery OR</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>to be determined</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Project</th>
<th>Previously Requested</th>
<th>Documentation Status</th>
<th>Next Steps</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Deer Regional Health Centre Redevelopment and Expansion</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Wainwright Health Centre Replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Programming/Design</td>
</tr>
<tr>
<td>Red Deer Renal Care Centre</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Red Deer PChAD</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Programming/Design</td>
</tr>
<tr>
<td>Royal Alexandra Hospital - Site Reclamation</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Royal Alexandra Hospital - Neo-Natal Intensive Care Unit Capacity Expansion</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Royal Alexandra Hospital - Glenrose Pediatric</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
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<tr>
<td>Stollery Children’s Hospital Cardiac Move and Beds</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Stollery Children’s Hospital Phase 2 Operating Room Redevelopment</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Edmonton Zone Hospice Beds (Zone wide)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Cross Cancer Phase 2</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Edmonton PChAD (YYC)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Programming/Design</td>
</tr>
<tr>
<td>Beaverlodge Hospital Replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Fort McMurray Continuing Care (Parsons Creek to Willow Square)</td>
<td>No</td>
<td>n/a</td>
<td>n/a</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>Whitecourt Hospital Redevelopment</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Business Case</td>
</tr>
<tr>
<td>Pharmacy Sterile Compounding Compliance</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Needs Assessment</td>
</tr>
</tbody>
</table>

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5.3 Foundation Supported Projects

There are approximately 75 foundations under Alberta’s health legislation. These foundations are non-profit charitable organizations whose purpose is to raise funds to support:

- Healthcare services in a particular geographic region.
- A specific healthcare facility.
- A specific healthcare program.
- Healthcare research.
- Healthcare education programs.

AHS and the foundations work collaboratively to ensure fund-raising efforts are leveraged to address the strategic needs of AHS. Often, the target of fund-raising initiatives are capital investments, contributions can range from partial to fully supported. These targeted projects also range greatly in scale and cost. In some cases the potential foundation funded projects align with AHS top priorities, in other cases the proposed project may be supporting a lower priority. Given the economic climate, foundation supported projects will continue be a valuable tool to address capital and operational needs without requiring traditional grant funding from GoA.

In cases where foundations propose to fund only a portion of a project, the project priority needs to be considered within the provincial context to assess the overall value. Many projects that may be partially funded could potentially be augmented with IMP or other funding sources if considered a high priority.

The following table identifies foundation funded projects currently proceeding (both major and minor capital). Beyond the list identified, there are numerous projects (both major and minor) where the potential for foundation contributions exists. As foundation funding is confirmed, those additional projects may be identified in future submissions or advance as appropriate.

<table>
<thead>
<tr>
<th>Project</th>
<th>Estimated Cost ($M)</th>
<th>Foundation Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloydminster Renal Dialysis</td>
<td>$2.5</td>
<td>$1.5</td>
</tr>
<tr>
<td>Drayton Valley CT</td>
<td>$1.8</td>
<td>$1.8</td>
</tr>
<tr>
<td>Red Deer Regional Health Centre Cardiac Enhancements Phases 1 and 2</td>
<td>$1.6</td>
<td>$1.6</td>
</tr>
<tr>
<td>Red Deer Regional Health Centre Medical Specialty Clinics Phases 1 and 2</td>
<td>$1.6</td>
<td>$1.6</td>
</tr>
<tr>
<td>Red Deer Regional Health Centre DI Angiography/ Interventional Unit</td>
<td>$1.6</td>
<td>$1.6</td>
</tr>
<tr>
<td>Red Deer Regional Health Centre Ob ORs Equipment</td>
<td>$1.2</td>
<td>$1.2</td>
</tr>
<tr>
<td>Red Deer Regional Health Centre Interventional Urology DI (OR #9)</td>
<td>$1.0</td>
<td>$1.0</td>
</tr>
<tr>
<td>Gamma Knife / 3T MRI</td>
<td>$17.5</td>
<td>$17.5</td>
</tr>
<tr>
<td>Northern Alberta Urology Clinic</td>
<td>$40.0</td>
<td>$10.0</td>
</tr>
<tr>
<td>Stollery Women and Children Health Research Institute</td>
<td>$3.0</td>
<td>$3.0</td>
</tr>
<tr>
<td>Northern Lights Regional Health Centre Maternal Child Expansion</td>
<td>$0.53</td>
<td>$0.45</td>
</tr>
<tr>
<td>Northern Lights Regional Health Centre Surgery Expansion</td>
<td>$2.20</td>
<td>$2.20</td>
</tr>
<tr>
<td>Northern Lights Regional Health Centre Nursery Renovations</td>
<td>$0.55</td>
<td>$0.55</td>
</tr>
<tr>
<td>Vulcan Hospital PCN Expansion</td>
<td>$4.5</td>
<td>$4.5</td>
</tr>
</tbody>
</table>
5.4. Priority Project Descriptions

5.4.1. Glenrose Rehabilitation Hospital Energy Centre

**Project Description / Scope of Work:** Upgrade of the Royal Alexandra Hospital (RAH) Energy Centre to meet the increased demand of the expanded and redeveloped RAH/Glenrose/Norwood Campus. The scope of work will include expansion of the Energy Centre floor space to about 4,000 square meters (from 1,942 square meters), additional and upgraded equipment and changes or enhancements to delivery piping, conduits and tunnels.

The detailed project description/scope of work will be based on the Edmonton Zone 2030 Planning and the updated Master Plan.

**Rationale for Project:** The Energy Centre was built in 1986 with an upgrade and expansion in 2009. The generator equipment is well maintained and in good physical condition but there is no available capacity on the generators for future growth. In addition, the uninterrupted power supply (UPS) is well beyond its 20 years of service life. The boiler equipment has also reached its load capacity for steam generation and delivery. There is no physical room for expansion and much of the equipment is beyond its useful life.

As expansion of the RAH/Glenrose/Norwood Campus will place additional demands on ventilation, heating and cooling loads, commensurate expansions of the Energy Centre, delivery systems and tunnel system are required.

**Relationship to Strategic Priorities:**
- Achieving Sustainability
- Efficient use of resources
- Self-sufficiency and increased protection from system failures

As a precursor to campus redevelopment, the Energy Centre expansion supports the Strategic Priorities related to those projects.

**Capital Project Cost Estimate:** Preliminary estimates for the proposed Energy Centre redevelopment based on the Master Plan are in the range of $65 million to $75 million. The project value is subject to confirmation/refinement upon completion of the Business Case.

**Operating Expenditure Impact:** To be confirmed.

**Risk of Non-Approval:** Redevelopment of Royal Alexandra Hospital, Glenrose Rehabilitation Hospital, and Capital Care Norwood are dependent on an upgraded and expanded Energy Centre.

**Current Status of Project:** Final scope confirmation pending completion of the Business Case.
5.4.2. Royal Alexandra Hospital Child Adolescent Mental Health (CAMH)

Project Description / Scope of Work: Replacement and consolidation of the existing Edmonton Zone Child and Adolescent Mental Health programs at the Royal Alexandra Hospital (RAH) and Glenrose Rehabilitation Hospital (GRH) Campus in a new facility on the RAH campus. CAMH is a regional service provider to residents of the Edmonton Zone, northern Alberta and the Northwest Territories.

The detailed project description/scope of work will be based on the Edmonton Zone 2030 Planning and the updated Master Plan.

Rationale for Project: Several studies, reviews and reports since 2002 have indicated children’s mental health programs at RAH; GRH and Yellowhead Youth Centre should be moved due to deteriorating buildings, patient safety risks and lack of ability to expand. Co-location of children’s mental health services, (including child psychiatry), addiction services, and forensic for youth provide significant opportunities for integration of services. Over 65 percent of adolescents have both drug/alcohol and mental health problems, and integration of these services is one of Alberta Health’s Strategic Directions (Creating Connections, 2011). Co-location of all child and youth addiction and mental health services will provide greater efficiencies with staffing models, use of casuals and floats, staff training, etc.

The acute psychiatry inpatient units at RAH need to be moved from the Children’s Pavilion to enable implementation of RAH Master Plan, as demolition of the Children’s Pavilion is essential for the work to commence.

Relationship to Strategic Priorities:
- Deliver Better Quality, Better Outcomes, Better Value
- Improving patient experience and quality of care
- Improving health outcomes and improving value for money
- Partnering for Better Health Outcomes
- Actively engage Albertans as partners and provide them with the support they need
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Efficiency, Safety

Capital Project Cost Estimate: The preliminary estimate for the proposed redevelopment (based on the Master Plan) is approximately $200 million. The project value is subject to confirmation through completion of the Business Case.

Operating Expenditure Impact: To be confirmed.

Risk of Non-Approval: The most critical risks of non-approval are patient safety and patient and community satisfaction.

Current Status of Project: The Needs Assessment is complete and commencement of the Business Case is immanent.
5.4.3. Royal Alexandra Hospital – Clinical Services Building

Project Description / Scope of Work: The Clinical Services Building (CSB) is a proposed new building at the Royal Alexandra Hospital (RAH) site as recommended in the RAH/GRH/Norwood Campus Master Plan. The new facility will be used for decanting selected services (e.g., minor clinics, education/soft research, hostel, on-call, etc.) from buildings to be demolished to allow for the redevelopment of the RAH site. The CSB will provide space for ambulatory and light use services of the hospital as well as future growth opportunities or leasable space.

Rationale for Project: A high-level implementation strategy was devised for the Preferred Option that involves four main project phases. Phase 1 of the implementation strategy proposes a new Clinical Services Building to house programs/services decanted from buildings to be demolished. Demolition is required due to the poor condition of existing buildings and the need to create space for the new RAH Acute Care Tower. The scope will also include construction of a pedestrian link to connect the CSB with the new RAH Tower.

Relationship to Strategic Priorities:
- Deliver Better Quality, Better Outcomes, Better Value
  - Improving patient experience and quality of care
  - Improving health outcomes and improving value for money
- Achieving Sustainability
  - Model of care transformation
  - Innovation, productivity and efficiency in acute care service delivery
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Getting Better
  - Acceptability, Appropriateness, Efficiency, Safety

Capital Project Cost Estimate: Preliminary estimate for the proposed redevelopment based on the Master Plan is approximately $150 million. This project may be suitable for development using alternate funding sources. The project value and preferred development funding option is subject to confirmation/refinement upon completion of the Business Case.

Operating Expenditure Impact: To be confirmed.

Risk of Non-Approval: Construction of the CSB is a critical first step in the redevelopment of the RAH Campus. The most significant risks of non-approval are patient safety and patient and community satisfaction.

Current Status of Project: Final scope confirmation pending completion of the Needs Assessment and Business Case.
5.4.4. New Edmonton Health Campus

**Project Description / Scope of Work:** The proposed New Edmonton Health Campus project will provide a site with a comprehensive mix of acute services such as inpatient beds, emergency, rehabilitation, mental health, diagnostic and ambulatory services. The campus may also include continuing care and a range of community support programs and services all consolidated into a patient and family-friendly purpose-built health campus.

**Rationale for Project:** Various planning investigations completed for the Edmonton Zone indicate the need for significant redevelopment/modernization at the existing major centres, plus the addition of a new major health campus to meet the need of the Edmonton Zone and larger catchment area going forward. Each of the existing campuses has development limitations that impact and control opportunities. Development of a new comprehensive Health Campus will allow the growing needs of the Zone to be met in a more expedient manner than the other complex staged redevelopments proposed for the existing centres. A new campus will more efficiently and cost-effectively achieve spaces and service delivery models that align with contemporary standards.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Implementing the Long-Term Care/Supportive Living plan, seniors strategy and addiction and mental health strategy
- Achieving Sustainability
- Funding models
- Model of care transformation
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Efficiency, Safety
- Living with Illness or Disability, End of Life

**Capital Project Cost Estimate:** To be determined.

**Operating Expenditure Impact:** To be determined.

**Risk of Non-Approval:** The most critical risks of non-approval are patient safety and patient and community satisfaction as a result of continued use of aging facilities and the inability to meet current and future service demands.

**Current Status of Project:** The Edmonton Zone 2030 plan is complete, as are the Master Plans for the Royal Alexandra Hospital, Misericordia Community Hospital and University of Alberta Hospital. All of these documents will help inform the development of the New Edmonton Health Campus Needs Assessment.

A location for the proposed Health Campus within Edmonton has not been established. Further analysis of the health needs of the City/Zone in conjunction with approvals and sequencing/progress for other key initiatives will be influential factors in determining the optimal location.
5.4.5. Edmonton Community Health Centres

Project Description / Scope of Work: Existing hospital facilities are experiencing capacity strain. The first priority and a key requirement for the success of the Edmonton Zone 2030 Plan, is the development of the Community Health Centers (CHC) to provide pro-active community health care services to serve distinct geographic sub-zones.

Project description/scope of work will be based on the Edmonton Zone 2030 Planning and the pending Edmonton Zone CHC Strategic Plan.

Rationale for Project: Current community health centres are frequently in small, outdated buildings, far removed from the new communities they need to serve. New models of family-based care, with integrated, multidisciplinary teams tackling the rising incidence of chronic disease and addiction/mental health concerns, cannot be implemented within the current facilities.

The importance of these centres is made evident by strategic directions integrated in the 2030 Plan:

- Hospitals will only provide acute care services supporting inpatient care and/or specialized diagnostic services.
- A deliberate shift toward community and home based service delivery.
- Health promotion/community services will mitigate need for expensive ‘downstream’ services (i.e. acute care/long-term care).
- AHS will partner with others to plan, organize and invest in community health care services throughout the Edmonton Zone.

Relationship to Strategic Priorities:

- Deliver Better Quality, Better Outcomes, Better Value
- Improving health outcomes and improving value for money

- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Actively engage Albertans as partners and provide them with the support they need
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities

Capital Project Cost Estimate: Preliminary estimate to be determined upon the completion of the CHC Strategic Plan and Business Case.

Operating Expenditure Impact: To be confirmed.

Risk of Non-Approval: According to the 2030 plan, the health care system will not be able to meet population needs if the CHC facilities are not in service by the year 2020.

Current Status of Project: Release of a Request for Proposal (RFP) to engage a consultant for completion the CHC Strategic Plan is imminent. The consultant will work with key AHS stakeholders and lead the development of a coordinated health service delivery plan. The CHC Strategic Plan will inform the subsequent Needs Assessment and Business Case.
5.4.6. **Misericordia Community Hospital/Health Campus Modernization**

**Project Description / Scope of Work:** The Misericordia Community Hospital/Health Campus Modernization includes significant reinvestment in the existing infrastructure at the Misericordia Community Hospital/Health Campus.

**Rationale for Project:** The current Misericordia Community Hospital was largely constructed in the late 1960’s. The facility is challenged to meet the needs of its patient population. There is a need to be responsive to increased complexity of care, changing care standards and protocols, infection control requirements, and changing demographics.

There are significant infrastructure and patient safety and quality issues that threaten the facility’s ability to meet the needs of its patient population. These include patient care areas that have fallen behind current standards, significant deficiencies in the building envelope and ongoing mechanical infrastructure issues that present significant challenges to operations. Given the current state of the infrastructure, there is a real risk that a critical system failure could result in the loss of substantial amount of acute care resources.

The modernization of the Misericordia is essential to ensure the infrastructure can support the delivery of care to meet the needs of the Zone and maintain viability into the future.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation

- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Efficiency, Safety

**Capital Project Cost Estimate:** The project value is subject to confirmation/refinement upon completion of the Business Case.

**Operating Expenditure Impact:** To be confirmed.

**Risk of Non-Approval:** The most critical risks of non-approval are continued deterioration of the existing infrastructure, patient safety and patient and community satisfaction.

**Current Status of Project:** There are numerous studies and reports that identify the key areas for reinvestment to modernize the campus and maintain the sites viability.
5.4.7. Royal Alexandra Hospital – Phase 1B

**Project Description / Scope of Work:** Phase 1B development of the Royal Alexandra Hospital (RAH) as recommended in the RAH/GRH/Norwood Campus Master Plan details the development of the RAH Acute Care Tower to replace infrastructure that is no longer appropriate for acute care beds and provides additional rehabilitation beds to support the Glenrose until GlenSouth can be developed.

Phase 1B - Scope of work includes:
- Fit out of the District Utility Centre to meet the needs of the new RAH Acute Care Tower and the renovations for the existing RAH Active Treatment Centre and RAH Diagnostic Treatment Centre.
- Construction of the RAH Acute Care Tower (approximately 800 beds). Including 64 additional acute rehabilitation beds to support the Glenrose until the GlenSouth tower can be built in Phase 3.
- First Phase of Renovation to the Active Treatment Centre and Diagnostic Treatment Centre for low intensity care spaces/education/offices/on-call rooms.
- Construction of parkade to support parking needs on the north side of the campus.
- Demolition of buildings decanted in Phase 1A is required for Phase 1B to proceed.

**Rationale for Project:** Many of the buildings on the RAH/GRH/CCN Campus have reached the end of their life expectancy and have begun to fail. These concerns include buildings that allow water ingress, elevators that experience disruption, electrical systems that are composed of obsolete parts, and air flow that cannot meet current care needs. The operationally obsolete structures create a risk of infrastructure service disruption thereby posing risk to the provision of care. At the same time, demand for health services is increasing and will be driven higher by the aging of the population (121 percent increase in +65 year-olds over the next 15 years).

A high-level implementation strategy was devised for the Preferred Option that involves four main project phases. Phases 1B of the preferred option addresses the development of the most critical needs in an efficient and fiscally responsible manner without risking loss of service during the redevelopment.

**Relationship to Strategic Priorities:**
- Deliver Better Quality, Better Outcomes, Better value
  - Improving patient experience and quality of care,
  - Improving health outcomes and improving value for money.
- Achieving Sustainability
  - Model of care transformation
  - Innovation, productivity and efficiency in acute care service delivery
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Getting Better
  - Acceptability, Appropriateness, Efficiency, Safety

**Capital Project Cost Estimate:** Preliminary estimate for the proposed redevelopment based on the Master Plan is approximately $1.4 Billion. The project value is subject to confirmation/refinement upon completion of the Business Case.

**Operating Expenditure Impact:** To be confirmed.

**Risk of Non-Approval:** Construction of the Acute Care Tower is critical to the RAH Campus operations. The most critical risks of non-approval are patient safety and patient and community satisfaction.

**Current Status of Project:** Final scope confirmation pending completion of the Needs Assessment and Business Case.
5.4.8. Capital Care Norwood Redevelopment Project

**Project Description / Scope of Work:** The proposed Capital Care Norwood (CCN) Development project will accommodate 350 enhanced long-term care beds and a broad range of support programs and services in approximately 38,100 square meters of new and renovated space. The project will involve:

- acquisition of land adjacent to CCN from the City of Edmonton and private property owners;
- demolition of the North Pavilion upon completion of construction of a new building;
- phased renovation of the existing Angus McGugan Pavilion to house complex-care residents and to extend its useful life by at least 20 years; and
- demolition of the CHOICE Day Centre with construction of new a replacement building.

Program includes:
- Enhanced Long-Term Care
- Restorative Care
- Chronic Ventilator/Respiratory Respite and Respiratory End of Life Programs
- Brain Injury Unit
- Hospice
- Specialty Dental Clinic
- Seniors’ Urgent Response Service
- CHOICE Day Program
- CHOICE Mental Health Program
- Chronic Hemodialysis
- Centre for Lung Health
- Respiratory Outreach and Respiratory Benefits Program
- Education and Research

**Rationale for Project:** CCN currently houses 205-beds in three buildings: the North Pavilion, the Angus McGugan Pavilion and the CHOICE Day Centre. The existing North Pavilion, which currently houses 52-beds, is failing and must be replaced; the Angus McGugan Pavilion is aging and requires upgrades. The project will significantly improve the operation of the acute care and long-term care systems in Edmonton by:

- Reducing demand for ED and inpatient acute care services;
- Reducing demand for long-term care residential placement;
- Enhancing long-term care capacity through reduced demand and the addition of 145 net new beds (up to 420 additional long-term care admissions each year);
- Providing education and training for students and staff;
- Helping families and caregivers acquire skills and confidence to provide care in their homes;
- Improving access to complex long-term care services and enhancing the quality of life of those most in need.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
- Strengthening community and primary health care
- Developing innovative service models
- Increasing service integration and accountability
- Implementing the LTC-SL plan, seniors strategy and addiction and mental health strategy
- Achieving Sustainability
- Funding models
- Model of care transformation
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Efficiency, Safety
- Living with Illness or Disability, End of Life

**Capital Project Cost Estimate:** The Class D Capital Cost Estimate is $264,433,790 based on the Business Case.
Operating Expenditure Impact: Current operating cost for programs at CCN is $51.1 million. The projected operating cost is $95.2 million, an increase of $44.1 million, plus approximately $1 million in transitional costs. The cost avoidance in acute and long-term care services is estimated at $73,024,000 per annum.

Risk of Non-Approval: Failure of the North Pavilion infrastructure that supports the entire site resulting in long-term relocation of all 205 patients to other sites (some acute care). Challenges with transitional, Alternate Level of Care (ALC) or hard to place patients will persist in the Edmonton Zone.

Current Status of Project: A Business Case was completed and submitted January 31, 2015. Functional Programming is underway.
5.4.9. Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1

**Project Description / Scope of Work:** AHS has completed a high level review of all Medical Device Reprocessing (MDR) sites in the province to assess compliance with Provincial IPC Standards. The reviews consider operational issues, equipment and infrastructure requirements. Phase 1 represents the eight highest priority sites requiring remediation.

**Rationale for Project:** MDR services occur in over 100 AHS facilities and in more than 300 areas within various AHS sites across the Province of Alberta. Reprocessing includes all the steps necessary to make a contaminated reusable medical device ready for its next intended use. MDR is an essential service, supporting patient safety, and directly impacts the prevention of transmission of infections from reusable medical devices used in the delivery of health care.

Accreditation Canada has established standards for Reprocessing and Sterilization of Reusable Medical Devices, many of the sites have been identified as deficient in past Accreditation surveys.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
  - Developing innovative service models
  - Increasing service integration and accountability
- Establishing a Partnership in Health
  - Health technology assessment
- Achieving Sustainability
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Efficiency, Safety

**Capital Project Cost Estimate:** Based on the Business Cases that have been completed to date, the following are the capital cost estimates.

### Provincial MDR Upgrades Phase 1 Costs

<table>
<thead>
<tr>
<th>Site</th>
<th>Estimate (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Lougheed Centre</td>
<td>$27.525</td>
</tr>
<tr>
<td>Northern Lights Regional Health Centre (Fort McMurray)</td>
<td>$11.488</td>
</tr>
<tr>
<td>Cold Lake Healthcare Centre</td>
<td>$1.957</td>
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<tr>
<td>Westlock Healthcare Centre</td>
<td>$5.256</td>
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<tr>
<td>Lac LaBiche Healthcare Centre</td>
<td>$3.290</td>
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<tr>
<td>Foothills Medical Centre</td>
<td>$8.554</td>
</tr>
<tr>
<td>Red Deer Regional Hospital</td>
<td>$26.262</td>
</tr>
<tr>
<td>Sturgeon Community Hospital</td>
<td>$9.079</td>
</tr>
</tbody>
</table>
| Phase 1 Total                                  | $93.411             

**Operating Expenditure Impact:** The impact on operating costs will vary by site and is identified in the site specific Business Cases. There will be a marginal reduction in maintenance costs as obsolete, more problematic equipment is replaced. The opportunity to streamline MDR services on a Zone or Provincial basis may be available as the site reviews continue and smaller sites are studied.

**Risk of Non-Approval:** The most critical risks of non-approval are patient and staff safety, with the threat of infection transmissions being increasingly more likely. Some services may also be affected (cancelled or delayed procedures) if/when obsolete equipment breaks down or needs servicing. Accreditation reviews have already identified many areas of non-compliance, and continued neglect to those issues may result in shutting down of some MDR areas.

**Current Status of Project:** A Needs Assessment for Phase 1 was completed in April 2013. The Province-wide review is complete and will inform subsequent phases and future requests. Business Cases for Phase 1 sites have been completed.
5.4.10. Foothills Medical Centre Kitchen Redevelopment

**Project Description / Scope of Work:** This project will provide a complete renovation of the kitchen food services area at the Foothills Medical Centre (FMC) to replace obsolete equipment, correct non-compliant code issues, remove mold and asbestos and upgrade the overall functionality and efficiency of food service delivery.

**Rationale for Project:** The FMC is a 1960’s facility that has not had any upgrade or renovation to its kitchen or equipment. Nutrition and Food Services at the FMC currently provides approximately 950 patient meals, served three times per day, 365 days per year as well as over 1.2 million annual transactions to retail food service customers through multiple venues located throughout the hospital.

The infrastructure and equipment in the FMC kitchen has received Public Health citations and has failing, obsolete equipment. In order to continue providing food services to this 1000 bed tertiary facility (with a potential growth up to 1200 inpatient beds), it is imperative that the kitchen be upgraded and modernized to meet existing and future demands.

The site is currently just meeting demand and will not be able to support new demands placed on the service through the approved Calgary Cancer Project without redevelopment.

Due to the complex nature of the project and the need to maintain operations throughout the redevelopment process the study has identified eight distinct construction phases and an estimated project duration of five and one-half (5.5) years.

**Relationship to Strategic Priorities:**
- Achieving Sustainability
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Efficiency, Safety

**Capital Project Cost Estimate:** Based on the revised Business Case (October 2014) the estimated cost is approximately $62 million.

**Operating Expenditure Impact:** Operating costs will increase by approximately $1.0 million per year as food services staff take on responsibility for delivering meal trays directly to the patients’ bedside, partially offset by reduced maintenance costs.

There will be incremental operating costs during the construction phases to maintain operations; those are estimated at $4.8 million over the 5.5 year duration.

**Risk of Non-Approval:** Infrastructure and equipment failure will increase day-to-day costs to maintain the kitchen, ongoing inefficiency in delivery of food services and potential code/public health violations. Complete failure would stop food production/delivery to patients and effectively cease operations.

**Current Status of Project:** A Preliminary Business Case was completed in June 2010 when the project was submitted as part of the 2011-2014 Capital Submission. A detailed Service Delivery Model and Redevelopment Study was completed in October 2012. This study was submitted to HEALTH as a Business Case equivalent. An updated Business Case was completed in October 2014.
5.4.11. Calgary Complex Long-Term Care Facility (Bridgeland)

**Project Description / Scope of Work:** The new complex long-term care facility proposed for the Calgary is envisioned as follows:

- 200 new enhanced long-term care private beds built in a four storey structure to B2 Alberta Building Code occupancy standards and the Alberta Continuing Care Design Guidelines;
- The beds are clustered in 15-bed ‘houses’ to ensure that similar specialized care populations may be grouped together;
- The design supports a residential feel and convenient resident access to the outdoors; and
- An “Annex” structure is built in conjunction with the care centre facility which would accommodate the clinics and services at the Bridgeland Seniors’ Clinic, as well as a new Comprehensive Community Care (C3) site and Day Hospital, to offer a range of ambulatory programs and services for seniors throughout Calgary but specifically the catchment area of central Calgary.

**Rationale for Project:** Development of the new Calgary Complex Long-Term Care facility will provide the essential capacity to address critical bed shortages in the number of complex care persons now waiting many months in acute care for placement into an appropriate long-term care setting. Placement of complex care persons is more difficult because the targeted long-term care populations for the Calgary project tend to be younger, male, are physically stronger, and are more likely to exhibit challenging behaviours and require a higher level of supervision to distract from destructive or unsafe actions.

The new complex long-term care centre will also provide the opportunity for those complex care persons now in a conventional long-term care facility, or elsewhere in the community, and who are no longer able to reside safely in that setting, to transfer to a complex long-term care facility for care.

The project will achieve the following objectives:

- Reduce the total number of persons waiting in acute care beds for placement into a complex long-term care bed;
- Reduce the wait time for complex care persons in an acute care setting from several months to weeks;
- Reduce the number complex care persons in the community and their wait time in other facilities for placement into a complex long-term care bed; and
- Reduce the costs associated with care of persons waiting in inappropriate settings for placement into a complex long-term care bed.

This “Annex” component of the project will fulfill the following objectives:

- Provide the medical and rehabilitation supports offered by the Day Hospital and Comprehensive Community Care (C3) programming to seniors in the community with medical and chronic care conditions which will allow them to remain in their own homes longer (i.e., reduce trips to acute care and to delay entry into a care centre bed);
- Provide the support for seniors in the community with mental health issues which will allow them to remain in their own homes longer (i.e., delay entry into a care centre or acute care bed);
- Provide the space to educate seniors regarding preventative care and to support the in-home efforts of health care teams visiting seniors in the community; and
- To provide the space to support training residents and other health professionals with a specialty in geriatric care.
Relationship to Strategic Priorities:

- Bring Care to the Community
  - Strengthening community and primary health care
  - Developing innovative service models
  - Increasing service integration and accountability
  - Implementing the LTC-SL plan, seniors strategy and addiction and mental health strategy
- Achieving Sustainability
  - Funding models
  - Model of care transformation
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Getting Better
  - Acceptability, Appropriateness, Efficiency, Safety
  - Living with Illness or Disability, End of Life

Capital Project Cost Estimate: The estimated capital costs for the preferred option as defined in the December 2015 Business Case is $133.6 million.

Operating Expenditure Impact: The estimated incremental annual operating cost increase is approximately $43 million. There will also be one time transition costs of approximately $2.0 million. The cost avoidance in acute, long-term care and C3 services is estimated at approximately $9 million per annum.

Risk of Non-Approval: The number of people waiting in acute care bed for placement into complex care bed will increase. Emergency department visits and entry into acute system by people who otherwise would have been a C3 or Day Hospital client and remained at home will increase.

Current Status of Project: Business Case is complete.
5.4.12. Lethbridge Chinook Regional Hospital Inpatient Unit Fit-Out

**Project Description / Scope of Work:** Construction of at least one of the two shelled-in inpatient units as part of the original build at the ongoing Chinook Regional Hospital Addition/Renovation project.

**Rationale for Project:** Previous planning data identified that the Chinook Regional Hospital (CRH) would be short of beds by 2010. The project had been put on hold several times during the past 14 years as population and bed demand continued to grow. Despite this, the scope of the project has remained the same, only allowing for two undeveloped inpatient units. In 2011, a review of bed need validated and confirmed a need for a minimum of 30 additional beds upon opening of the new addition in 2015.

The CRH currently operates 279 inpatient beds. AHS Data Integration, Measurement and Reporting (DIMR) estimates bed requirements to be 310 beds by 2015, to maintain acceptable occupancy rates and facilitate patient flow. There is a risk to patient safety and overall health system performance if adequate inpatient beds are not available to service patient needs.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Achieving Sustainability
  - Model of care transformation
  - Innovation, productivity and efficiency in acute care service delivery
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Getting Better
  - Acceptability, Accessibility, Appropriateness, Effectiveness, Safety

**Capital Project Cost Estimate:** Preliminary estimate is in the range of $30 to $32 million.

**Operating Expenditure Impact:** To be determined.

**Risk of Non-Approval:** Not opening one of these units will not allow for the relocation of maternal child. This creates significant distance for babies and new mothers to be transported or walk to LDR/NICU which will relocate into the new addition. The physician group has identified this as a significant safety issue.

Not completing the work as part of the ongoing project will require unit to be constructed over a fully operational NICU, LDR and Day Surgery Unit causing significant disruption and temporary relocation / closure of the new departments due to risk to neonates who are significantly compromised (noise, increase in foot traffic, air particulates etc.).

**Current Status of Project:** The inpatient units were included in the functional programming for the new addition and schematic design was completed and signed-off by the stakeholders.
5.4.13. Peter Lougheed Centre Emergency Department and Laboratory Redevelopment

**Project Description / Scope of Work:** The Peter Lougheed Centre (PLC) East Wing expansion project was separated into four phases; two of the four phases were completed in 2010 with the funding available. Part of Phase 3 of the project anticipated the move of the existing Lab from the main floor of the existing building to shelled-in space on the 6th floor of the East Wing and expansion of the Emergency Department (ED) on the 1st floor into adjoining occupied space as well as shelled space in the East Wing. Departments required to relocate to allow for the full redevelopment of the ED are: Women’s Health, the Chapel, Health Information Management, the Physician Lounge, the Musculoskeletal Screening Clinic, Outpatient Collections, and Diagnostic Imaging. The original scope of Phase 3 included the fit out of Renal and Mental Health spaces on the north end of the East Wing, but these spaces are not presently included in the Needs Assessment/Business Case and not part of this project.

**Rationale for Project:** Both the PLC ED and Lab spaces are insufficient to support current patient volumes and the infrastructure does not meet current standards in terms of Infection Prevention and Control (IPC), and Occupational Health and Safety. Upgrades to both the ED and the Lab space are required for staff to have a more efficient work space that can flexibly respond to the changing needs for both departments.

**Relationship to Strategic Priorities:**
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Effectiveness, Safety

**Capital Project Cost Estimate:** Preliminary estimate based on the Business Case is approximately $97 million.

**Operating Expenditure Impact:** To be confirmed.

**Risk of Non-Approval:** Non-approval of this project would result in site-wide limitations of increased/new service delivery options due to lab restrictions, exposing patients and staff to unnecessary risk, and compromising patient treatment and outcomes. The need for new space is urgent, so factoring in the implementation time, funding is required immediately to avoid further deterioration of the current space needs.

**Current Status of Project:** The project has been identified since the Master Plan completion in 2005. A Needs Assessment and Business Case equivalent have been completed.
5.4.14. Provincial Pharmacy Central Drug Production and Distribution Centre

Project Description / Scope of Work: Development of two central production and distribution centres for pharmacy services. The first phase will be located in Edmonton in new space and the second phase will be Calgary, in leased space at East Lake site along with minor renovations at various “hub” sites (Lethbridge, Medicine Hat, Red Deer and Fort McMurray) to support the revised service model.

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 work flow optimization, and minimizing hospital pharmacy department capital renovation costs.

Relationship to Strategic Priorities:
- Bring Care to the Community
  - Developing innovative service models
  - Increasing service integration and accountability
- Establishing a Partnership in Health
  - Health technology assessment
- Achieving Sustainability
  - Model of care transformation
  - Innovation, productivity and efficiency in acute care service delivery
  - Medication management
  - Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
  - Efficiency, Safety

Capital Costs Estimate: The total capital investments required to implement the centralized drug production and distribution model ranges from approximately $51 to $58 million. These costs are currently being validated and are subject to completion of the updated Business Case.

Operating Expenditure Impact: Currently being confirmed in the updated Business Case.

Risk of Non-Approval: Failure to address ongoing critical patient safety issues and potential for up to $20 million in renovations to hospital pharmacies across Alberta.

Current Status of Project: A Needs Assessment was completed in December 2012. A Business Case was completed in February 2013. An updated Business Case is nearing completion.
5.4.15. Edmonton Clinical Laboratory Hub

Project Description / Scope of Work: A new laboratory hub is required to replace the services currently delivered by a private provider, as well as the outdated Provincial Laboratory for Public Health, and other AHS run laboratories in Edmonton. A new centralized facility must be capable of delivering these services to the entire Edmonton Zone with the intention of also serving the North Zone eventually, in a hub and spoke model.

Rationale for Project: Edmonton Zone Laboratory Services currently contracts-out a significant number of laboratory services to a private provider - DynaLIFE. This contract will expire at the end of March 2022, at which time laboratory services will be fully transitioned to AHS and a new laboratory hub facility will be required.

Additionally, the University of Alberta Hospital (UAH) laboratories and the Provincial Laboratory for Public Health are functionally outdated and oversubscribed. Consolidating these laboratories would alleviate various infrastructure and functional concerns, allow for greater efficiencies in laboratory services, and free-up valuable space at the UAH for repurposing for much needed clinical/patient care.

Relationship to Strategic Priorities:
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities

Capital Project Cost Estimate: Preliminary estimates are in the range of $275 to $325 million. Value to be confirmed.

Operating Expenditure Impact: To be confirmed.

Risk of Non-Approval: Maintaining laboratory operations in Edmonton is mandatory. This essential service cannot be interrupted or deferred.

Current Status of Project: A Needs Assessment was completed in September 2014. The initiation of a Business Case is anticipated in October 2016.
5.4.16. Province Wide Centralized Laundry Hubs

**Project Description / Scope of Work:** The development of four new green field laundry “hub” sites; south, central, Edmonton and north (exact locations to be determined). The new hubs will centralize and consolidate laundry services across the province.

The project will result in:
- a more efficient and reliable service with significant cost savings to AHS; and
- environmentally responsible laundry services utilizing modern and energy efficient equipment.

**Rationale for Project:** There are currently approximately 72 laundries in operation across the province in AHS facilities. Many are in poor condition in terms of facility and/or equipment. Several have unsafe conditions related to their equipment. Most are located in the basement of existing facilities with limited space for growth. A number of new facilities that are currently under construction or about to open do not have laundry facilities included (i.e., Grande Prairie and Edson).

There is particular concern for the sustainability of operations at the six ‘large’/hub existing processing plants directly operated by AHS, specifically those located in Medicine Hat, Lethbridge, Red Deer, Ponoka, Grande Prairie (QEII) and Fort McMurray.

There is a need for significant financial investment for replacement of capital equipment, repair, renovation, and remodeling of infrastructure in the existing large / hub sites in order to continue meeting current and future expanded service levels and mitigate staff risk.

Laundry service is essential to providing safe health care in acute care and long term care facilities.

**Relationship to Strategic Priorities:**
- Achieving Sustainability
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Efficiency, Safety

**Capital Project Cost Estimate:** To be confirmed

**Operating Expenditure Impact:** To be confirmed.

**Risk of Non-Approval:** Breakdown of equipment or facility affecting health services operations; lost opportunity for cost savings.

**Current Status of Project:** A Preliminary Business Case was completed in June 2010 which included a detailed study by a specialized laundry consultant. A new Business Case is required.
5.4.17. Foothills Medical Centre Power Plant Upgrade (Cogeneration Plant)

**Project Description / Scope of Work:** This project will upgrade the Power Plant at the Foothills Medical Centre (FMC) in order to address significant reliability issues resulting from the age of existing equipment. The Power Plant does not have the capacity to heat the new Cancer Care Project (CCP), nor is there sufficient boiler redundancy to manage existing campus heating loads.

The CCP, the FMC and the University of Calgary will all benefit from the Power Plant Upgrade through reduced energy costs and improved reliability along with all the environmental benefits of cogeneration.

**Rationale for Project:** The Power Plant is approximately 50 years old and contains major equipment that is well past its expected operational life and lacks redundant services which places the hospital at risk. Recent plant failures have caused shutdown of essential healthcare services on the campus and costly damage to facilities.

In addition to providing the redundancy and resiliency needed to ensure safe operations, a new cogeneration system will result in significant operating cost savings over the existing Power Plant. Furthermore, including the proposed CCP loads in the Power Plant design allows for even greater savings operationally through improved energy efficiency, a more balanced energy delivery system for the campus, reduced maintenance and renewal costs for the campus and greater environmental benefits.

**Relationship to Strategic Priorities:**
- Achieving health system sustainability
- Alberta Quality Matrix for Health
- Acceptability, Accessibility, Appropriateness, Effectiveness, Efficiency, Safety

**Capital Project Cost Estimate:** Option 2A of the draft Business Case prepared by Arup for INFRA, which proposes a new cogeneration system to upgrade the existing aging equipment has the lowest capital cost to achieve the reliability and redundancy required by the Power Plant. Capital cost for this option is estimated at approximately $86 million. This option proposes a standalone Power Plant for the CCP which is not included in this capital cost. However, for an additional capital outlay of approximately $24 million, a centralized cogeneration plant (Option 3) will combine the energy loads of the CCP and provide higher operating cost savings, best life cycle performance, centralized maintenance and centralized emissions and noise. The capital cost for this Option is estimated at approximately $110 million.

**Operating Expenditure Impact:** Operating cost savings due to reduced energy costs are estimated between $3 to $4.7 million per year, depending on the final alternative selected.

**Risk of Non-Approval:** The option of not proceeding with the project is not realistic given that the alterative (status quo) will lead to continued operations issues including continued risk of failures leading to concerns about patient safety, building damage and the ability of the FMC to deliver care to patients. It will also result in missed financial, operational and environmental benefits.

**Current Status of Project:** A Business Case was completed on October 31, 2014 and submitted to HEALTH along with AHS comments accompanying sign off. These comments identified concerns with the financial analysis contained in the Business Case which are currently being addressed by INFRA.
5.4.18. Rockyview General Hospital Fit-Out Shelled Space for Intensive Care Unit and Coronary Care Unit

Project Description / Scope of Work: Development of the fifth floor of the south addition of Rockyview General Hospital for a new 20-bed combined Intensive Care Unit (ICU) and Coronary Care Unit (CCU) unit. The new unit would provide enhanced space for patients, families and staff in terms of safety, meeting standards and guidelines and providing infrastructure to support best patient care.

Rationale for Project: The unit has not had any major upgrades or renovations for 35 or more years and cannot accommodate emerging technologies, new equipment or support new methodologies in patient care delivery. There are IPC standard issues, storage and space deficiencies. With the addition of the South Addition in 2009, the current unit’s exterior windows were blocked; in addition to losing 3 patient rooms as part of the circulation link to the South Addition. This is impacting patient safety and care as well as staff retention and satisfaction.

Relationship to Strategic Priorities:
- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Appropriateness, Effectiveness, Safety

Capital Project Cost Estimate: Preliminary estimate is in the range of $30 to $40 million. The project value is subject to confirmation/refinement upon completion of the Business Case.

Operating Expenditure Impact: To be confirmed at Business Case stage.

Risk of Non-Approval: A delay in advancing the decision to proceed with the ICU/CCU redevelopment at RGH would result in:
- continued risk of an adverse patient incident due to the inability to store important equipment on the unit
- continued increased rate of delirium and associated costs
- cost of staff turnover due to lack of satisfaction with the working environment
- increased risk of an IP&C incident due to lack of proper facilities – especially lack of proper isolation rooms
- decreased patient and family satisfaction
- continued citations for insufficient facilities from such organizations like the Health Quality Council of Canada
- continued failed fire code inspections due to essential storage in egress paths

Current Status of Project: The project has been identified since the Master Plan completion in 2005. A Needs Assessment document was completed in May 2013, a Business Case is required.
5.4.19. Calgary Centre for Child and Adolescent Mental Health

Project Description / Scope of Work: A key element to success for mental health is to provide more robust community services to support children and adolescents in their day-to-day lives. The adolescent mental health centre is proposed to contain:

- Step up support: Intensive Community Treatment Services (ICTS) (new program) which serves escalating patients to avoid an inpatient admission altogether.
- Step down support: Community Day Hospital (new program) which assists in reducing length of stay in hospital and eases the transition from acute care into the community.
- Rehabilitation: Child and Adolescent Day Treatment Programs (existing program) focuses on long term support that maximize a patient’s functionality.

In addition, an urgent walk in service is proposed, which will provide an alternative to the Emergency Department for patients in crisis, and is complimentary to the Day Hospital programs. The equivalent of 30 additional inpatient beds and two additional ED spaces will be avoided by implementing these ambulatory services.

Rationale for Project: There is significant unmet demand for child and adolescent mental health services in the Calgary Zone, resulting in extreme pressures in emergency departments and inpatient units. Throughout 2015/16, there have consistently been mental health patients in overcapacity beds using up to seven percent of medical/surgical inpatient capacity at the Alberta Children’s Hospital (ACH). The current situation provides sub-standard care, poses a safety risk to the mental health patients occupying overcapacity beds, and extends their stay in hospital.

Relationship to Strategic Priorities:
- Bringing Appropriate Care to the Community
  - The proposed Centre boosts tertiary-level, specialized services to the community.
- Partnering for Better Health Outcomes
  - This model adopted by the Centre uses leading practice evidence to ensure that individuals access appropriate care at the right time and in the right place that leads to improved outcomes.
- Achieving Health System Sustainability
  - The proposed service model demonstrates evidence of being cost effective, from both a capital and ongoing operational perspective.
- Alberta Quality Matrix for Health
  - Acceptability, Accessibility, Appropriateness, Effectiveness and Efficiency
- Being Healthy, Getting Better, Living with Illness

Capital Project Cost Estimate: It is estimated that a new facility of approximately 2000 square meters could be added to an existing adolescent ambulatory centre with a potential project cost of $30 to $40 million.

Operating Expenditure Impact: While the estimated annual cost to operate these services is about $8.7 million, this movement toward the ambulatory adolescent mental health services could translate to a system cost avoidance of

- ICTS is estimated to accommodate the equivalent of 16 beds worth of demand, which based on an average of $800 / per day for an inpatient stay equals approximately $4.6 million per year.
- The variance between Inpatient and Day Hospital operating costs per day is $420 / day. This equates to approximately $2.2 million annually in savings attributed to Day Hospital.
• Assuming 20 percent of ED workload will be diverted to walk in this is equivalent to approximately $180,000 of costs avoided annually.

Risk of Non-Approval: Failure to treat patients until their disease progresses to an urgent ED admission and ongoing mental health issues which may have been mitigated by early intervention; ongoing inpatient overcapacity for Child Mental Health; potential to build more adolescent mental health acute care services (beds, ED) at a much higher cost than that required to provide effective ambulatory services.

Current Status of Project: HEALTH has received AHS Needs Assessment and has requested a Business Case developed by INFRA by fall 2016. Alberta Children’s Hospital Foundation has significant interest in funding full capital costs for this project with intent to launch a fund-raising initiative in Fall 2016.
5.4.20. Calgary Cyclotron

Project Description / Scope of Work: The development and operation of a cyclotron and radiopharmaceutical production facility in Calgary is recommended. The project would be built to provide the functionality and space needs as described in the Functional Program 2026 for the proposed new Calgary cancer centre.

Three viable alternative sites for the proposed facility at or near FMC are reviewed in the Business Case. Proximity is critical as radiopharmaceuticals decay during transport.

Rationale for Project: The proposed facility would supply radiopharmaceuticals that are used in positron emission tomography (PET), single photon emission tomography (SPECT), as well as non-radioactive ‘cold’ kits that are tagged with isotopes and used clinically. The infrastructure would allow for the development and production of radiopharmaceuticals that are currently not available in Calgary and provide a source of supply for southern Alberta.

The remote production of PET radiopharmaceuticals in Edmonton creates operational challenges for southern Alberta. The decay of product during transport combined with scheduled and unscheduled downtime at the single source production facility compromises the availability of radiopharmaceuticals for patients in southern Alberta, leading to longer wait times and frequent rescheduling of appointments. This results in delays in treatment, compromising patient care.

The proposed project would enable an expansion of PET/CT capacity by 2100 scans per year in southern Alberta, and improve patient experience by eliminating service disruptions caused by inconsistent radiopharmaceutical supply.

The cyclotron and radiopharmaceutical production facility would provide southern Alberta residents with improved access to imaging which is the standard of care in the diagnosis, staging, and follow up of many forms of cancer.

Relationship to Strategic Priorities:
- Bring Care to the Community
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Medication management
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Efficiency, Safety

Capital Project Cost Estimate: The estimated capital cost for the recommended development option at the FMC site is $36.3 million.

Operating Expenditure Impact: There would be a ramp up period for the proposed facility. In the first few years, annual operational costs would grow steadily up to $5.7 million by March 2020, reaching $6.3 million in fiscal year 2025/2026, and would top out at $6.8 million in fiscal year 2030/2031.

Risk of Non-Approval: On-going risk of transportation setbacks or production failure in Edmonton impacting patient services, inability to meet future radiopharmaceutical-dependent imaging workloads, continued reliance on a single production facility, continued risk of loss of supply from the existing SPECT radiopharmaceutical facility due to aging infrastructure.

Current Status of Project: A Business Case was completed on October 31, 2014 and submitted to Alberta Health with AHS executive approval.
5.4.21. University of Alberta Hospital (Walter C. Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)

Project Description / Scope of Work: The development of a new Brain Centre at the University of Alberta Hospital (UAH) in the Walter C. Mackenzie Health Sciences Centre (WMC). The centre will consolidate and improve the provision of neurosciences services at the UAH to enhance access to quality and safe patient care with a net gain of beds at the UAH.

This redevelopment will provide enhanced space for patients, families and staff to support safety, meet care standards and guidelines and provide infrastructure to support safe and efficient patient care.

Rationale for Project: Capacity constraints and the physical configuration of the Neurosciences program and Stollery Children’s Hospital at the UAH are impacting the ability to provide high quality, efficient and safe patient care.

The urgent capital requirements to address these issues are:

- Build a new Brain Center that consolidates and improves the provision of neurosciences services at the UAH to enhance access to quality and safe patient care with a net gain of beds at the UAH;
- Consolidate Stollery Children’s Hospital (Stollery) to allow for potential expansion; and
- Move Adult Day Surgery (ADS) from 5th floor to 3rd floor by Operating Room.

The Neurosciences program which includes a Neuro ICU and Inpatient services and Inpatient Rehab services have not received any major upgrades or renovations in over 29 years. Inpatient units and the Neurosciences ICU have come to the end of their useful lives. These units are outdated based on current planning practices and guidelines creating safety and infection risks, and lack of privacy for patients, families and staff. The Brain Centre will improve care, safety and quality for patients and provide a safer working environment for staff.

Relationship to Strategic Priorities:

- Bring Care to the Community
- Developing innovative service models
- Increasing service integration and accountability
- Establishing a Partnership in Health
- Health technology assessment
- Achieving Sustainability
- Model of care transformation
- Innovation, productivity and efficiency in acute care service delivery
- Aligning needs, service models and facilities
- Alberta Quality Matrix for Health
- Getting Better
- Acceptability, Accessibility, Appropriateness, Effectiveness, Efficiency

Capital Project Cost Estimate: The University Hospital Foundation (UHF) has launched a major capital campaign with a public goal of $35 million. The UHF is focused on exceeding this goal with significant community support for the development of the Brain Centre. The preliminary estimated cost of the Brain Centre is $120 to $125 million and the UHF will contribute $11 to $20 million.

Operating Expenditure Impact: To be confirmed.

Risk of Non-Approval: The most critical risks of non-approval is patient safety and patient and community satisfaction. Improving the physical environment will help eliminate avoidable conditions such as patient falls, hospital acquired infections and unnecessary patient transfers, lowering drug costs, lessening employee turnover rates and injury.
The ability to meet the community’s needs is already deficient and all projections show a significant increase to the population in Edmonton, which will further compound the problem if action is not taken soon.

Failure to proceed with the Brain Centre initiative at the UAH will result in:

- Lack of safe and private environments for patients and their families increasing complications such as delirium, infections, pneumonia, thromboembolism, and urinary tract infections;
- Continued risk of an adverse patient incidents due to inadequate patient spaces and the inability to store equipment;
- Staff turnover due to lack of satisfaction with working environment;
- Decreased patient and family satisfaction; and
- Jeopardized reputation of AHS with the UHF and Community Donors due to significant donor and community interest in this initiative.

Current Status of Project: The project has been identified since the UAH Master Plan completion in 2000. Health Economics Assessment for the Brain Centre is complete and supports the case for its development. Brain Centre Needs Assessment completed, a Business Case is required.
5.5. Parking Structures

HEALTH 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 capital projects described in this document will be funded through debt financing which will be repaid through parking fees.

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.

The following table summarizes ongoing or pending parking initiatives.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Stalls</th>
<th>Estimated Cost ($M)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grande Prairie Regional Hospital Parkade</td>
<td>1,100</td>
<td>$44</td>
<td>Board approved in debt financing from Alberta Capital Finance Authority. Executive Committee approved funding from the Parking Services Internal Reserve for design. Design is complete, has not been awarded. Completion date to coincide with the opening of the hospital.</td>
</tr>
<tr>
<td>Foothills Medical Centre Lot 1 Replacement</td>
<td>2,030</td>
<td>$90 estimate only</td>
<td>AHS has received Ministerial approval to debt finance Lot 1 construction. Construction will begin in the fall of 2016 and is anticipated to take up to three years to complete. 830 stalls have been added to the structure for a total of 2030 stalls. Design work was funded from the Parking Services Internal Reserve.</td>
</tr>
<tr>
<td>Foothills Medical Centre Lot 7 Replacement</td>
<td>830</td>
<td>Included in Lot 1 replacement</td>
<td>Calgary Cancer Centre will be constructed on Foothills Medical Centre Lot 7 resulting in a permanent loss of 830 stalls. The 830 stalls have been added to the Lot 1 replacement project.</td>
</tr>
<tr>
<td>Foothills Medical Centre Cancer Centre Project</td>
<td>1,650 Not confirmed</td>
<td>To be determined</td>
<td>To be determined.</td>
</tr>
<tr>
<td>Royal Alexandra Hospital / Glenrose Rehabilitation Hospital</td>
<td>1,500 Not confirmed</td>
<td>$55 estimate only</td>
<td>A feasibility study has been completed to determine a suitable location but has not been approved. No design work has begun. AHS has not approved construction.</td>
</tr>
<tr>
<td>Edmonton General Hospital</td>
<td>500 to 800 Not confirmed</td>
<td>$25 estimate only</td>
<td>The Edmonton General Hospital is nearing the end of its life and requires replacement. AHS Executive Committee approved funding from the Parking Services Internal Reserve for design. AHS has not approved construction</td>
</tr>
<tr>
<td>Major Repairs and Upgrades</td>
<td>Not confirmed</td>
<td>$16</td>
<td>Structural, mechanical, electrical, and architectural upgrades to existing parking structures. Upgrades will be funded from the Parking Services Internal Reserve.</td>
</tr>
</tbody>
</table>
6.0 Conclusion

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

The Capital Submission identifies the high priority capital projects which support AHS’ strategic directions and current fiscal realities.
Unprecedented population growth and an increase in chronic illness calls for expanded healthcare facilities. Health officials in Alberta recognized that an aging population and shortage of healthcare resources required a centre that would provide residents with healthcare, wellness education and research services.

Projecting 800,000 outpatient visits each year, planning was needed to execute a design that would support care concepts of chronic disease management, elder care, and family centred care. Today, our design for the South Health Campus is impacting Albertans; while providing users with access to numerous specialized services our design serves to give individuals, families and healthcare practitioners a sanctuary for healing. Inspired by the prairie landscape, the facility uses a mosaic of colours to symbolize harmony.

For more information, or to discuss your project, please contact us.

## Appendix A: Prior Years Capital Submission Project Status

Excludes approved projects, rescinded projects and projects where AHS has been directed to use IMP funding.

<table>
<thead>
<tr>
<th>Project</th>
<th>Year Submitted</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wainwright Health Centre Replacement</td>
<td>2010 / 2011 / 2012 / 2014 / 2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Long-Term Care and Supportive Living New Builds, Refurbishment and Replacement</td>
<td>2010 / 2011 / 2012 / 2013 / 2014 / 2015</td>
<td>Partially funded through ASLU Grants – included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Southern Alberta Forensic Psychiatry Centre Redevelopment Phase 2</td>
<td>2010 / 2011</td>
<td>May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>EMS Province Wide Requirements and Edmonton Depot</td>
<td>2010 / 2011 / 2012</td>
<td>May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Foothills Medical Centre Kitchen Redevelopment</td>
<td>2010 / 2013 / 2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Provincial Laundry / Linen Services Consolidation</td>
<td>2010 / 2011</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1</td>
<td>2010 / 2011 / 2013 / 2014 / 2015</td>
<td>Phase 1 Project submitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Provincial Pharmacy Central Drug Production and Distribution Centre</td>
<td>2010 / 2011 / 2013 / 2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Grey Nuns Hospital Vascular Surgery Integrated Operating Theatres</td>
<td>2011 / 2012</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Peace River Primary Care Centre</td>
<td>2011</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Peter Lougheed Centre Emergency Department and Laboratory Relocation/Expansion</td>
<td>2012 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Royal Alexandra Hospital Campus Redevelopment</td>
<td>2013 / 2014 / 2015</td>
<td>Individual projects for Phase 1A and Phase 1B (as defined by the Master Plan) are included in this submission.</td>
</tr>
<tr>
<td>Misericordia Community Hospital Redevelopment / Replacement</td>
<td>2013 / 2014 / 2015</td>
<td>Renamed “Misericordia Community Hospital/Health Campus Modernization” and included in this submission.</td>
</tr>
<tr>
<td>Rockyview General Hospital Fit-Out Shelled Space for ICU and CCU</td>
<td>2013 / 2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Cardston Hospital Facility Replacement with Integrated Hospital/Health Centre</td>
<td>2013 / 2014 / 2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
</tbody>
</table>

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.
### Appendix A (...contd.): Prior Years Capital Submission Project Status

<table>
<thead>
<tr>
<th>Project</th>
<th>Year Submitted</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Deer Regional Health Centre Redevelopment and Expansion</td>
<td>2014 / 2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Lethbridge Chinook Regional Hospital Inpatient Unit Fit Out</td>
<td>2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Strathmore District Hospital Redevelopment</td>
<td>2014 / 2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>University of Alberta Hospital (Walter C Mackenzie Health Sciences Centre) Brain Centre</td>
<td>2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Beaverlodge Hospital Facility Replacement</td>
<td>2014 / 2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Edmonton Clinical Laboratory Hub</td>
<td>2014 / 2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Foothills Medical Centre Power Plant Upgrade (Cogeneration Plant)</td>
<td>2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Alberta Hospital Edmonton Specialty Care Program Expansion (A.R. Schrag Pavilion)</td>
<td>2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Foothills Medical Centre Surgical Capacity (McCag OR Suite)</td>
<td>2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Capital Care Norwood Redevelopment Project (Edmonton)</td>
<td>2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
<tr>
<td>Fort McMurray Community Health and Wellness Centre</td>
<td>2015</td>
<td>May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Cross Cancer Institute Phase 1 Development</td>
<td>2015</td>
<td>Included in “Future Project List” in this submission. May be reconsidered as part of a future submission.</td>
</tr>
<tr>
<td>Calgary Complex Continuing Care Facility (Bridgeland)</td>
<td>2015</td>
<td>Resubmitted as part of this year’s submission.</td>
</tr>
</tbody>
</table>
### Appendix B: Potential Future Major Capital Projects

1. Intermediate Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>Lethbridge Detox (Permanent Facility)</td>
</tr>
<tr>
<td></td>
<td>Bow Island Health Centre Replacement</td>
</tr>
<tr>
<td></td>
<td>Brooks Health Centre Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Medicine Hat Community Health Services Building Consolidation</td>
</tr>
<tr>
<td>Calgary</td>
<td>South Health Campus – Mental Health Pavilion</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre Emergency Department Ambulance Bay</td>
</tr>
<tr>
<td></td>
<td>Peter Lougheed Centre Mental Health Short Stay / Psych ICU</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre NICU Renovations</td>
</tr>
<tr>
<td></td>
<td>Peter Lougheed Centre Renal Dialysis - Fit out Remaining Space</td>
</tr>
<tr>
<td></td>
<td>Airdrie Health Centre - Expansion</td>
</tr>
<tr>
<td></td>
<td>Alberta Children’s Hospital - Expansion Brain Health Program</td>
</tr>
<tr>
<td></td>
<td>Rockyview General Hospital Ambulatory Redevelopment (Hip and Knee Central Intake, Prostate Cancer Centre / Men’s Health, Medical Device Reprocessing, GI / GU expansion)</td>
</tr>
<tr>
<td></td>
<td>Rockyview General Hospital GI Clinic Expansion</td>
</tr>
<tr>
<td></td>
<td>Southern Alberta Forensic Psychiatry Centre Redevelopment Phase 2</td>
</tr>
<tr>
<td>Central</td>
<td>Lloydminster Hospital Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Rocky Mountain House Hospital Replacement</td>
</tr>
<tr>
<td></td>
<td>Sylvan Lake Ambulatory Facility</td>
</tr>
<tr>
<td></td>
<td>Stettler Hospital and Care Centre - Facility Redevelopment and Expansion</td>
</tr>
<tr>
<td></td>
<td>Sundre Hospital and Care Centre - Facility Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Lacombe Hospital and Care Centre Redevelopment</td>
</tr>
</tbody>
</table>
### Appendix B (...contd.): Potential Future Major Capital Projects

1. (...contd.). Intermediate Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonton</td>
<td>Alberta Hospital Edmonton / Henwood Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Glenrose Rehabilitation Hospital Redevelopment (Accessibility Improvements, Nursing Units, Aquatic Therapy)</td>
</tr>
<tr>
<td></td>
<td>Mazankowski Alberta Heart Institute (MAHI) Fit Out of Shelled Space as per Master Plan</td>
</tr>
<tr>
<td></td>
<td>Phase 1 2030 Plan Optimization Initiatives</td>
</tr>
<tr>
<td></td>
<td>Stollery Children’s Hospital New Tower Development as per Master Plan</td>
</tr>
<tr>
<td></td>
<td>Sturgeon NICU Development</td>
</tr>
<tr>
<td></td>
<td>Wireless Installation (Zone-Wide)</td>
</tr>
<tr>
<td></td>
<td>Zone Land Acquisition/Land Banking (RAH, Urban/Rural Community Health Centres, South West Hospital)</td>
</tr>
<tr>
<td></td>
<td>University of Alberta Hospital Development as per Master Plan</td>
</tr>
<tr>
<td></td>
<td>Kaye Edmonton Clinic (KEC) Fit Out of Shelled Space as per Master Plan</td>
</tr>
<tr>
<td>North</td>
<td>Northern Lights Regional Health Centre Redevelopment and Expansion</td>
</tr>
<tr>
<td></td>
<td>Fort McMurray Community Health and Wellness Centre</td>
</tr>
<tr>
<td>Covenant Health</td>
<td>Grey Nuns Hospital Emergency Department and Main Floor Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Bonnyville Health Centre Redevelopment Emergency Department and Triage Expansion</td>
</tr>
<tr>
<td></td>
<td>St. Joseph’s Hospital Redevelopment (Vegreville)</td>
</tr>
<tr>
<td></td>
<td>St. Mary’s Hospital Emergency Department Redevelopment (Camrose)</td>
</tr>
<tr>
<td></td>
<td>Edmonton General Hospital Infrastructure Stabilization and Renewal</td>
</tr>
<tr>
<td></td>
<td>Youville Home (old Building) Renovation / Renewal</td>
</tr>
<tr>
<td>Province-Wide</td>
<td>Bariatric Renovations</td>
</tr>
<tr>
<td></td>
<td>Renal Dialysis Expansion/Consolidation/Upgrades</td>
</tr>
<tr>
<td></td>
<td>Province-wide Sterile Instrument Processing Upgrades Phase 2</td>
</tr>
</tbody>
</table>
Appendix B (...contd.): Potential Future Major Capital Projects

1. (...contd.). Intermediate Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Laboratory</td>
<td>Barrhead Health Care Centre Automated NE Zone Medication Distribution Centre Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre New Provincial Laboratory for Public Health</td>
</tr>
<tr>
<td></td>
<td>New Genetic Laboratory Services (Edmonton)</td>
</tr>
<tr>
<td></td>
<td>Provincial Laboratory Accreditation Remediation</td>
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<tr>
<td></td>
<td>University of Alberta New Provincial Laboratory for Public Health</td>
</tr>
<tr>
<td></td>
<td>University of Alberta New Transfusion Medicine Lab</td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td>Edmonton EMS Response Improvement Initiative</td>
</tr>
<tr>
<td></td>
<td>EMS Provincial Rural Infrastructure Improvement Project</td>
</tr>
<tr>
<td></td>
<td>EMS Edmonton Depot</td>
</tr>
<tr>
<td></td>
<td>EMS Response Station – E – West Ingle</td>
</tr>
<tr>
<td></td>
<td>EMS Response Station – F – Old Strathcona / University</td>
</tr>
<tr>
<td></td>
<td>EMS Response Station – H – Northeast Health Centre</td>
</tr>
<tr>
<td></td>
<td>EMS Response Station – Meadows Station 26 – Relocation to Grey Nuns Hospital</td>
</tr>
<tr>
<td></td>
<td>EMS Response Station – New Station Lewis Farms / The Grange</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>Medicine Hat Regional Hospital Pharmacy Renovations</td>
</tr>
<tr>
<td>Linen and Environmental Services</td>
<td>Grand Prairie – QEII Linen Services Renovations</td>
</tr>
<tr>
<td></td>
<td>Red Deer Regional Health Centre Laundry Renovations</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>University of Alberta Hospital – Pediatric Imaging Renovation</td>
</tr>
<tr>
<td>Cancer Care</td>
<td></td>
</tr>
<tr>
<td>Alberta Kidney Care</td>
<td>Red Deer New 30 Station Satellite Unit</td>
</tr>
<tr>
<td></td>
<td>Olds Hospital Renal Unit Redevelopment</td>
</tr>
<tr>
<td></td>
<td>Chinook Regional Hospital Renal Unit Relocation/Expansion (to shelled space in new addition)</td>
</tr>
</tbody>
</table>
### Appendix B (...contd.): Potential Future Major Capital Projects

1. (...contd.). Intermediate Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Care</td>
<td></td>
</tr>
<tr>
<td>South Zone</td>
<td>Lethbridge - 128 New Beds</td>
</tr>
<tr>
<td></td>
<td>Oyen - 20 New Beds</td>
</tr>
<tr>
<td></td>
<td>Medicine Hat - Close Riverview and Replace 118 beds</td>
</tr>
<tr>
<td></td>
<td>Brooks – Renovation and Expansion</td>
</tr>
<tr>
<td></td>
<td>Crowsnest Pass – Bed Reduction (22 LTC beds at Crowsnest Pass Hospital)</td>
</tr>
<tr>
<td></td>
<td>Fort McLeod – 60 New Beds (closure of 50 beds at Extendicare)</td>
</tr>
<tr>
<td>Calgary Zone</td>
<td>Calgary NW – 500 New Beds</td>
</tr>
<tr>
<td></td>
<td>Calgary NW – 500 New Beds</td>
</tr>
<tr>
<td></td>
<td>Calgary SW – 350 New Beds</td>
</tr>
<tr>
<td></td>
<td>Airdrie – 100 New Beds</td>
</tr>
<tr>
<td>Central Zone</td>
<td>Red Deer – 200 New Beds (potential for 50 beds at Sylvan Lake)</td>
</tr>
<tr>
<td></td>
<td>Drayton Valley – 70 New Beds (closure of 23 LTC spaces Breton Health Centre and 12 SL3 spaces at Serenity House)</td>
</tr>
<tr>
<td></td>
<td>Vermillion - 40 New Beds (potentially at Lodge)</td>
</tr>
<tr>
<td></td>
<td>Camrose – 40 New Beds</td>
</tr>
<tr>
<td></td>
<td>Olds - 40 New Beds</td>
</tr>
<tr>
<td></td>
<td>Drumheller - Conversion of 26 SL3 beds to 26 SL4 beds</td>
</tr>
<tr>
<td></td>
<td>Tofield - 40 New Beds</td>
</tr>
<tr>
<td></td>
<td>Coronation – 40 New Beds (closure of 18 LTC and 19 SL3 spaces at the Coronation Hospital and Care Centre)</td>
</tr>
<tr>
<td></td>
<td>Trochu – 45 New Beds (closure of 28 LTC spaces at the St. Mary’s Health Centre)</td>
</tr>
<tr>
<td>Edmonton Zone</td>
<td>Far Northeast Edmonton and Fort Saskatchewan – 350 New Beds</td>
</tr>
<tr>
<td></td>
<td>Westview / Stony Plain / Spruce Grove – 100 New Beds (May include replacement of 44 LTC and Hospice beds at Westview)</td>
</tr>
<tr>
<td></td>
<td>Edmonton Southwest - Southgate / Duggan / Ermineskin – 300 New Beds (May include replacement of 226 LTC beds at GSS Southgate Care Centre)</td>
</tr>
<tr>
<td></td>
<td>Edmonton Southeast - Bonnie Doon / Capilano / Hardisty – 250 New Beds (May include replacement of 180 LTC beds at Hardisty)</td>
</tr>
</tbody>
</table>

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### Appendix B (...contd.): Potential Future Major Capital Projects

1. (...contd.). Intermediate Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuing Care (...contd.)</strong></td>
<td></td>
</tr>
<tr>
<td>North Zone</td>
<td>Cold Lake – Redevelopment and Expansion (12 new beds)</td>
</tr>
<tr>
<td></td>
<td>St. Paul – 115 New Beds (closure of 76 spaces at Extendicare St. Paul)</td>
</tr>
<tr>
<td></td>
<td>Spirit River – 52 New Beds</td>
</tr>
<tr>
<td></td>
<td>Fort McMurray- 100 New Beds at Parson’s Creek</td>
</tr>
<tr>
<td></td>
<td>Fort McMurray- 126 New Beds at Willow Square</td>
</tr>
<tr>
<td></td>
<td>Manning – Lodge Expansion (16 beds)</td>
</tr>
<tr>
<td><strong>Addictions and Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>South Zone</td>
<td>Medicine Hat – 63 New Beds</td>
</tr>
<tr>
<td></td>
<td>Lethbridge – 27 New Beds</td>
</tr>
<tr>
<td>Calgary Zone</td>
<td>Calgary - 144 New Beds</td>
</tr>
<tr>
<td><strong>Central Zone</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red Deer - 142 New Beds</td>
</tr>
<tr>
<td></td>
<td>Camrose – 34 New Beds</td>
</tr>
<tr>
<td></td>
<td>Wetaskawin – 41 New Beds</td>
</tr>
<tr>
<td></td>
<td>Wainwright – 17 New Beds</td>
</tr>
<tr>
<td></td>
<td>Ponoka – 7 New Beds</td>
</tr>
<tr>
<td></td>
<td>Drumheller – 7 New Beds</td>
</tr>
<tr>
<td></td>
<td>Stettler – 7 New Beds</td>
</tr>
<tr>
<td></td>
<td>Rocky Mountain House – 7 New Beds</td>
</tr>
<tr>
<td><strong>Edmonton Zone</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edmonton – 440 New Beds</td>
</tr>
<tr>
<td><strong>North Zone</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grande Prairie – 42 New Beds</td>
</tr>
<tr>
<td></td>
<td>St. Paul – 15 New Beds</td>
</tr>
<tr>
<td></td>
<td>Westlock – 5 New Beds</td>
</tr>
<tr>
<td></td>
<td>Fort McMurray – 106 New Beds</td>
</tr>
</tbody>
</table>

Note: beds identified are not acute mental health beds, all beds are part of the Continuing Care Capacity Plan.
### Appendix B (...contd.): Potential Future Major Capital Projects

#### 2. Longer Term Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>Chinook Regional Hospital – Phase 2</td>
</tr>
<tr>
<td></td>
<td>Consolidation of Coaldale Health Centre, Community Care and Primary Care Service</td>
</tr>
<tr>
<td></td>
<td>Consolidation of Oyen Health Centre, Community Care and Primary Care Services</td>
</tr>
<tr>
<td></td>
<td>Lethbridge Public Health Services Consolidation</td>
</tr>
<tr>
<td></td>
<td>Medicine Hat Regional Hospital – Phase 2</td>
</tr>
<tr>
<td>Calgary</td>
<td>Foothills Medical Centre – Cardiac Catheter Lab Renovations</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Cardiac Function Clinic</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Integrated Stroke Treatment Unit</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Medication Room Upgrade</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – On-call Rooms Renovation</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Renal/Transplant Renovation North Tower</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Renovation of 9th Floor Cardiac Clinics</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Spine/Neurology Unit Expansion</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Stephenson Advanced Cardiac Imaging Centre</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Unit 21/22 (Mental Health) Renovation</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Unit 26 Renovations</td>
</tr>
<tr>
<td></td>
<td>Foothills Medical Centre – Wireless Network Upgrade</td>
</tr>
<tr>
<td></td>
<td>High River General Hospital Redevelopment</td>
</tr>
<tr>
<td></td>
<td>North Health Centre (AHS already owns the land)</td>
</tr>
<tr>
<td></td>
<td>North Hospital</td>
</tr>
<tr>
<td></td>
<td>Peter Lougheed Centre – East Wing Basement Redevelopment for Staff Lockers, Etc.</td>
</tr>
<tr>
<td></td>
<td>Peter Lougheed Centre – Fit-out First Floor of East Wing for Short Stay Mental Health</td>
</tr>
<tr>
<td></td>
<td>Peter Lougheed Centre – Scope Processing Room Renovations</td>
</tr>
</tbody>
</table>
### Appendix B (...contd.): Potential Future Major Capital Projects

#### 2. (...contd.). Longer Term Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary (...contd.)</td>
<td>Peter Lougheed Centre – West Wing (Carmat Centre) for HPTP, Day Medicine and GI Endoscopy Renovation</td>
</tr>
<tr>
<td>Calgary (...contd.)</td>
<td>Rockyview General Hospital – Fit-out Shelled Space for Laboratory</td>
</tr>
<tr>
<td>Calgary (...contd.)</td>
<td>Rockyview General Hospital – Highwood Building Interim Renovations: DI/OR, Expansions, etc.</td>
</tr>
<tr>
<td>Calgary (...contd.)</td>
<td>Simulation Centre Hub – eSim Program</td>
</tr>
<tr>
<td>Calgary (...contd.)</td>
<td>South Health Campus – Mental Health Pavilion</td>
</tr>
<tr>
<td>Calgary (...contd.)</td>
<td>South Health Campus – Women’s Pavilion</td>
</tr>
<tr>
<td>Central</td>
<td>Consort Hospital Renovation</td>
</tr>
<tr>
<td>Central</td>
<td>Coronation Hospital and Care Centre Renovation</td>
</tr>
<tr>
<td>Central</td>
<td>Innisfail Health Centre Redevelopment</td>
</tr>
<tr>
<td>Central</td>
<td>Lacombe Hospital and Care Centre Redevelopment</td>
</tr>
<tr>
<td>Central</td>
<td>Olds Hospital and Care Centre Redevelopment and Expansion</td>
</tr>
<tr>
<td>Central</td>
<td>Our Lady of the Rosary Renovation, Castor</td>
</tr>
<tr>
<td>Central</td>
<td>Red Deer College Campus Health Centre</td>
</tr>
<tr>
<td>Central</td>
<td>St. Mary’s Hospital Redevelopment and Ambulatory Care Expansion, Camrose</td>
</tr>
<tr>
<td>Central</td>
<td>Sylvan Lake Redevelopment</td>
</tr>
<tr>
<td>Central</td>
<td>Three Hills Health Centre Renovation</td>
</tr>
<tr>
<td>Central</td>
<td>Wetaskiwin Hospital and Health Centre Expansion and Renovation</td>
</tr>
<tr>
<td>Edmonton</td>
<td>New Health Campus</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Northern Alberta Renal Program (NARP) / Transplant / Mental Health Ambulatory Services move from WMC to Kaye Edmonton Clinic</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Reconfigure and consolidate Zone Services and Zone Programs</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Royal Alexandra Hospital – Consolidation and Expansion of Ambulatory Services (includes Ophthalmology)</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Sturgeon Community Hospital – Endoscopy and Ambulatory Clinic Redevelopment (Phases 3 and 4 of current project) and Inpatient Bed Expansion</td>
</tr>
</tbody>
</table>
Appendix B (...contd.): Potential Future Major Capital Projects

2. (...contd.). Longer Term Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Bonnyville Health Centre Renovation</td>
</tr>
<tr>
<td></td>
<td>Cold Lake Healthcare Centre Redevelopment</td>
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<tr>
<td></td>
<td>Elk Point Healthcare Centre Repurposing</td>
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<td>Grande Cache Healthcare Centre Redevelopment</td>
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<td></td>
<td>High Level Health Centre Expansion</td>
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<td></td>
<td>La Crete Health Facility Redevelopment</td>
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<td></td>
<td>Lac La Biche Healthcare Centre Redevelopment</td>
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<td></td>
<td>QEII Hospital and Mackenzie Place Redevelopment, Grande Prairie</td>
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<td></td>
<td>St. Paul Healthcare Centre Redevelopment</td>
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<td></td>
<td>St. Theresa General Hospital Redevelopment, Fort Vermilion</td>
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<td></td>
<td>Westlock Healthcare Centre Redevelopment</td>
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<tr>
<td>Province-wide</td>
<td>Expansion of Community Housing and Support Programs for People with Mental Illness (Edmonton and Calgary)</td>
</tr>
<tr>
<td></td>
<td>Long-Term Care and Supportive Living New Builds, Refurbishment and Replacement (to 2025)</td>
</tr>
<tr>
<td>Covenant Health</td>
<td>Bonnyville Health Centre Renovation</td>
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<tr>
<td></td>
<td>Edmonton General Continuing Care Centre Replacement</td>
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<tr>
<td></td>
<td>Grey Nuns Child Health Clinic Relocation</td>
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<tr>
<td></td>
<td>Misericordia Emergency Department Redevelopment and Expansion</td>
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<tr>
<td>Provincial Laboratory</td>
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<tr>
<td>Emergency Medical Services</td>
<td>EMS Edmonton Response Station – Windermere / Heritage Valley</td>
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<tr>
<td></td>
<td>EMS Edmonton Response Station – Ellerslie / Southeast</td>
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<td></td>
<td>EMS Edmonton Response Station – Pilot Sound / Edmonton North</td>
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<tr>
<td>Pharmacy Services</td>
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**Appendix B (...contd.): Potential Future Major Capital Projects**

2. (...contd.). Longer Term Priority Projects (NOT in order of priority)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Project Name</th>
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<td>Linen and Environmental Services</td>
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<tr>
<td>Diagnostic Imaging</td>
<td>Rockyview General Hospital – DI Expansion Into Old Emergency Department Space</td>
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<tr>
<td>Cancer Care</td>
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</tbody>
</table>

*Note: The project lists above are based on the best information available at the time and are subject to change from year to year. The projects are not listed in order of priority.*
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.

Appendix C: References


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.
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