



Multi-Year Health Facility Infrastructure Capital Submission | 2017

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

Executive Summary

The Alberta Health Services 2017 Multi-Year Health Facility Infrastructure Capital Submission describes priority major capital needs (projects over \$5 million). The following information is provided to the Ministry of Health to inform the capital funding process of the Government of Alberta. The submission:

- outlines the overall planning and management of health infrastructure;
- communicates the planning and capital investments needed to effectively maintain the existing asset base and modify it as needed to support service delivery strategies;
- provides the Ministers of Health and Infrastructure with the information needed to recommend appropriate future funding for health infrastructure;
- provides a rational and compelling context to Alberta Health (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 provides a preliminary estimate of operating costs for the proposed capital investments.

The Government of Alberta's Budget 2017 included a very significant capital investment in health capital projects. As a result, HEALTH advised that AHS should submit a succinct

list of projects reflecting the Ministry's policy directions and focus on utilization of existing shelled space, projects that promote the transition of care into community settings or are deemed critically urgent by AHS.

The report takes into account direction from the Government of Alberta and the priorities outlined in the AHS 2017-2020 Health Plan and Business Plan supporting its key desired outcomes of:

- 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 working to their full scope of practice.
- A high quality, stable, accountable and sustainable health system.

The AHS 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 the future and help ensure the most important projects are identified and presented to Government.

Overview of Infrastructure

1.0 Overview of Infrastructure

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

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

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

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

1.1. 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 (standalone) buildings is

approximately 500, ranging from the largest urban hospital to small rural service or maintenance buildings.

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

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

1.2. Shelled Space

A number of acute sites have unfinished/shelled space, which has been set aside for specific future development (see the following 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.). Originally proposed future uses were based on previously developed strategic facility master plans.

Unfinished / Shelled Spaces		
Facility	Unfinished Space (m ²)	Original Proposed Future Use
Foothills Medical Centre McCaig Pavilion	2,940	<ul style="list-style-type: none"> Operating Theatres
Peter Lougheed Centre	7,750	<ul style="list-style-type: none"> Emergency Department Laboratory Services Mental Health Short Stay Unit / ICU
Rockyview General Hospital	9,100	<ul style="list-style-type: none"> Laboratory Services ICU/CCU Ambulatory Services
Red Deer Regional Hospital	330	<ul style="list-style-type: none"> Critical Care Diagnostic Imaging Linear Accelerator
Chinook Regional Hospital	6,770	<ul style="list-style-type: none"> Renal Dialysis Two Inpatient Units
Medicine Hat Regional Hospital	410	<ul style="list-style-type: none"> Diagnostic Imaging
Calgary South Health Campus	15,380	<ul style="list-style-type: none"> ICU Emergency Department Diagnostic Imaging Outpatient Dental Cardiac ICU Day Cardiology Surgical Intervention Suites Outpatient Family Medicine Endo/Bronchoscopy
Alberta Hospital Edmonton (Building 12)	2,110	<ul style="list-style-type: none"> Addictions and Mental Health Inpatient Units
Kaye Edmonton Clinic	13,030	<ul style="list-style-type: none"> Ambulatory Clinics
Mazankowski Alberta Heart Institute	3,870	<ul style="list-style-type: none"> Cardiac Services

1.3 Leased Space

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

The primary groups that occupy the leased spaces include:

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

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

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

1.4 Asset Divestiture Plan

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

AHS may sell surplus properties subject to approval from the Minister of Health. AHS is 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, Government of Alberta (GoA) approval, property condition assessment, appraisal, marketing, sale documentation and closing. Subject to GoA approval, AHS can proceed with the process.

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 (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 three outcomes below:

- proceeds from the sale are deposited in the AHS account;
- the funds are treated as ‘general revenue’ by AHS; or

- land is transferred for a nominal sum and there are no proceeds.

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 the transactions. 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 Vermillion 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
- Manville Nurses Residence

South Zone

- Raymond Health Unit property

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

Central Zone

- Red Deer Nursing Home property
- Valley Park Manor (Red Deer) property
- Eckville vacant lands

South Zone

- Taber Health Unit property
- Raymond Care Centre property

The following sites have recently been sold:

Central Zone

- Islay vacant land
- Drumheller Environmental Services Building

1.5 Infrastructure Maintenance Program

The Infrastructure Maintenance Program (IMP) is a Government funding source for projects with a value less than \$5 million. This ongoing program is intended for the planned repair, maintenance and renewal of health facilities and plays a critical role in preserving AHS owned assets. Capital Management works directly with zone leadership (including representation from Provincial Programs such as Pharmacy, Laboratory and Diagnostic Imaging etc.) to develop a rolling three-year plan for IMP projects according to an allocation formula. The plan is then submitted to INFRA for review and support.

The Government of Alberta 2017-2020 Fiscal Plan (March 16, 2017) identifies Health Care Facilities – Capital Maintenance and Renewal allocations as follows:

- \$143 million 2017-2018 (estimate)
- \$146 million 2018-2019 (target)
- \$146 million 2019-2020 (target)
- \$165 million 2020-2021 (projected)

The three-year rolling IMP plan anticipates spending the full amount available to AHS from the Capital Maintenance and Renewal funding on an annual basis. Over the past few years AHS Project Management has increased its capacity and ability to utilize all of the funding, for example in 2016-17 fiscal year AHS Project Management had approximately 900 active IMP projects, with an average monthly expenditure of \$ 12 million dollars.

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

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

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

Capital Submission Priorities

2.0 Capital Submission Priorities

The following table identifies the top priorities for the 2017 submission, the submission history, current documentation status and potential next steps.

Project	Previously Requested	Documentation Status		Next Steps
		Needs Assessment	Business Case	
1. Glenrose Rehabilitation Hospital - Energy Centre	Yes	No	In development	Business Case
2. Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1	Yes	Yes	Yes	Design
3. Foothills Medical Centre Kitchen Redevelopment	Yes	Yes	Yes	Design
4. Lethbridge Chinook Regional Hospital Inpatient Unit Fit-Out	Yes	Yes	Yes	Design
5. Peter Lougheed Centre Emergency Department, Laboratory Development, and Mental Health Short Stay Unit / ICU	Yes	Yes	Yes	Design
6. Laundry Modernizations (Lethbridge and Ponoka)	Yes	Yes	In development	Business Case
7. Rockyview Hospital Fit-Out for Intensive Care Unit and Coronary Care Unit	Yes	Yes	Pending	Business Case
8. Calgary Cyclotron	Yes	Yes	Yes	Design
9. University of Alberta Hospital (Walter Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)	Yes	Yes	In development	Business Case

Legend

blue	Initial phases of the Royal Alexandra Hospital Redevelopment project.
green	Projects that are eligible for funding.
white	Projects from previous Capital Submissions that remain a high priority.

Notes:

1. Projects are not listed in priority order

2.1 Priority Project Descriptions

2.1.1 Glenrose Rehabilitation Hospital Energy Centre

Project Description / Scope of Work:

Upgrade of the Glenrose Rehabilitation Hospital 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 to about 4,000 square metres (from 1,942 square metres), additional and upgraded equipment and changes or enhancements to delivery piping, conduits and tunnels.

Rationale for Project:

The Energy Centre was built in 1986 with an upgrade and expansion in 2009. The uninterrupted power supply (UPS) is well beyond its 20 years of service life and 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. Redevelopment of Royal Alexandra Hospital, Glenrose Rehabilitation Hospital, and Capital Care Norwood are dependent on an upgraded and expanded Energy Centre.

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.

Current Status of Project: Final scope confirmation pending completion of the ongoing Business Case.

2.1.2 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 Infection Prevention Control 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. 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.

Capital Project Cost Estimate:

Based on the Business Cases that have been completed to date, the following are the capital cost estimates.

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.

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. Individual Business Cases for Phase 1 sites were completed in 2015.

2.1.3 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, and upgrade the overall functionality and efficiency of food service delivery.

Rationale for Project:

The FMC is a 1960s 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. In order to maintain this service, the kitchen requires upgrades and modernization. Future demands will also need to be addressed (ie. Calgary Cancer Project).

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.

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 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.

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.

2.1.4 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. In 2011, a review of bed needs validated and confirmed an additional 30 beds upon opening of the new addition in 2015.

Capital Project Cost Estimate:

Preliminary estimate is in the range of \$30 million to \$32 million.

Operating Expenditure Impact:

To be determined.

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.

2.1.5 Peter Lougheed Centre Emergency Department, Laboratory Development, and Mental Health Short Stay Unit / ICU

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. Future incomplete phases envisioned expansion of the busiest emergency department in Calgary and reallocation of existing lab space to another floor. Expanded ED space will include planning for an Addictions Mental Health Short Stay Unit / ICU.

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. The Mental Health Short Stay Unit / ICU will add new capacity that is urgently needed within the zone.

Capital Project Cost Estimate:

Preliminary estimate based on the Business Case is approximately \$97 million.

Operating Expenditure Impact:

To be confirmed.

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.

2.1.6 Laundry Modernizations (Lethbridge and Ponoka)

Project Description / Scope of Work:

Modernization and revitalization is needed in the existing laundry plants in Lethbridge (Chinook Regional Hospital and Ponoka (Centennial Centre)). The Lethbridge project will also allow re-alignment of services within the South Zone by taking on the capacity from Medicine Hat. Investments in other facilities across the province are anticipated to be addressed through additional dedicated IMP funding over time.

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

Rationale for Project:

Laundry service is essential to providing safe health care in acute care and long term care facilities. Two thirds of all linen volume is processed at five laundry hubs which service a number of rural sites throughout the province located at Medicine Hat Regional Hospital, Chinook Regional Hospital, Red Deer Regional Hospital, Ponoka Centennial Centre and Queen Elizabeth II Hospital. Of the high volume laundry plants Lethbridge and Ponoka are the highest priority to be addressed at this time. The need for financial investment for replacement of capital equipment, repair, renovation, and remodeling of infrastructure in Lethbridge and Ponoka is to meet current and future expanded service levels and optimize worker health safety.

Capital Project Cost Estimate:

To be confirmed upon completion of the Business Case.

Operating Expenditure Impact:

To be confirmed.

Current Status of Project:

A Preliminary Business Case was completed in June 2010 which included a detailed study by a specialized laundry consultant. An updated Business Case is nearing completion.

2.1.7 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 (RGH) 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 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 years and cannot accommodate emerging technologies, new equipment or support new methodologies in patient care delivery. There are issues related to IPC standards, storage and space.

Capital Project Cost Estimate:

Preliminary estimate is in the range of \$30 million 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.

Current Status of Project:

The project was identified in the RGH Master Plan completed in 2005. A Needs Assessment was completed in May 2013 and a Business Case is required.

2.1.8 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 for the 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 project would enable an expansion of PET/CT scanning capacity by 2100 scans per year in southern Alberta. This will improve patient experience by eliminating service disruptions caused by inconsistent radiopharmaceutical supply. The infrastructure would also allow for the development and production of radiopharmaceuticals that are currently not available in Calgary and provide a source of supply for southern Alberta.

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.

Current Status of Project:

A Business Case was completed in October 2014.

2.1.9 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 will consolidate and improve the provision of neurosciences services enhancing access to quality and safe patient care with a net gain of beds at the UAH. This development will increase space for patients, families and staff to support safety, meet care standards and guidelines.

Rationale for Project:

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. The urgent capital requirements to address these issues are:

- Build a new Brain Centre 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 to allow for potential expansion.
- Move Adult Day Surgery (ADS) from 5th floor to 3rd floor by Operating Room.

Capital Project Cost Estimate:

The University Hospital Foundation 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 million to \$20 million.

Operating Expenditure Impact:

To be confirmed.

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 in development.

2.2 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 parking capital projects described in this section 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.

Table 3 summarizes ongoing or pending parking initiatives.

Table 3

Location	Number of Stalls	Estimated Cost (\$M)	Comments
Grande Prairie Regional Hospital Parkade	1,100	\$50	Design is nearing completion and anticipate construction to begin in the spring of 2018, completion date to coincide with the opening of the hospital in the Fall of 2019. Decision to internally fund the construction from the Parking Infrastructure Reserve is being considered.
Foothills Medical Centre Lot 1 Replacement	2,030	\$75	Construction began in the fall of 2016 and is anticipated to take approximately 2 years to complete. Design work was funded from the Parking Services Internal Reserve while the construction was debt financed
Calgary Cancer Centre Project	1,650	To be determined	Calgary Cancer Centre will be constructed on FMC Lot 7 and will require 1650 new parking stalls. It is anticipated all stalls will be constructed underground.
Alberta Children's Hospital	503	\$25	AHS Executive has approved \$2 M to design the expansion of Lot 1 which is an above ground parkade. The expansion includes 2 additional floors of parking. Construction or funding has not been approved
Royal Alexandra Hospital / Glenrose Rehabilitation Hospital	1,500 Not confirmed	\$55 estimate only	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.
Edmonton General Hospital	650	\$25	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 and design is underway. It is anticipated construction will begin in the spring of 2018. AHS has not approved construction or funding.
Major Repairs and Upgrades		\$19	Structural, mechanical, electrical, and architectural upgrades to existing parking structures and surface lots. Upgrades will be funded from the Parking Services Internal Reserve.

3.0 Conclusion

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

The Capital Submission identifies the high priority capital projects which support AHS' strategic directions and current fiscal realities,

and are aligned with the Government of Alberta's direction and priorities.

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

Appendix A: Potential Future Major Capital Projects

Not in order of priority.

Zone	Project Name
South	Cardston Hospital Facility Replacement with Integrated Hospital / Health Centre
	Medicine Hat Community Health Services Building (Consolidation)
	Lethbridge (Permanent) Medical Detox and Residential Treatment Facility (35 bed)
	Brooks Health Centre Redevelopment
	Bow Island Health Centre Redevelopment
	Chinook Regional Hospital – Phase 2
	Consolidation of Oyen Health Centre, Community Care and Primary Care Services
	Medicine Hat Regional Hospital – Phase 2
	Bassano Health Centre Redevelopment or Replacement
Calgary	Richmond Road Diagnostic Treatment Centre - Fit out of Shelled Space
	New North Health Campus Land Acquisition
	Foothills Medical Centre Surgical Capacity (McCaig OR Suite)
	South Health Campus Mental Health Pavilion
	Foothills Medical Centre NICU Renovations and Expansion
	Strathmore District Hospital Redevelopment
	Airdrie Health Centre Expansion
	Southern Alberta Forensic Psychiatry Centre Redevelopment Phase II
	Foothills Medical Centre - Emergency Department Ambulance Bay
	Calgary Community Health Centre Upgrade/Expansion
	Foothills Medical Centre - Integrated Stroke Treatment Unit
	Alberta Children’s Hospital - Expansion Brain Health Program
	Rockyview General Hospital - Ambulatory Redevelopment (Medical Device Reprocessing, Pharmacy, Pre-admission clinic)

Zone	Project Name
Calgary (continued)	Rockyview General Hospital - GI/GU Expansion
	Peter Lougheed Centre - West Wing (Carnet Centre) for HPTP, Day Medicine and GI Endoscopy Renovation
	Rockyview General Hospital - Fit-Out Shelled Space for Laboratory
	South Health Campus - Women's Pavilion
	North Health Campus Development
	Foothills Medical Centre – Cardiac Catheter Lab Renovations
	Foothills Medical Centre – Cardiac Function Clinic
	Foothills Medical Centre – Wireless Network Upgrade
	Foothills Medical Centre – Medication Room Upgrade
	Foothills Medical Centre – On-call Rooms Renovation
	Foothills Medical Centre – Renal/Transplant Renovation North Tower
	Foothills Medical Centre – Renovation of 9th Floor Cardiac Clinics
	Foothills Medical Centre – Spine/Neurology Unit Expansion
	Foothills Medical Centre – Stephenson Advanced Cardiac Imaging Centre
	Foothills Medical Centre – Unit 21/22 (Mental Health) Renovation
	Foothills Medical Centre – Unit 26 Renovations
	North Health Centre Development (AHS already owns the land)
	Peter Lougheed Centre – East Wing Basement Redevelopment for Staff Lockers, etc.
	Rockyview General Hospital – Highwood Building Interim Renovations: DI / OR, Expansions, etc.
	Simulation Centre Hub – eSim Program
Rockyview General Hospital - Maternal New Born Services	
Central	Red Deer Regional Health Centre Redevelopment and Expansion
	Lloydminster Hospital Redevelopment
	Rocky Mountain House Health Centre Replacement
	Wainwright Health Centre Replacement
	Olds Hospital and Care Centre Redevelopment and Expansion
	Stettler Hospital and Care Centre Redevelopment

Zone	Project Name
Central (continued)	Sundre Hospital and Care Centre Replacement
	Lacombe Hospital and Care Centre Redevelopment
	Wetaskiwin Hospital and Health Centre Expansion and Renovation
	Three Hills Health Centre Renovation
	Innisfail Health Centre Redevelopment
	Coronation Hospital and Care Centre Renovation
	Consort Hospital and Care Centre Renovation
Edmonton	Edmonton North East Community Health Centre
	Royal Alexandra Hospital - Clinical Services Building
	Royal Alexandra Hospital - Phase 1B (new tower and required building demolition)
	Stollery Children's Hospital - New Tower Development (as per Master Plan)
	Royal Alexandra Hospital - Final Phase
	Stollery Children's Hospital Cardiac Move and Beds
	Alberta Hospital Edmonton Specialty Care Program Expansion (Schrag Pavilion)
	Edmonton Colorectal Screening Centre
	Edmonton Addiction and Mental Health Urgent Care Centre
	Edmonton Stollery Children's Hospital New Tower Development as per Master Plan
	Edmonton Zone Hospice Beds (Zone wide)
	Alberta Hospital Edmonton / Henwood Redevelopment
	Glenrose Rehabilitation Hospital Redevelopment (Accessibility Improvements, Nursing Units, Aquatic Therapy)
	Mazankowski Alberta Heart Institute (MAHI) Fit Out of Shelled Space as per Master Plan
	University of Alberta Hospital Transplant Redevelopment
	University of Alberta Hospital Medical Outpatient Unit Expansion
	Sturgeon NICU Development
	University of Alberta Hospital Emergency Department Second Floor Redevelopment
University of Alberta Hospital 18 Bed Inpatient Unit	
University of Alberta Hospital Development Phase 1 (includes KEC Expansion and new Clinical Support Building)	

Zone	Project Name
Edmonton (continued)	University of Alberta Hospital Development Phase 2 (includes new Inpatient Tower and renovations to existing WMC)
	Adult Ambulatory Clinics relocate from the UAH to KEC as per Master Plan
	Alberta Hospital Edmonton Redevelopment
	Sturgeon Community Hospital – Endoscopy and Ambulatory Clinic Redevelopment (Phases 3 and 4 of current project) and Inpatient Bed Expansion
North	Peace River Primary Care Centre Consolidation
	Beaverlodge Hospital Replacement
	QEII Hospital and Mackenzie Place Redevelopment, Grande Prairie
	Whitecourt Hospital Redevelopment
	Cold Lake Healthcare Centre Redevelopment
	Elk Point Healthcare Centre Repurposing
	Grande Cache Healthcare Centre Redevelopment
	High Level Health Centre Expansion
	La Crete Health Facility Redevelopment
	Lac La Biche Healthcare Centre Redevelopment
	St. Paul Healthcare Centre Redevelopment
	St. Theresa General Hospital Redevelopment Fort Vermilion
Westlock Healthcare Centre Redevelopment	
Covenant Health	Grey Nun’s Community Hospital - Develop a Community Health Centre
	Grey Nun’s Community Hospital - ED and Main Floor Expansion
	Misericordia Community Hospital - New Bed Tower (medical and surgical beds)
	Grey Nuns Vascular Surgery OR
	Bonnyville Health Centre Emergency Department and Triage Expansion
	St. Mary’s Hospital Emergency Department and Triage Expansion (Camrose)
	Misericordia Community Hospital and Villa Caritas Mental Health Consolidation (on main campus)
	Edmonton General Hospital Infrastructure Stabilization and Renewal
Youville Home Redevelopment and Renewal	

Zone	Project Name
Covenant Health (continued)	St. Joseph's General Hospital Redevelopment (Vegreville)
	St. Mary's Continuing Care Centre Redevelopment (Trochu)
	Misericordia Community Hospital Redevelopment of Existing Treatment Centre
	Our Lady of the Rosary Redevelopment (Castor)
Province-Wide	Province-wide Medical Device/Sterile Instrument Processing Upgrades Phase 2
	Expansion of Community Housing and Support Programs for People with Mental Illness (Edmonton and Calgary)
	Long-Term Care and Supportive Living New Builds, Refurbishment and Replacement (to 2025)
Seniors Health	Long-Term Care and Supportive Living Refurbishment and Replacement (Province-Wide)
Addictions and Mental Health	Increase Bed Capacity (non-acute mental health beds) Province-wide
Cancer Care	Cross Cancer Institute Phase 1 Development (includes renovations to pharmacy and vaults)
	Cross Cancer Phase 2 (major renovation and expansion)
Diagnostic Imaging	University of Alberta Hospital - Pediatric Imaging Renovation
	Stollery Children's Hospital Pediatric Diagnostic Imaging Renovation
Provincial Laboratory	Foothills Medical Centre New Provincial Laboratory for Public Health
Pharmacy Services	Pharmacy Sterile Compounding Compliance
	Medicine Hat Regional Hospital Pharmacy Renovations
	Barrhead Health Care Centre Automated NE Zone Medication Distribution Centre Redevelopment
EMS	Edmonton EMS Response Improvement Initiative
	EMS Provincial Rural Infrastructure Improvement Project
Alberta Kidney Care	Red Deer New 30 Station Satellite Unit
	Olds Hospital Renal Satellite Unit Redevelopment
	Chinook Regional Hospital Renal Unit Relocation/Expansion (to shelled space in new addition)

Appendix B: References

Alberta Health Services. *Alberta Health Services Health and Business Plan 2016-2017*. Retrieved April 2017 from: <http://www.albertahealthservices.ca/assets/about/publications/ahs-pub-health-business-plan.pdf>

Government of Alberta - Business Plan 2017-20 Health (March 16, 2017). Retrieved April 2017 from: <http://finance.alberta.ca/publications/budget/budget2017/health.pdf>

Government of Alberta - Treasury Board and Finance. Population Projection Alberta and Census Divisions 2016-2041 (June 2016). Retrieved April 2017 from: <http://finance.alberta.ca/aboutalberta/population-projections/2016-2041-Alberta-Population-Projections.pdf>

Government of Alberta / Alberta Health Services. *Creating Connections: Alberta's Addiction and Mental Health Strategy (September 2011)*. Retrieved March 2014 from: <http://www.health.alberta.ca/documents/Creating-Connections-2011-Strategy.pdf>

Government of Alberta - *Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015*. Retrieved June 2016 from: <http://www.health.alberta.ca/documents/Alberta-Mental-Health-Review-2015.pdf>

Government of Alberta *Changing Our Future: Alberta's Cancer Plan to 2030*. Retrieved May 2016 from: <http://www.health.alberta.ca/documents/Cancer-Plan-Alberta-2013.pdf>

Health Quality Council of Alberta - Alberta Quality Matrix for Health. Retrieved March 2014 from: http://www.hqca.ca/assets/pdf/Matrix/User_Guide_R290506.pdf

Alberta Health Services. *Community and Rural Health Planning Framework*. Retrieved June 2016 from: <http://www.albertahealthservices.ca/info/Page4057.aspx>