



## **AHS Multi-Year Health Facility Infrastructure Capital Submission 2020**

**July 2, 2020**

**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

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The Alberta Health Services 2020 Multi-Year Health Facility Infrastructure Capital Submission describes priority major capital needs (for projects over \$5 million). The following information is provided to the Ministry of Health to inform the capital funding process of the Government of Alberta. The submission:

- is mandated in the Health Facilities Capital Program Manual as a major step in the planning and project approval process and is submitted to Alberta Health on or about May 31<sup>st</sup> of each year;
- 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 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 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 Alberta Health Services (AHS) Capital Management Strategic Capital Planning team continues to work towards completing Major Capital 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

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## 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 and Vacant Space

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

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

Unfinished Shelled / Vacant Spaces		
Facility	Shelled / Vacant Space (m <sup>2</sup> )	Proposed Future Use
Chinook Regional Hospital (New Addition)	6,440 Shelled	<ul style="list-style-type: none"> <li>• Renal Dialysis</li> <li>• Two Inpatient Units</li> <li>• Staff Support</li> <li>• Unassigned Level 4 and 5</li> </ul>
Chinook Regional Hospital Level 3	1,080 Vacant	<ul style="list-style-type: none"> <li>• ICU/CCU Expansion</li> <li>• Unassigned</li> </ul>
Medicine Hat Regional Hospital	410 Shelled	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> </ul>
Medicine Hat Regional Hospital – Level 3	2,048 Vacant	<ul style="list-style-type: none"> <li>• Unassigned</li> </ul>
Medicine Hat Regional Hospital – Level 6	1,244 Vacant	<ul style="list-style-type: none"> <li>• Mental Health Inpatient</li> </ul>
Foothills Medical Centre McCaig Tower 5 <sup>th</sup> Floor	2,410 Shelled	<ul style="list-style-type: none"> <li>• Operating Theatres (planned for ASI)</li> </ul>
Foothills Medical Centre Main Building 11 <sup>th</sup> Floor West Wing	850 Vacant	<ul style="list-style-type: none"> <li>• Inpatient or Outpatient Clinical</li> </ul>
Foothills Medical Centre Main Building 6 <sup>th</sup> Floor West Wing	1,420 Vacant	<ul style="list-style-type: none"> <li>• Inpatient Clinical (Planning Underway for NICU Expansion)</li> </ul>
Peter Lougheed Centre	1,785 Shelled	<ul style="list-style-type: none"> <li>• Acute Inpatient</li> </ul>
Calgary South Health Campus	10,500 Shelled	<ul style="list-style-type: none"> <li>• ICU</li> <li>• Emergency Department</li> <li>• Diagnostic Imaging</li> <li>• Outpatient Dental</li> <li>• Cardiac ICU</li> <li>• Day Cardiology</li> <li>• Surgical Suites</li> <li>• Outpatient Clinics</li> <li>• Endoscopy/Bronchoscopy</li> </ul>

Unfinished Shelled / Vacant Spaces		
Facility	Shelled / Vacant Space (m <sup>2</sup> )	Proposed Future Use
Richmond Road Diagnostic Treatment Centre	9,175 Vacant and Shelled	<ul style="list-style-type: none"> <li>• Administration</li> <li>• Support Services</li> <li>• Ambulatory Services</li> </ul>
Rockyview General Hospital	5,800 Shelled	<ul style="list-style-type: none"> <li>• Laboratory Services</li> <li>• Ambulatory Services</li> <li>• Facility Support Space</li> </ul>
Red Deer Regional Health Centre	198 Shelled	<ul style="list-style-type: none"> <li>• ICU</li> <li>• Diagnostic Imaging</li> </ul>
Red Deer Regional Health Centre – Ambulatory Annex	81 Vacant	<ul style="list-style-type: none"> <li>• Ambulatory Expansion (potential for NAPRA Compliance)</li> </ul>
Alberta Hospital Edmonton (Building 12)	2,110 Vacant	Addictions and Mental Health Inpatient Units (1970s construction would require significant renovation for reuse)
Edson Healthcare Centre	360 Shelled	<ul style="list-style-type: none"> <li>• Linen Services</li> <li>• Building Support Services</li> </ul>
Strathcona Community Hospital	50 Shelled	<ul style="list-style-type: none"> <li>• Diagnostic Imaging (MRI)</li> </ul>
Fort Saskatchewan Community Hospital	215 Shelled	<ul style="list-style-type: none"> <li>• Administrative</li> <li>• Off Site/Outpatient Community Programs</li> </ul>
Kaye Edmonton Clinic	13,745 Shelled	<ul style="list-style-type: none"> <li>• Brain Centre</li> <li>• Ambulatory Clinics</li> <li>• AKC Transplant Clinics and Common Areas</li> <li>• Ped Medicine and Adult PAC</li> <li>• Stroke Clinics</li> </ul>
Mazankowski Alberta Heart Institute	3,574 Shelled	<ul style="list-style-type: none"> <li>• Brain Centre</li> <li>• Cardiac Services</li> </ul>

## 1.3 Leased Space

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

The primary groups that occupy the leased spaces include:

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

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

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

All 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
- Edson Community Health Services property
- Former High Prairie Health Complex property
- Hythe residential vacant land
- Manning Staff Residence

#### **Central Zone**

- Valley Park Manor, Red Deer
- Drumheller vacant lands

There are currently no properties for Edmonton, Calgary and South Zones listed for disposition.

### **1.5 Infrastructure Maintenance Program**

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

The Government of Alberta 2020-2023 Fiscal Plan (February 17, 2020) identifies Health Care Facilities – Capital Maintenance and Renewal allocations as follows:

- \$110.0 million 2020-2021 (target)
- \$110.0 million 2021-2022 (target)
- \$110.0 million 2022-2023 (target)

The three-year rolling IMP plan anticipates spending the full amount available to AHS from the Capital Maintenance and Renewal funding on an annual basis. Over the past few years AHS Project Management has increased its capacity and ability to utilize all of the funding, for example in 2018-19 fiscal year AHS Capital Management had approximately 725 active IMP projects, with an average monthly expenditure of \$13 million dollars. In the 2019-20 fiscal year AHS Capital Management had approximately 745 active projects, with an average monthly expenditure of \$7.8 million dollars. The reduction was in response to a reduced annual allocation from previous years. The quantity of projects was slightly higher but the value of the projects were lower.

A consistent annual allocation of IMP funds is essential in allowing AHS to adequately plan and address ongoing asset maintenance and renewal. Based on current known requirements and AHS project management capacity, an annual allocation in the range of \$145 million per year is required and achievable as evident from previous year performances of \$142.2 million in 2016-17, \$149 million in 2017-18 and \$145.2 million in 2018-19.

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 2020 submission, the submission history, current documentation status and potential next steps.

Project	Previously Requested	Documentation Status		Next Steps
		Major Capital Needs Assessment	Major Capital Business Case	
<b>Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1</b> Partially approved.	Yes	Yes	Yes	Design
<b>Rockyview Hospital Fit-Out for Intensive Care Unit and Coronary Care Unit</b> Approved for planning only.	Yes	Yes	Yes	Functional Program underway
<b>Calgary Cyclotron</b>	Yes	Yes	Yes	Design
<b>University of Alberta Hospital (Walter Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)</b> Approved for planning only.	Yes	Yes	Yes	Design underway
<b>Red Deer Regional Hospital Centre Redevelopment and Expansion</b> Partially approved.	Yes	Yes	No	Business Case underway
<b>Foothills Medical Centre Neonatal Intensive Care Unit Renovation and Expansion</b> Two-phased project - Phase 1 is Foundation funded.	No	Yes	Yes	Design
<b>Stollery Children's Hospital Tower with components of Child and Adolescent Mental Health</b>	No	No	No	Needs Assessment
<b>Pharmacy Sterile Compounding NAPRA Compliance</b>	No	Yes	Underway	Design
<b>Royal Alexandra Hospital New Clinical Services Building including Campus Energy Centre Upgrade</b>	Yes	No	No	Needs Assessment
<b>Lethbridge Chinook Regional Hospital Multi-Service Plan</b>	No	No	No	Needs Assessment
<b>Northern Alberta Laboratory Upgrade and Relocation Project</b>	Yes	No	No	Needs Assessment
<b>Youth Addiction Treatment Centre - Edmonton</b>	No	Yes	Yes	Functional Program

**Note: the projects are not listed in priority order.**

In addition to the top priorities listed above, it should be acknowledged that there is demand for other capital projects which are not included on the 2020 top priority list. These projects are identified in **Appendix A - Potential Future Major Capital Projects** and highlight the ongoing need for enhanced infrastructure to ensure standards of patient care and patient safety are met.

## 2.1 Approved Capital Project Priorities

Previously approved projects are not included in this document. However, the following table identifies a number of projects that have funding approval but have not yet proceeded to construction. These projects remain of critical importance to AHS.

Project Name	Phase
Peter Lougheed Centre Emergency Department, Laboratory Development, and Mental Health Short Stay Unit / ICU.	Design
Alberta Surgical Initiative (formerly requested as Provincial Surgery Access Plan)	Design
New Edmonton Hospital	Planning
Royal Alexandra Hospital - Child and Adolescent Mental Health (CAMH) – PROJECT DEFERRED	Design
Bridgeland Complex Continuing Care Facility (Calgary).	Design
Provincial Pharmacy Central Drug Production and Distribution Centre	Design
Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1 - Peter Lougheed Centre (previously approved Red Deer Regional Hospital Centre MDR has been deferred to align with site Business Case currently underway)	Planning
Climate Leadership Plan Foothills Medical Centre Power Plant Redevelopment (co-generation initiative)	Design
Foothills Medical Centre Urgent Power Plant Capacity	Design
Misericordia Hospital - Planning - Covenant	Planning
Royal Alexandra Hospital - Planning	Planning
Red Deer Health Capital - Planning	Planning
Foothills Medical Centre - NICU (Foundation supported project – approved for functional programming)	Planning
Rockyview General Hospital GI Clinic Expansion (Foundation supported project – approved for functional programming)	Planning

For a full list of the previously approved projects (including those listed above and those approved for planning only), refer to **Appendix B - Approved / Active Major Capital Projects** (i.e., Calgary Cancer Project, New Edmonton Hospital etc.).

## 2.2 Priority Project Descriptions

### 2.2.1 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 AHS sites have been identified as deficient in past Accreditation surveys.

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

Preliminary cost estimates were based on initial consultant reviews completed between 2012 and 2016. These cost estimates have been refined following Functional Programming and will continue to be updated during the design and pre-construction phases.

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

The impact on operating costs will vary by site and is identified in the site specific consultant reports. 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 province wide consultant review has been completed for all MDR sites in the province and will inform subsequent phases and future requests.

The current status of Phase 1 MDR Upgrades is as follows:

- Two of the eight sites (Cold Lake Healthcare Centre and Lac LaBiche Healthcare Centre) are being implemented by AHS Project Management but are delayed due to a shortfall of IMP funding.
- Budget 2020, announced full funding of one Phase 1 MDR site; the Peter Lougheed Centre (PLC) in Calgary.
- Red Deer Regional Hospital Centre (RDRHC) MDR (previously funded in Budget 2018); is now deferred pending the Major Capital Business Case completion for the redevelopment of the RDRHC.
- Functional Programming for the Foothills Medical Centre MDR will commence in the summer of 2020.
- Northern Lights Regional Health Centre MDR has been approved to proceed to design.
- Westlock Health Centre, Sturgeon Community Hospital and Foothills Medical Centre MDR sites remain unfunded post Functional Programming.

## 2.2.2 Rockyview General Hospital Fit-Out for Intensive Care Unit and Coronary Care Unit

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

Development of the entire fifth floor of the south addition of Rockyview General Hospital (RGH) for a new 25-bed combined Intensive Care Unit (ICU) and Coronary Care Unit (CCU) unit. The new unit would provide enhanced space for patients, families and staff which will meet current standards and guidelines to support patient care. Only 23-beds would be operationalized at this time.

### **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. All exterior windows to the existing unit were blocked with the construction of the South Addition in 2009; and the loss of natural light has had an impact on patient care and family/staff satisfaction. The intent to operate in situ was only to be temporary. As a result, there are building code issues associated with the current configuration.

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

The Project Overview Report (September 2017) estimated the cost at \$42.15 million.

### **Operating Expenditure Impact:**

Based on the current ICU/CCU activity, the estimated full operating costs for seventeen beds (ten ICU, seven CCU) is \$24.4 million which includes a contingency of ten percent. The intent is to continue to staff and operate the new unit within their current funding levels. There will be a one-time incremental cost

expected to be incurred and estimated at \$0.61 million (2017 dollars).

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

The project was identified in the RGH Master Plan completed in 2005. A Major Capital Needs Assessment was completed in May 2013 followed by a Project Overview Report (Major Capital Business Case equivalent) completed in September 2017. The Functional Program will be complete in summer of 2020.

### 2.2.3 Calgary Cyclotron

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

The development and operation of a cyclotron and radiopharmaceutical production facility in Calgary is recommended.

Three alternative sites for the proposed facility at or near Foothills Medical Centre (FMC) are reviewed in the Major Capital Business Case (2014). Proximity is critical as radiopharmaceuticals decay during transport. A location immediately west of the FMC Special Services Building is the preferred alternative because it offers the best integration and most efficient delivery of radiopharmaceuticals to FMC facilities.

The project would be designed to provide the functionality and space needs as described in the Calgary Cancer Project Functional Program (June 2014) Section 5.7.1.

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

The proposed project would enable an expansion of Positron Emission Tomography (PET) scanning capacity in Southern Alberta and continuity of Single Photon (SPECT) imaging. These valuable diagnostic tools will see increasing demand due to demographic trends. Patient experience will be improved by eliminating service disruptions caused by inconsistent radiopharmaceutical supply to Southern Alberta, and offering access to additional PET/SPECT imaging opportunities due to development and production of a broader scope of isotopes and radiopharmaceuticals.

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

The estimated capital cost for the recommended development option at the FMC site was \$36.3 million as determined in the Major Capital Business Case completed in October 2014.

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

At the time of the writing of the Major Capital Business Case, partial operation of the Calgary Cyclotron facility was projected for the 2019/2020 fiscal year. There would be a ramp up period for the proposed facility. Annual costs were projected at \$5.7 million for the first full year of operations (2020/2021), reaching \$6.3 million in fiscal year 2025/2026, and \$6.8 million in fiscal year 2030/2031.

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

A Major Capital Business Case was completed in October 2014.

## 2.2.4 University of Alberta Hospital (Walter C. Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)

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

The development of a clearly-recognizable Brain Centre at the University of Alberta Hospital (UAH) will provide space for current patient care practices and safety standards, improve operational efficiencies and provide additional beds for the neurosciences program in the Edmonton Zone. The Neuro ICU will be a 20 to 24 private bed ICU with an in-unit CT suite. The project will provide sufficient program space to support patient, family and staff needs consistent with current models of care.

### **Rationale for Project:**

Patient safety and care has been a challenge in the existing 10-bed Neuro ICU. The unit became operational in 1985 and provides a combination of intensive care and rehabilitation support but has not been renovated in the past 30 years. The existing unit is an open ward design that does not meet current critical care nor healthcare facilities standards.

The development approach for the new Neuro ICU recommends creating a 20 to 24 bed Neuro ICU unit on Level 5 complete with single patient rooms and a CT suite integrated within the unit. The location will support in-room rehab and aligns with the long-term vision for the site. A necessary prerequisite to this development is to relocate other inpatient beds and non-acute offices and clinics to shelled areas of the Mazankowski Alberta Heart Institute and the Kaye Edmonton Clinic to create sufficient space for the unit. The preparatory work improves aging infrastructure and enables use of existing underutilized space consistent with development plans for the site.

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

Alberta Infrastructure estimates a capital project cost of \$212 million.

The University of Alberta Hospital Foundation (UAHF) continues to view the Brain Centre as a top fundraising priority and has raised over \$46 million to date for various neuroscience projects including an Inter-operative MRI Surgical Suite, Advanced Imaging and Gamma Knife Centre, Neurovascular Interventional Suite and Stroke Ambulance Pilot Project. The Foundation remains committed to supporting this initiative contingent upon government funding contributions by donating \$12 million toward this project, and choosing a development approach that positively contributes toward the long-term vision.

### **Operating Expenditure Impact:**

The 2019 Functional Program identified that based on an increase from 10 to 24 ICU beds a \$27.5 million increase in annual operating cost is projected.

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

The Brain Centre and the Neuro ICU project has been identified since the UAH Master Plan since 2000 and reconfirmed through long-term master planning updates in 2016. A Health Economics Assessment and Major Capital Needs Assessment for the Brain Centre were completed. A Major Capital Business Case for the 20-24 Neuro ICU Phase was completed in December 2018 and Functional Programming was completed in 2019. Design has commenced.

## 2.2.5 Red Deer Regional Hospital Centre Redevelopment and Expansion

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

The Red Deer Regional Hospital Centre (RDRHC) Master Plan 2014 identified the need for additional inpatient bed capacity at the site. The Master Plan recommended the construction of a new inpatient tower and simultaneous expansion of supporting services to meet short and medium-term service demands. In December 2015 a Major Capital Needs Assessment was completed validating the Master Plan; a refresh to the Major Capital Needs Assessment is complete and has been submitted to Alberta Health.

### **Rationale for Project:**

There are a number of key factors identified by the RDRHC Major Capital Needs Assessment, as well as the Clinical Service plan, which supports the need for near-term expansion and redevelopment. RDRHC is currently not meeting AHS performance measure targets for emergency room wait times, length of stay, and also has longer wait times for surgical procedures. Medical beds have been consistently operating well over 100 percent occupancy for a number years. RDRHC is experiencing significant growth in acuity as its role as a regional referral centre increases. Tertiary services in Calgary and Edmonton refer patients sooner to RDRHC after treatment also increasing inpatient demand at the site and in ambulatory care spaces.

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

To be confirmed.

A 2019 commitment of \$100 million has been announced to initiate the work. Phase 1 planning addresses Acute Ambulatory programs, Medical Device Reprocessing and Cardiac Program

enhancements. These affect both acute and community health infrastructure.

### **Operating Expenditure Impact:**

To be confirmed.

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

The original Major Capital Needs Assessment was submitted in 2015 and an updated Major Capital Needs Assessment was completed in 2018; this latter document incorporates initiatives identified in the Zone Health Care Plan. The Clinical Service Plan aligns with the both the Major Capital Needs Assessment and the Zone Health Care Plan; the infrastructure solution is anticipated to engage both community and acute healthcare infrastructure requirements for the city of Red Deer. Budget 2018 included one million dollars for “Red Deer Health Capital Planning”, it is anticipated that these funds will be used initially to advance the Major Capital Business Case and support functional programming.

## 2.2.6 Foothills Medical Centre Neonatal Intensive Care Unit Renovation and Expansion

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

The Neonatal Intensive Care Unit (NICU) at the Foothills Medical Centre (FMC) is the only in-born Level III unit in Southern Alberta; all high risk obstetrical deliveries occur at FMC and all newborns requiring tertiary care are sent there.

The unit is currently funded for 39 beds with a maximum capacity of 45, which is achieved by accommodating two newborns in one space (doubling up) in up to six patient care spaces during periods of surge. The NICU is currently located on Level 5 of the Main Building.

Planning has been underway for the expansion and redevelopment of the existing NICU for several years, reflecting a long term collaboration between Calgary Health Trust (CHT) and AHS.

The 2018 Project Overview Report completed by Alberta Infrastructure refined the scope, risk assessment, and cost estimates. One outcome was the confirmation of two major capital phases: Phase 1 Expansion on Level 6, and Phase 2 Redevelopment of the existing unit on Level 5. The new NICU occupying two floors of Main Building west wing will operate in an integrated manner, with certain components of the unit located only on a single floor.

Calgary Health Trust has committed to funding the Phase 1 Expansion on Level 6. Government support is recommended for Phase 2 Redevelopment of Level 5.

### **Rationale for Project:**

The 2017 Major Capital Needs Assessment and 2016 Redevelopment Study revealed that the existing FMC NICU facility is inadequate to meet current and future needs. Deficiencies include a shortage of bed capacity, insufficient bedside space for level of care, congested and overstimulating conditions, inadequate space for family involvement, lack of Infection Prevention and Control provisions, and hazardous staff work areas.

Bed demand projections based on an average fertility scenario indicated a need for 60 beds for 75% target occupancy in 2030.

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

As of the 2018 Project Overview Report, the estimated capital cost for the Phase 1 Expansion on the 6<sup>th</sup> Floor is \$46.5 million, and the estimated cost of Phase 2 Redevelopment of the 5<sup>th</sup> Floor is approximately \$42.2 million. Note cost of Phase 2 was not estimated separately: the above represents the comprehensive project cost of \$88.7 million less the Phase 1 only project cost of \$46.5 million.

### **Operating Expenditure Impact:**

An annual incremental operational cost estimate of \$24.6 million for 60 beds was included in the 2018 Project Overview Report.

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

The Functional Program for both Level 6 Expansion and Level 5 Redevelopment will be completed in early summer 2020, along with updated capital cost estimates for both Phases, and a revised operating cost estimate.

## 2.2.7 Stollery Children's Hospital Tower with components of Child and Adolescent Mental Health

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

The Stollery Children's Hospital would consolidate pediatric services into a single distinct physical location. This distinct identity must remain physically adjacent to and operationally integrated with University of Alberta Hospital (UAH) and the Mazankowski Heart Institute (MAZ). A fully completed Stollery is planned to include inpatient beds, 23-Hour Units, and pediatric outpatient services. Also included will be the consolidation of child and youth mental health beds from various existing locations in Edmonton. Virtual technology would support the efficient operation to support patients and substantially reduce the need for built space.

The Stollery Emergency Department could redirect pediatric demand from other Edmonton Zone facilities to treat a total of over 88,000 children. As the Stollery is the only Edmonton Zone site for pediatric surgery, outpatient procedures will constitute more than half of the total pediatric surgery volume in the Zone. The proposed Stollery site could be located in new construction over 83rd Avenue that is currently occupied by the Canadian Blood Services building and the AHS staff parkade in order to maintain inpatient bed capacity during all phases of implementation and to minimize the duration of the project.

### **Rationale for Project:**

The Stollery Children's Hospital has a tripartite mandate for complex, specialized clinical care, clinical and academic training, and leading-edge research. The Stollery provides highly-specialized health care to children in the Edmonton Zone and to those who are referred from the rest of Alberta, western Canada, and northern Canada.

Buildings on the Walter Mackenzie Campus, while very well maintained, are aging out and are unable to accommodate the current and projected demands for specialized health services, nor the growing demand for academic activities on the Campus. Given the mission-critical nature of services provided on the site, addressing these facility/capacity issues is deemed essential to the future of health care in the Edmonton Zone.

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

Capital Project Cost Estimate would be determined during future planning phases (Major Capital Business Case).

### **Operating Expenditure Impact:**

Operating Expenditures would be estimated during future planning phases.

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

Internal master planning has determined schematic information, a Major Capital Needs Assessment or Major Capital Project Overview Report is recommended as the next step of project development.

## 2.2.8 Pharmacy Sterile Compounding NAPRA Compliance

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

Today, there are 20 AHS hospital sites (with 34 distinct pharmacy locations including satellite pharmacies) across the province that currently compound sterile hazardous and non-hazardous products. These pharmacy sites will continue to compound sterile products in the future and will need to be modified to meet regulatory standards issued by the National Association of Pharmacy Regulatory Authorities (NAPRA). Depending on specific site issues, remediation will require varying degrees of expansion, renovation and equipment and building system upgrades.

### **Rationale for Project:**

In 2017, the Alberta College of Pharmacy (ACP) adopted national regulatory standards for sterile compounding of hazardous and non-hazardous preparations issued by NAPRA. The ACP set aggressive deadlines for AHS hospital pharmacies to meet compliance with these standards effective July 2021. These standards are in place to ensure drug quality, and in turn, patient and staff safety.

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

The degree of compliance with NAPRA standards is different in each pharmacy and preliminary assessment of the construction cost of renovations ranges between \$400,000 to \$3,600,000 depending on the pharmacy location, size and whether sterile hazardous or non-hazardous preparations are involved. A preliminary cost estimate range between \$35 million to \$45 million was identified in the Major Capital Needs Assessment to address all AHS hospital pharmacies. These cost estimates are currently being reviewed and finalized by Alberta Infrastructure.

### **Operating Expenditure Impact:**

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

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

Starting in January 2019, two consultant teams assessed the current state of sterile compounding environments located in the north and south sectors of the province and compared them with the appropriate NAPRA Model Standards based on Hazardous and Non-hazardous sterile preparations. Each site reviewed has a separate and comprehensive report detailing the current state assessment and recommended renovation strategy.

A Major Capital Needs Assessment has been submitted to Alberta Health in September 2019. Included in the Major Capital Needs Assessment are the individual site reports with cost estimates for the 20 facilities that will continue to compound hazardous and non-hazardous drugs. Alberta Infrastructure is currently reviewing the consultant reports and costs with anticipated completion in mid-July 2020.

## 2.2.9 Royal Alexandra Hospital New Clinical Services Building including Campus Energy Centre Upgrade

### **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.

Upgrade of the Campus Energy Centre is 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, additional and upgraded equipment and changes or enhancements to delivery piping, conduits and tunnels.

### **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.

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. The redevelopment of the campus, including Capital Care Norwood and CSB is dependent on an upgraded and expanded Energy Centre.

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

Preliminary estimate for the proposed CSB 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 Major Capital Business Case.

Costing for the proposed Energy Centre Redevelopment, including co-generation capacity is estimated at \$96 million (based on the 2017 Major Capital Business Case).

### **Operating Expenditure Impact:**

To be determined.

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

A new Major Capital Needs Assessment for the CSB will be required.

A Major Capital Business Case was completed for the Energy Centre in November 2017.

## 2.2.10 Lethbridge Chinook Regional Hospital Multi-Service Plan

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

The original planning for the Chinook Regional Hospital (CRH) Addition included shelved space for two future inpatient units. This planning dated back to the early 2000's and since that time the additional inpatient bed capacity needs have changed substantially as a result of a number of targeted strategies; including but not limited to alternate level care reductions and average length of stay reductions. As a result, the site has a unique opportunity to address other higher priority needs leveraging the space available. The work associated with the Alberta Surgical Initiative (ASI), including MDR upgrades, is already funded and integrated in the project scope, the project will also incorporate other essential priority elements that will be further defined pending completion of a Major Capital Needs Assessment and eventually Major Capital Business Case.

### **Rationale for Project:**

Improvement in patient outcomes is an important driver to establish the Multi-Service Plan at the Chinook Regional Hospital in combination with the enhancement of surgical services that support the ASI. In addition, the CRH Multi Service plan will:

- Provide more equitable patient access to the current accepted standard of care closer to home.
- Enhance the quality of cardiac and surgical care in Lethbridge (including capacity for future cardiac catheterization lab and associated ICU enhancements should this be determined as a service in Lethbridge in the future).
- Make it easier to recruit or retain specialists by offering enhanced specialty services in Lethbridge.
- Enhance regional surgical patient care capacity.

- Raise the standard of care for patients and support clinical consultative services in Lethbridge.

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

To be determined.

### **Operating Expenditure Impact:**

To be determined.

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

A Major Capital Needs Assessment reflecting the modified scope of work will be required.

## 2.2.11 Northern Alberta Laboratory Upgrade and Relocation Project

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

Currently laboratory services in Edmonton and northern Alberta are provided through a mix of private and public services. There are two delivery organizations responsible for these laboratories involving both public and private providers using various hub and spoke referral models. The current service providers are Alberta Precision Laboratories (APL) providing services across the province, and DynaLife Dx, based in Edmonton, providing services in Edmonton as well as in central and northern Alberta. APL is a wholly owned subsidiary of AHS, while DynaLife Dx is a third party privately owned provider. Both providers are supporting integrated laboratory services across community and acute care hospital services. AHS has sought to optimize services across the public and private sector, consolidate testing where appropriate to reduce unnecessary redundancy and take advantage of economies of scale.

AHS plans to continue delivery of acute care hospital laboratory services, the Alberta Public Health Laboratory (Prov Lab), the Genetics/Genomics laboratory and specialty complex and esoteric testing through their wholly owned subsidiary APL.

AHS is looking to the private sector to deliver community laboratory services including: patient services centre operations; logistics management; analytical testing, and information management. Providers would be required to be tightly integrated with APL, providing opportunities to deliver centralized consolidated services for hospital based testing (already consolidated in hubs in Edmonton and Calgary) where determined to be more efficient, while maintaining established quality and performance requirements.

### **Rationale for Project:**

There is documented need to invest in new laboratory facilities, particularly in Edmonton, northern, and central Alberta. AHS' exploration into private sector service delivery will help inform infrastructure requirements. It is already established that the labs at the University of Alberta hospital are over extended with significant space constraints that prevent optimum operations. The College of Physicians and Surgeons of Alberta, which accredits all lab spaces, has previously flagged Edmonton lab space issues. There is a risk to quality as a result of inadequate space and infrastructure.

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

To be determined.

### **Operating Expenditure Impact:**

To be determined.

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

A new Major Capital Needs Assessment reflecting the modified scope of work will be required.

## 2.2.12 Youth Addiction Treatment Centre - Edmonton

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

This project proposes the construction of a 3,000 square meter purpose built facility to accommodate Addiction and Mental Health's three residential programs for youth addiction treatment services: Protection of Children Using Drugs (PChAD), the Youth Residential Treatment Program, and the Youth Stabilization Treatment Program. The PChAD, Youth Residential Treatment, and Youth Stabilization Treatment programs are provincial programs operated by AHS that provide essential detoxification, assessment, counselling, and rehabilitation services for youth aged 12 to 18.

The facility is anticipated to require 10-PChAD beds, 10-Youth Residential Treatment beds and 5-Youth Stabilization Treatment beds to provide safe accommodation, counselling and recreation spaces for clients, space for family participation, as well as appropriate support space for staff. The facility could be built on existing land at the Alberta Hospital Edmonton site to provide safe accommodation, counselling and recreation spaces for clients, family participation and staff support.

### **Rationale for Project:**

The AHS PChAD and Youth Residential Treatment programs located at the Yellowhead Youth Centre have been asked to fully vacate by March 2022 to allow government to proceed with an approved redevelopment at the site for the exclusive use of Government of Alberta Children's' Services programs. No existing infrastructure is appropriate for long term use by these programs. Locating the project at Alberta Hospital Edmonton would provide land with existing zoning to support this patient population.

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

The Major Capital Business Case Update estimates a project cost of approximately \$28 to \$31 million. The next phase would be Functional Programming, which would inform a more precise Capital Cost Estimate.

### **Operating Expenditure Impact:**

Operating Expenditures would be estimated during future planning phases (Functional Programming).

**Current Status of Project:** A Major Capital Business Case update was completed in June 2020.

## 2.3 Parking Structures

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

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 table below summarizes ongoing or pending parking initiatives.

Location	Number of Stalls	Estimated Cost (\$M)	Comments
New Grande Prairie Regional Hospital Parkade	1,100	\$36	Construction of the above ground parkade was substantially completed in the fall of 2019. Connections from the parkade to the hospital will occur mid-2020. This project was 100% funded from the Parking Infrastructure Reserve (PIR).
Foothills Medical Centre Lot 1 Replacement	2,030	\$75	Construction is complete and the parkade is in partial operation (75%) as deficiencies are addressed. Full capacity is anticipated mid-2020. Design work was funded from the PIR while the construction was debt financed.
Calgary Cancer Centre Project	1,650	\$157	Calgary Cancer Centre is being constructed on FMC Lot 7 and requires 1650 underground parking stalls. Construction will be funded through debt financing.
Edmonton General Continuing Care Centre	650	\$25	<b>Project is on hold.</b>
Calgary Centre for Child & Adolescent Mental Health	156	\$8	Construction is expected to begin on the building in 2019. The stalls are all underground. The project will be 100% funded from the PIR.
Major Repairs and Upgrades	N/A	\$3	Structural, mechanical, electrical, and architectural upgrades to existing structures and surface lots. Upgrades will be funded from the PIR and operational accounts.
Edmonton / Calgary / Lethbridge	N/A	\$6	Suicide prevention fence / screening will be added to 11 existing parkades in Edmonton, Calgary, and Lethbridge. The project will be funded from the PIR. Construction is to begin in 2020.
Edmonton Renal Dialysis Building	90	\$1.3	Construction of a surface lot adjacent to the new Renal Dialysis building in Edmonton. The project will be funded through operations. Construction is to begin in 2020.

## Conclusion

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### 3.0 Conclusion

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

The Capital Submission identifies the high priority capital projects which support AHS' strategic directions 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	Bassano Health Centre Replacement
	Bow Island Health Centre Replacement
	Cardston Hospital Facility Replacement with an Integrated Hospital / Health Centre
	Chinook Regional Hospital – Phase 2
	South Zone Inpatient Psychiatry Services Including Adult, Child and Youth
	Lethbridge (Permanent) Medical Detox and Residential Treatment Facility (35 bed)
	Medicine Hat Regional Hospital – Phase 2
	Medicine Hat Addictions and Mental Health / Community Program Services Consolidation
Calgary	Alberta Children’s Hospital Inpatient Expansion (former Brain Health Program Expansion)
	Alberta Children’s Hospital – Enhanced Day Hospital
	Calgary Community Health Centre Upgrade/Expansion
	Foothills Medical Centre – Cardiac Catheter Lab Renovations
	Foothills Medical Centre – Cardiac Function Clinic
	Foothills Medical Centre - Emergency Department Ambulance Bay
	Foothills Medical Centre - Integrated Stroke Treatment Unit
	Foothills Medical Centre – Medication Room Upgrade
	Foothills Medical Centre – On-call Rooms Renovation
	Foothills Medical Centre – Renal/Transplant Renovation North Tower
	Foothills Medical Centre – Renovation of 9th Floor 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
Foothills Medical Centre - Kitchen Redevelopment	

Zone	Project Name
Calgary continued	New North Health Campus Land Acquisition
	North Health Campus Development
	North Health Centre Development (AHS already owns the land)
	Peter Lougheed Centre – East Wing / Main / Basement Redevelopment
	Peter Lougheed Centre - West Wing for HPTP, Day Medicine and GI Endoscopy Renovation
	Richmond Road Diagnostic Treatment Centre - Fit out of Shelled Space
	Rockyview General Hospital - Ambulatory Redevelopment (Medical Device Reprocessing, Pharmacy, Pre-admission clinic)
	Rockyview General Hospital - Fit-Out Shelled Space for Laboratory
	Rockyview General Hospital - GI/GU Expansion (Phase 1 – GI, Phase 2 – GU)
	Rockyview General Hospital – Highwood Building Interim Renovations: DI / OR, Expansions, etc.
	Rockyview General Hospital – Maternal Newborn Services
	Rockyview General Hospital – Unit 45 Mental Health Relocation
	Simulation Centre Hub – eSim Program
	South Health Campus – Endo/Bronch Suite (Digestive Health) – Fit out of Shelled Space
	South Health Campus – Expansion Surgical Suites
	South Health Campus - Mental Health Pavilion
	South Health Campus - Women’s Pavilion
	Southern Alberta Forensic Psychiatry Centre Redevelopment Phase II
	Strathmore District Hospital Redevelopment
Central	Consort Hospital and Care Centre Renovation
	Coronation Hospital and Care Centre Renovation
	Innisfail Health Centre Redevelopment
	Lacombe Hospital and Care Centre Redevelopment
	Lloydminster Hospital Redevelopment
	Olds Hospital and Care Centre Redevelopment and Expansion
	Our Lady of the Rosary Redevelopment (Castor)
	Rocky Mountain House Health Centre Replacement

Zone	Project Name
Central continued	St. Joseph's General Hospital Redevelopment (Vegreville)
	St. Mary's Continuing Care Centre Redevelopment (Trochu)
	St. Mary's Hospital Emergency Department and Triage Expansion (Camrose)
	Stettler Hospital and Care Centre Redevelopment
	Sundre Hospital and Care Centre Replacement
	Three Hills Health Centre Renovation
	Wainwright Health Centre Replacement
	Wetaskiwin Hospital and Health Centre Expansion and Renovation
Edmonton	Adult Ambulatory Clinics relocate from the UAH to KEC as per Master Plan
	Alberta Hospital Edmonton / Henwood Redevelopment
	Alberta Hospital Edmonton Redevelopment
	Alberta Hospital Edmonton Specialty Care Program Expansion (Schrag Pavilion)
	Edmonton Addiction and Mental Health Urgent Care Centre
	Edmonton Colorectal Screening Centre
	Edmonton General Hospital Infrastructure Stabilization and Renewal
	Edmonton North East Community Health Centre
	Glenrose Rehabilitation Hospital Redevelopment (Accessibility Improvements, Nursing Units, Aquatic Therapy)
	Grey Nun's Community Hospital – Emergency Department and Main Floor Expansion
	Grey Nun's Community Hospital – Service Relocation into Community
	Grey Nuns Vascular Surgery OR
	Mazankowski Alberta Heart Institute (MAHI) Fit Out of Shelled Space as per Master Plan
	Misericordia Community Hospital - New Bed Tower
	Misericordia Community Hospital and Villa Caritas Mental Health Consolidation (on main campus)
	Misericordia Community Hospital Redevelopment of Existing Treatment Centre
	Norquest College and Covenant Health Teaching and Research Continuing Care Centre
	Royal Alexandra Hospital - Final Phase
Stollery Children's Hospital Surgical Clinics	

Zone	Project Name
Edmonton continued	Stollery Children's Hospital Cardiac Move and Beds
	Sturgeon Community Hospital – Endoscopy and Ambulatory Clinic (Phases 3 and 4 of current project) and Inpatient Bed Expansion
	Sturgeon NICU Development
	University of Alberta Hospital 18 Bed Inpatient Unit
	University of Alberta Hospital Development Phase 1 (includes KEC Expansion and new Clinical Support Building
	University of Alberta Hospital Development Phase 2 (includes new Inpatient Tower and renovations to existing WMC)
	University of Alberta Hospital Emergency Department Second Floor Redevelopment
	University of Alberta Hospital Medical Outpatient Unit Expansion
	University of Alberta Hospital Transplant Redevelopment
	Westview Redevelopment
	Youville Home Redevelopment and Renewal
North	Beaverlodge Hospital Replacement
	Bonnyville Health Centre Emergency Department and Triage Expansion
	La Crete Health Facility Redevelopment
	Northern Lights Regional Health Centre Redevelopment
	QEII Hospital and Mackenzie Place Redevelopment, Grande Prairie
	St. Paul Healthcare Centre Redevelopment
	Whitecourt Hospital Redevelopment
Province-Wide	Expand Community Residential Housing with Care and Supports for Children with Medical Complexity
	Expansion of Community Housing and Support Programs for People with Mental Illness
	Long-Term Care and Supportive Living New Builds, Refurbishment and Replacement
	Province-wide Medical Device/Sterile Instrument Processing Upgrades Phase 2
Seniors Health	Long-Term Care Additional Bed Capacity Including Complex Care (Calgary Zone)
Addictions and Mental Health	Increase Bed Capacity (non-acute mental health beds) Province-wide
Cancer Care	Cross Cancer Institute Main Floor, 5 <sup>th</sup> Floor and Pharmacy (pre-work to support Phase 1 Development)
	Cross Cancer Institute Phase 1 Development (includes renovations to pharmacy and vaults)
	Cross Cancer Institute Phase 2 (major renovation and expansion)

Zone	Project Name
Diagnostic Imaging	Stollery Children's Hospital Pediatric Diagnostic Imaging Renovation
Alberta Precision Laboratories (APL)	Calgary Based Lab Infrastructure Project (Diagnostic and Scientific Centre (DSC), Foothills Medical Centre, Provincial Laboratory for Public Health (ProvLab), etc.)
Pharmacy	Medicine Hat Regional Hospital Pharmacy Renovations
	Calgary Central Production NAPRA Renovation
Nutrition & Food Services / Linen & Enviro. Services EMS	Laundry Modernization Phase 1 – Lethbridge and Ponoka
	Laundry Modernization Phase II - QEII Hospital, Red Deer Regional Health Centre and Northern Lights Regional Health Centre
EMS	Edmonton EMS Response Improvement Initiative
	EMS Provincial Rural Infrastructure Improvement Project
Alberta Kidney Care	Chinook Regional Hospital Renal Unit Relocation/Expansion (to shelled space in new addition)
	Olds Hospital Renal Satellite Unit Redevelopment
	Red Deer New 30-Station Satellite Unit
	Siksika New 6-Station Unit

## Appendix B: Approved / Active Major Capital Projects

	Project Name	Total Approved Funding (000)	Phase
1	Calgary Cancer Project	1,567,027 160 beds	Design and Construction
2	New Edmonton Hospital	930,000 436 beds	Planning
3	Health Capital Maintenance and Renewal (IMP)	995,173	Grant
4	Grande Prairie Regional Hospital including Phase 2	817,404 178 beds initially plus 64 shelled	Construction
5	Norwood Long Term Care Facility (Edmonton)	379,071 350 beds	Construction
6	Medicine Hat Regional Hospital	274,625 224 new treatment spaces and 6 ORs + 40 ED renovated treatment spaces	Construction
7	Edson Healthcare Centre	210,468 24 acute care beds + 76 continuing care beds	Warranty
8	Royal Alexandra Hospital – Child and Adolescent Mental Health (CAMH)	200,000 101 beds	Design – Deferred – not listed in INFRA source report
9	Bridgeland Complex Continuing Care Facility (Calgary)	130,535 198 beds	Design
10	Fort McMurray Residential Facility-Based Care Centre (Willow Square)	102,000 144 beds	Construction
11	Misericordia Community Hospital Emergency Department	85,000 60,000 patient visits/year	Construction
12	Provincial Pharmacy Central Drug Production and Distribution Centre	58,462	Edmonton – Design Calgary – On Hold
13	Stollery Children’s Hospital Critical Care Program (Edmonton)	54,693 18 new beds, redevelopment of 39 existing beds.	Construction
14	Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1 Peter Lougheed Centre	32,781	Design
15	Northern Lights Regional Health Centre Repairs (Fort McMurray)	43,093	Construction

	Project Name	Total Approved Funding (000)	Phase
16	Lloydminster Continuing Care Centre	34,839 60 beds	Construction
17	Climate Leadership Plan Foothills Medical Centre Power Plant Redevelopment (co-generation initiative)	28,000 Generate 8 MW of power. Offset 27,000 tonnes of GHG annually.	Design
18	Foothills Medical Centre Urgent Power Plant Capacity	24,000	Design
19	Provincial Heliports	25,010	Construction
20	Red Deer - Secure Detoxification and Residential Treatment Facility (PChAD)	9,115 (8 Beds)	Warranty
21	Rockyview General Hospital Electrical Upgrade (IMP)	4,326	Construction
22	Misericordia Hospital - Planning (Edmonton) - Covenant	8,513	Planning
23	Royal Alexandra Hospital - Planning (Edmonton)	8,667	Planning
24	Peter Lougheed Centre Emergency Department, Laboratory Development, and Mental Health Short Stay Unit / ICU	137,074	Design
25	Rockyview Hospital Fit-Out for Intensive Care Unit and Coronary Care Unit	250 - APPROVED FOR PLANNING ONLY	Planning
26	Provincial Sterile Instrument / Medical Device Reprocessing Upgrades Phase 1- Fort McMurray, Sturgeon, Westlock, Foothills Medical Centre	1,778 - APPROVED FOR FUNCTIONAL PROGRAMMING ONLY	Planning
27	Red Deer Regional Hospital Centre Renewal Project	100,000	Planning
28	University of Alberta Hospital (Walter Mackenzie Health Sciences Centre) Brain Centre (Phased Neuro ICU)	12,000 - APPROVED FOR PLANNING ONLY	Design
29	Foothills Medical Centre – NICU	Partial Foundation Supported Project – APPROVED FOR PLANNING	Planning
30	Rockyview General Hospital GI Clinic Expansion	Foundation Supported Project – APPROVED FOR PLANNING	Planning

Source: Alberta Infrastructure Health Facility Branch Bi-Weekly Status Report (dated April 23, 2020)