

## PUBLIC BOARD MEETING

March 25, 2010

Chinook Regional Hospital County Hall 960 – 19 Street South Lethbridge, AB

1:15 to 2:00 p.m.

## AGENDA

## CALL TO ORDER

## **DECLARATION OF CONFLICT OF INTEREST**

#### **APPROVAL OF AGENDA**

#### **APPROVAL OF MINUTES**

• February 18, 2010

## **CHAIR'S REMARKS**

## PRESIDENT AND CHIEF EXECUTIVE OFFICER'S REMARKS

## RECOMMENDATION(S) FROM STANDING COMMITTEE(S)

#### Human Resources Committee - March 8, 2010

- Verbal Update
- HR10-09 Selection of Employee Benefit Insurance Providers

#### Audit and Finance Committee Report - March 11, 2010

#### • Verbal Update

- AF10-21 Red Deer Hospital Additional Parking Options
- AF10-24 Continuing Care Strategic Plan
- AF10-25 Manning Land Sale
- AF10-34 Chinook Regional Hospital Parking Structure

# Health Advisory Committee Report - March 16, 2010

# • Verbal Update

HAC10-02 Appointments of Trustees to Individual Foundations/ Health Trusts

## **OTHER BUSINESS**

## NEXT BOARD MEETING

• April 29, 2010 Grande Prairie, Alberta

#### **ADJOURNMENT**



# HUMAN RESOURCES COMMITTEE

# **RECOMMENDATION TO THE BOARD**

Meeting Date:	March 25, 2010	
Agenda Item:	HR10-09	Selection of Employee Benefit Insurance Providers

#### Issue:

HR Committee requested sign off on the selection of Employee Benefit Insurance Providers as total contract value for all contracts is estimated at \$260 million.

#### Recommendation:

That the Alberta Health Services Board approve Report HR10-09, and the Selection of Employee Benefit Insurance Providers named therein. And further, the Board delegates to the President and Chief Executive Officer the ability to execute contracts with the preferred Providers on the terms set out in this Report.

## Background

As part of Alberta Health Services' (AHS) Total Compensation Project, Towers Watson was contracted to review and recommend changes that support AHS' Human Resources objectives. One component of AHS' Total Compensation program was the creation of an Exempt Staff Flexible Benefits Program (Attachment 1). An outcome of this review supported the need to consolidate the myriad of legacy regional benefits plans and associated insurance carriers. As a result, a project charter was completed, a steering committee was formed and Contracting, Procurement and Supply Management (CPSM) was engaged to initiate an Employee Benefit Request for Proposal (RFP). The term of agreement requested in the RFP was to be for a period of 5 years with the option of 2 additional 1-year extensions.

The RFP outlined plan requirements, funding arrangements, plan experience and detailed questionnaires for incumbent vendors to complete. Proposals were evaluated on the following weighted criteria:

- quality of service, administration and implementation capabilities (30%).
- financial considerations (25%).
- cost management 20%.
- technology and on-line capability and capacity (15%).
- corporate stability, industry experience and references (10%).

The RFP closed on December 7, 2009 resulting in five insurance companies bidding on some or all of the various segments of the RFP. Segments included:

- (1) Health, Dental and Flex Plans
  - (bidding vendors were Alberta Blue Cross, Sun Life and Manulife);
- (2) Life Insurance, Short Term Disability (STD) and Long Term Disability (LTD);
- (bidding vendors were Great West Life, Sun Life and Manulife); and(3) Human Immunodeficiency Virus (HIV) insurance and Accidental Death &
- Dismemberment benefits (bidding vendors were Sun Life and Industrial Alliance Pacific).



# **RECOMMENDATION TO THE BOARD**

Meeting Date:	March 25, 2010	
Agenda Item: Options	AF10-21	Red Deer Hospital Additional Parking

#### Issue:

To approve the recommended lease option of property near Red Deer Regional Hospital for staff parking.

#### **Recommendation:**

That the Alberta Health Services Board request Ministerial approval to lease 1.9 acres of land, at 4320 – 52 Avenue in Red Deer, for a five year term with a five year extension option, for use as a 200 stall staff parking lot at annual cost of \$360,000/annum and a capital cost up to a maximum of \$517,000 funded from internal capital.

## Background:

- There is a current shortage of parking for staff and visitors at the Red Deer Regional Hospital.
- The City of Red Deer will not issue a development permit for the \$60 million Cancer Centre addition to the Red Deer Regional Hospital unless the hospital can provide an additional approximately 108 parking stalls at the hospital site plus the 38 stalls lost due to the Cancer addition footprint.
- AHS has the opportunity to lease parking space for an additional 200 stalls on property close to the Red Deer Regional Hospital (see attached sketch).
- The cost of the lease including necessary improvements to make this land suitable for staff parking will be partially offset through province-wide AHS parking fees.
- The Minister of Health and Wellness must approve all AHS lease transactions.
- The Red Deer Regional Hospital is currently short of parking capacity. The current staff parking stall waitlist is ~800.
- The original plan had been to build a 500 stall parkade on the main hospital site at an anticipated cost of \$20 million.
- A parking needs study was completed in 2008 and updated in September.

- At the October 15, 2009 meeting, the Audit and Finance Committee received a proposal to purchase adjacent lands for staff car parking but asked for additional information on budget/cash flow, environmental concerns and other possible options including leasing.
- Recent work has been undertaken to investigate additional options including the purchase of a second site adjacent to hospital, the construction of a parkade on various hospital site locations as well as leasing parking from adjacent land owners.
- The Red Deer Regional Hospital site does not presently have a long term land strategy (e.g. purchase of selected adjacent properties as they come onto the market place).
- Parking Services has implemented scramble parking at the hospital but is also keeping 91 spaces vacant in anticipation of the upcoming start of Cancer Clinic construction.



# **RECOMMENDATION TO THE BOARD**

Meeting Date:	March 25, 2010	
Agenda Item:	AF10-24	Three Year Continuing Care Capacity Plan

## Issue:

AHS needs to confirm and articulate its Strategic Direction for Continuing Care for the next 3 year period.

## **Recommendation:**

That the Alberta Health Services Board approve the document "Progressing the Continuing Care Strategy: The Right Care in the Right Place".

# Background:

On December 15, 2008, the Government of Alberta released a new Continuing Care Strategy, "Aging in the Right Place". Alberta Health Services now seeks to operationalize this Continuing Care Strategy through a 3-year capital and operational plan, articulated in the document "Progressing the Continuing Care Strategy: The Right Care in the Right Place".

This document includes 5 key pillars:

# 1. Meeting demand of an aging population

It is the intention of AHS to increase the number of continuing care spaces in a manner that meets the growing needs of an aging population.

# 2. Standardized assessments to ensure that seniors get the right care

As the bulk of spaces currently exist within long-term care (75 per cent of all spaces), AHS will focus its efforts within supportive living. The overall approach will be to increase the proportion of seniors supported in the least restrictive environments. To ensure services are consistently matched with client need, standardized assessments will be utilized.

# 3. Supporting independence through choice of options for care

Home care will become the hub of seniors' care practising within a case management model to strengthen integration and assist clients to navigate the complex health system. This will enable people to understand choices. Home care case managers will be an integral part of the clients Primary Care Team and become expert chronic disease managers to further facilitate integrated care.

# 4. Assuring quality of care

AHS will continue to introduce mechanisms to ensure quality care is delivered. More information on this is included in the attached companion document.

# 5. Equitable Funding to Providers

Provide equitable funding to providers based on patient need.

Other elements of AHS' Strategic Direction for Continuing Care include:

- Consistent with the government policy, Long Term Care beds will remain constant at around 14,000 for at least the next three years;
- The plan has a goal of adding additional continuing care spaces per year to achieve target beds and to keep pace with population growth;
- Specifically, the plan adds 1000 additional spaces per year until we have reached our target of 120 beds per 1000 population 75+ by 2013;
- Past 2013, we may look at increasing the target to 130 beds per 1000 population 75+ because of the increasing number of seniors in the 85+ age group;
- These additional spaces will be primarily in Assisted Living;
- Spaces in operation at March 31<sup>st</sup>, 2010 are 19,527;
- LTC spaces in operation at March 31<sup>st</sup>, 2010 are 14,327;
- Supportive Living Spaces in operation at March 31<sup>st</sup>, 2010 are 5,200;
- The capacity will be added in the zones with the greatest need;
- The total incremental operating cost for this plan is \$218M without inflation.

Over eleven years from March 31, 2010<sup>1</sup> to March 31, 2021, demand for Continuing Care beds is forecast to increase by 42%.



# **RECOMMENDATION TO THE BOARD**

Meeting Date: March 25, 2010

Agenda Item: AF10-25 Manning Land Sale

Issue:

Property transfer, Manning, Alberta

## **Recommendation:**

That the Alberta Health Services Board request Ministerial approval to enter into a conditional land sale agreement with the Town of Manning to transfer approx. 3.0 acres of surplus land to the Town in exchange for the Town transferring ownership of the Manning Emergency Medical Services Building to AHS subject to the following principles:

- The transaction must be at or greater than the appraised market value of the land;
- That the land sale agreement includes measures to mitigate any risk of incompatible future development adjacent to the health centre; and
- All costs of transfer, including subdividing and rezoning the surplus site, are to be paid by the Town.

## Background:

- The Town of Manning wishes to acquire approximately 3.0 acres of the Manning Health Centre site for the construction of a new fire hall to serve the Town and Municipal District, and also to accommodate a proposed RCMP detachment.
- The Town proposes to trade ownership of the 2,300 SF ambulance building to AHS in exchange for the 3.0 acre site. The Town of Manning built the ambulance building on AHS property in 2003 at a total cost of \$160K. The building is in good condition.



# **RECOMMENDATION TO THE BOARD**

Meeting Date:	March 25, 2010	
Agenda Item:	AF10-34	Chinook Regional Hospital Parking Structure

## Issue:

The Chinook Regional Hospital (CRH) in Lethbridge has a long standing parking issue at the site. With the recent approval from Alberta Health and Wellness allowing Alberta Health Services to borrow funds for the construction of various parking structures throughout the province, parkade construction work can now commence in Lethbridge.

# **Recommendation:**

That the Alberta Health Services Board approve construction of a 772 stall, above ground, multi story parking structure (including elevated helipad) at the Chinook Regional Hospital with an estimated total project cost of \$30 million to be financed by debt.

## Background:

- The City of Lethbridge has indicated that municipal approvals for any future development on the CRH site will be dependent on providing adequate parking capacity.
- Activity has increased at the CRH site through regionalization and the continued expansion of regional services. As a result, demand for parking by staff, patients and visitors has increased significantly over the years.
- The increased demand has far exceeded the availability on-site and has
  resulted in staff, patients and visitors parking in the surrounding residential
  neighbourhood, much to the concern of the local residents. At peak times the
  surface lot is over-sold, visitors and staff can be seen "circling" the surface lot
  waiting for a space to become available or parking illegally in non-designated
  spots. Many formal and informal complaints received at the CRH and the City
  of Lethbridge are a result of insufficient parking at the CRH site or the
  overflow of cars and traffic into the residential area surrounding the hospital.

- A parking study has been completed to assess the parking need at the CRH site. The recommended parking structure size addresses the existing shortfall, future anticipated demand and the loss of existing capacity due to developments on the site. The 2006 parking study recommended an increase in the order of 560 stalls to meet the existing shortfall and projected demand associated with the planned expansion. The elimination of existing stalls due to construction of the new addition further increased the need resulting in a parkade with 772 stalls to meet the long term demand.
- The planned addition to the existing hospital facility will exacerbate current parking problems through both an increase in activity and the building expanding into the current surface parking lot. The CRH Master Plan has identified a potential staff increase of approximately 20% over the next ten years (actual staff increases will be limited by operational funding availability) and a space increase of approximately 30%.
- The relocation and expansion of parking facilities and the helicopter landing pad is an essential first step in the redevelopment and expansion of the Chinook Regional Hospital.
- The Chinook helicopter landing pad is included in the provincial EMS transportation plan and the inclusion of an elevated landing pad in the new parkade structure is supported by Transport Canada.
- There is no opportunity to purchase or lease adjacent properties for parking purposes.