



Edmonton Zone 2030 Plan

PHASE 1 FINAL REPORT

October 2013

2030 Plan Phase 1 Final Report

EXECUTIVE SUMMARY

Purpose

The purpose of Phase 1 of the 2030 Plan was to optimize the location of health services and the use of built space in 18 facilities in the Edmonton Zone. The objective was to address operational and capacity issues in the short term (2012-2015) at the following sites:

- Aberhart Centre
- Alberta Hospital Edmonton
- Devon Community Hospital
- Kaye Edmonton Clinic
- Edmonton General Site
- Fort Saskatchewan Community Hospital
- Glenrose Rehabilitation Hospital
- Grey Nuns Community Hospital
- Leduc Community Hospital
- Mazankowski Heart Institute
- Misericordia Community Hospital
- North East Community Health Centre
- Royal Alexandra Hospital
- Stollery Children's Hospital
- Strathcona Community Hospital
- Sturgeon Community Hospital
- W. Mackenzie Health Sciences Centre
- Westview Health Centre

Process

Site-specific data were collected from site tours, surveys that were completed by site leaders and through extensive stakeholder consultation. A total of 182 potential Phase 1 options were identified for consideration. Potential projects were evaluated against the following criteria:

1. The project must rank high on measures of impact and feasibility;
2. It must be possible to complete the project by April 1, 2016;
3. The capital cost of a project could not exceed \$5M and must align with the Edmonton Zone IMP priorities. Because of this requirement, any project that included new construction (as opposed to renovation) was excluded from further consideration;
4. The projected increase in operating cost must be \$500,000 or less; and
5. The project must be supportable by Alberta Health and Alberta Infrastructure.

Phase 1 Priority Projects

The Phase 1 priority projects are listed below. Note that these projects are *not* ranked by importance.

Project #	Site	Project Description	Capital Cost
181	Fort Saskatchewan	Create a 12- to 18-Chair Hemodialysis Unit	\$823,207
182	Strathcona	Create a Temporary Hemodialysis Unit in ED Space	\$584,300
94	Royal Alexandra	Relocate the Gestational Diabetes Clinic	\$153,428
77	Misericordia	Reopen up to 30 Inpatient Beds	\$4,062,381
76	Grey Nuns	Reopen up to 29 Inpatient Beds	\$3,957,428
92	Royal Alexandra	Convert Vacant CCU Beds to ICU Beds	\$135,000
96	Royal Alexandra	Build Out Shelled-In Women's Health O.R.	\$614,848
17	Edmonton General	Expand the STI Clinic	\$238,248
155	W. Mackenzie	Decent Outpatient Hemodialysis Off-Site	\$3,019,421
155	W. Mackenzie	Create 18-Bed Inpatient Unit	\$2,863,283
158	W. Mackenzie	Move Adult Day Ward next to the O.R.	\$3,666,357

Service Planning Projects

A number of projects that ranked as high priorities could be achieved through changes to service delivery alone (i.e. without a capital project). These options, listed below, were adopted as service priorities by AHS.

Project #	Site	Project Description
141	Westview	Convert 10 LTC Beds to Hospice Beds
6	Devon	Convert the Emergency Department to an Urgent Care Centre
7	Devon	Close the Inpatient Beds

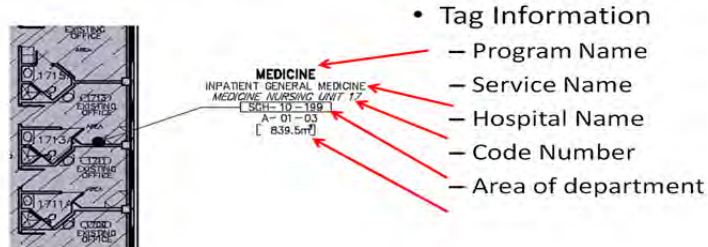
Project #	Site	Project Description
51	Multi-Site	Consolidate High-Risk Cardiac Rehab at MAHI with Low-Risk Cardiac Rehab in community settings throughout the Zone.
29	Westview/Ft. Sask	Move Cataract Surgery from Westview to Fort Saskatchewan
26	Ft. Sask/Stollery	Move Pediatric Surgery from Ft. Saskatchewan to the Stollery
24	Ft. Saskatchewan	Discontinue the Obstetrics Service at Fort Saskatchewan
28	Ft. Saskatchewan	Discontinue Emergency Surgery at Fort Saskatchewan
14	Edmonton General	Use vacant Rehab space for the Centre for Lung Health
54	Glenrose	Use vacant Cardiac Rehab space for Adult SROP

Additional Phase 1 Deliverables

A number of planning tools were developed as part of Phase 1 of the 2030 Plan. These included:

1. The Current State Report which documented the current state at each of the 18 sites in Phase 1 as of October-November 2012. This Report includes information on the programmers' assessments of the functionality of clinical spaces and the architects' assessments of the buildings as well as operating and capacity concerns that were identified by AHS personnel;
2. A searchable Excel database that inventories the use of space by department in the 54 buildings and 18 sites in Phase 1. This database includes an inventory of vacant spaces;
3. An interactive database that is linked to the current state drawings (see #4). This database information appears on the current state drawings as a 'tag' as illustrated below. Any changes to the information in this database will automatically update the tags on the architectural drawings.

Tags on CAD Drawings



4. A library of 1,250 'current state' architectural drawings for the 54 buildings and 18 sites in Phase 1. These drawings are a combination of 2-dimensional and stacking drawings that were provided in CAD and PDF formats.
5. A library of over 800 'future state' architectural drawings that illustrate the Phase 1 Priority Projects. These drawings are a combination of 2-dimensional and stacking drawings that were provided in CAD and PDF formats.
6. An inventory of Facility-Related Reports for each of the 18 sites in Phase 1;
7. A Taxonomy of Programs and Services. The Taxonomy was used to organize planning information, structure planning workshops and to codify architectural and building information. Although the Taxonomy was developed to reflect the organization and naming of programs/services in the Edmonton Zone, care was taken to use terminology that could be generalized to other Zones of AHS.

Edmonton Zone 2030 Plan Phase 1 Final Report

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- 3 Phase 1 Current State Report (also submitted under separate cover)
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- 5 Master Lists of Phase 1 Options and Opportunities: by Site
- 6 Master Lists of Phase 1 Options and Opportunities: by Program
- 7 Methodology for Class D Capital Cost Estimates
- 8 Taxonomy of Programs and Services

1.0 Introduction

1.1 Purpose of this Report

The purpose of this report is to document the work processes and the deliverables from Phase 1 of the Edmonton Zone Coordinated Health Service and Infrastructure Project (the 2030 Plan). This report is divided into the following sections:

1. The Scope of Work and Workplan for Phase 1
2. Project Deliverables
3. Appendices

In addition to this Report, BlackwellParkin has generated the following deliverables for Phase 1:

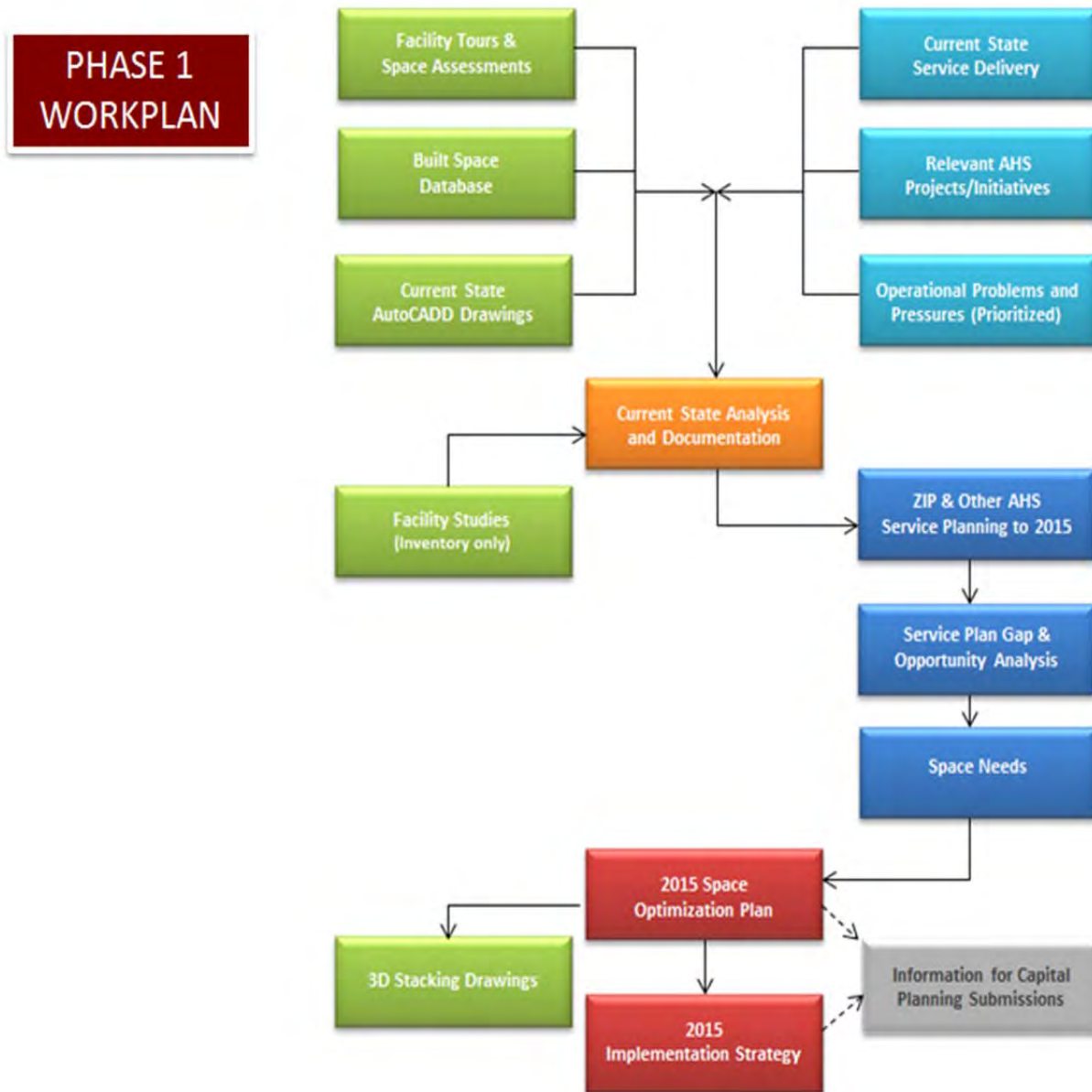
1. The Current State Report which documents the current state at each of the 18 sites in Phase 1 as of October-November 2012. This Report includes information on the programmers' assessments of the functionality of clinical spaces and the architects' assessments of the buildings as well as operating and capacity concerns that were identified by AHS personnel;
2. A searchable Excel database that documents the use of space by department in the 54 buildings and 18 sites in Phase 1. This database includes an inventory of vacant spaces;
3. An interactive database that is linked to the current state drawings (see #4 below). This database information appears on the current state drawings as a 'tag' as illustrated below. Any changes to the information in this database will automatically update the tags on the architectural drawings.
4. A library of 1,250 'current state' architectural drawings for the 54 buildings and 18 sites in Phase 1. These drawings are a combination of 2-dimensional and stacking drawings that were provided in CAD and PDF formats.
5. A library of over 800 'future state' architectural drawings that illustrate the Phase 1 Priority Projects. These drawings are a combination of 2-dimensional and stacking drawings and that were provided in CAD and PDF formats.
6. An inventory of Facility-Related Reports for each of the 18 sites in Phase 1;
7. A Taxonomy of Programs and Services to organize planning information, structure planning workshops and to codify architectural and building information.

1.2 Scope of Work and Workplan for Phase 1

The purpose of Phase 1 of the 2030 Plan was to optimize the location of health services and the use of built space in 18 facilities in the Edmonton Zone. The objective was to address operational and capacity issues in the short term (2012-2015) at the following sites:

- | | |
|---|---|
| 1. Aberhart Centre | 10. Mazankowski Heart Institute |
| 2. Alberta Hospital Edmonton | 11. Misericordia Community Hospital |
| 3. Devon Community Hospital | 12. North East Community Health Centre |
| 4. Edmonton Clinic | 13. Royal Alexandra Hospital |
| 5. Edmonton General Site | 14. Stollery Children's Hospital |
| 6. Fort Saskatchewan Community Hospital | 15. Strathcona Community Hospital |
| 7. Glenrose Rehabilitation Hospital | 16. Sturgeon Community Hospital |
| 8. Grey Nuns Community Hospital | 17. W. Mackenzie Health Sciences Centre |
| 9. Leduc Community Hospital | 18. Westview Health Centre |

The Phase 1 workplan, as it was originally conceived, is shown below.

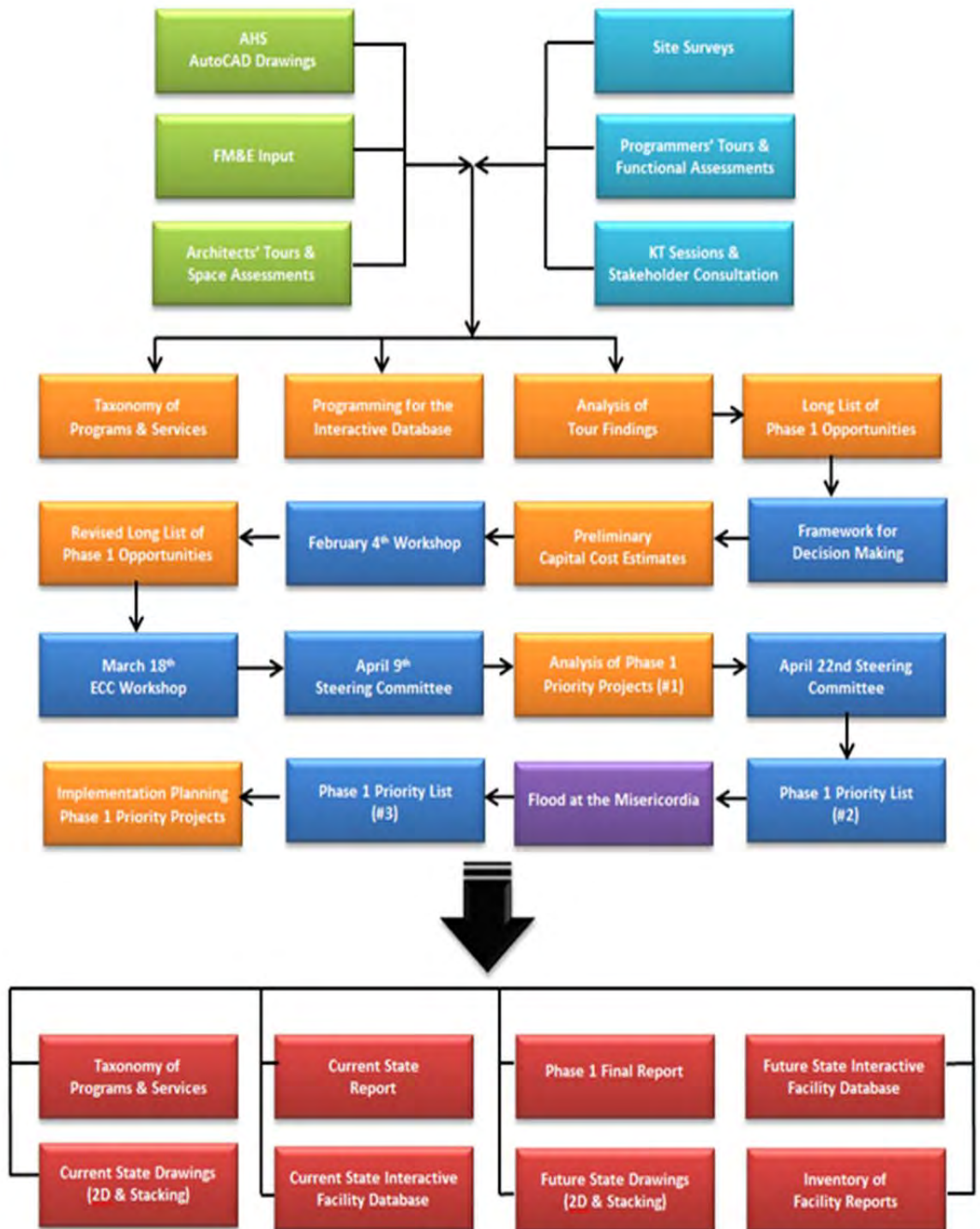


As the project unfolded, several changes were made to the workplan including:

- Facility tours of all sites with functional assessments of key clinical areas by BP planners in addition to the planned facility tours by the BP architects;
- A survey for Facilities Management and Engineering staff that was completed and analyzed prior to the site tours;
- The creation of a Taxonomy of Programs and Services. Extensive consultation and a total of nine revisions were necessary before this document was approved;
- Enhanced stakeholder consultation including the addition of two large workshops with several hundred participants in attendance; and
- Multiple rounds of presentation and analysis of planning options.

An overview of the actual Phase 1 workplan is illustrated below.

PHASE 1 ACTUAL



2.0 Phase 2 Deliverables

2.1 Site Tours and Site Assessments

Site tours were conducted for each facility in Phase 1.

Site	Date
Sturgeon Community Hospital	October 2 & 3, 2012
Alberta Hospital Edmonton	October 8 & 9, 2012
Glenrose Rehabilitation Hospital	October 11 & 12, 2012
Royal Alexandra Hospital	October 16, 17, 18 & 19, 2012
Misericordia Community Hospital	October 23 & 24, 2012
Edmonton Clinic and the Aberhart Centre	October 31 & Nov. 1, 2012
Grey Nuns Community Hospital	November 7, 2012
University Hospital Site	November 12, 13, 14, 15 & 16, 2012
Westview Community Health Centre	November 20, 2012
Leduc Community Hospital	November 21, 2012
Strathcona Community Hospital	November 26, 2012
Edmonton General Site (not including Continuing Care)	November 26, 2012
North East Community Health Centre	November 27, 2012
Devon Community Health Centre	November 28, 2012
Fort Saskatchewan Community Hospital	November 29, 2012

The process for the site tours is outlined below. The documents that were used to prepare for each tour can be found in Appendix 1.

1. Each site was asked to complete two pre-tour surveys: one that addressed operational and planning concerns (completed by the site leadership) and the second that focused on facility issues (completed by FM&E staff).
2. A workbook was prepared for each tour. It contained a map of the site, the surveys that had been completed by the site representatives, any data or other information that had been provided by the site as well as the base architectural drawings from AHS.
3. Tours began with a Kick-Off meeting that was attended by all tour participants as well any other representatives that were identified by the site. The purpose of the Kick-Off meetings was to introduce the tour participants to one another, to review the content of the surveys to ensure that the tours would focus on/capture key issues that were important to the site and to confirm the logistics and schedule for both the architects' and the programmers' tours.
4. The architects' tour was led by two site personnel: an FM&E representative and a clinical representative. The tour included areas in all the buildings on each site. The architects collected information on the current state of the facility, measurements to populate the Phase 1 Facility Database, as well as any other information that was needed to create 2-D and stacking drawings. Please see Appendix 2 for screen shots of the data collection tool that

was designed for this project; this was only one source of information that was collected by the architects.

5. The programmers' tour was directed by site leaders and was limited to the key and/or representative clinical areas of each facility that were included in the scope of work. Areas of the facility that were not part of Phase 1 (for example, Continuing Care and support service areas) were not toured. The programmers designed a functional assessment tool for this project (please see Appendix 2 for a screen shot of the tool) which was used to document the findings of the tours.
6. There was a Close-the-Loop Meeting at the conclusion of the programmers' tour that was attended by all tour participants. This meeting was used to review the high-level findings of the programmers' tour and to make arrangements, as needed, for the provision of follow-up information that would inform the site assessment.

The data from the tours were collated and analyzed. The findings were summarized by site and presented in a large workshop that took place on January 22, 2013 where the findings were validated by site representatives. An example of the material that was presented is shown on the following pages; the full Current State Report detailing the findings for each site can be found in Appendix 3.

North East Community Health Centre (NECHC)

Overview

Programs & Services

- Full-service Emergency Department.
- Wide range of community-based services tailored to the high-needs residents in northeast Edmonton.
- Use telehealth to provide pediatric/adolescent outreach to Slave Lake, Jean D'Or, Fox Lake, etc.

Facilities

- Original construction 1998
- Minor renovations to administration and clinics
- 1 storeys plus basement
- Fire Sprinklers throughout
- Floor to floor height over 4.4 metres

Issues and Opportunities (not prioritized)

1. Emergency was built for 25,000 patients and is now seeing 53,000 people per annum (9.2 patients/stretcher/day) with growing numbers of CTAS 1 and 2. NECHC has the second highest pediatric emergency volumes in the Zone. Emergency has full ambulance service but no covered ambulance bay/garage. Triage/Patient Registration is small and poorly-designed. The Emergency Department is undersized for volumes, has very small trauma room, inadequate storage and poorly-designed negative pressure room. No CT or inpatient beds to back up Emergency. Should Emergency continue to be a service offered on this site?
2. Capacity pressures or operational needs: Emergency, Bridging Clinic for unattached patients seen in Emergency, Cast Clinic (AMSAFE), mental health services especially in Emergency, Diabetic Neuropathy Clinic (second-highest volumes in the Zone).
3. Strong community programs: public health, family health, seniors' health, women's health, pediatric/adolescent clinic, asthma, diabetic neuropathy.
4. Service planning for this site should be done in conjunction with AHE, Strathcona and Fort Saskatchewan.
5. Lab area is small and does not meet accreditation standards. There are no backup analyzers. Need more POCT. Don't have the right space for bariatric collections.
6. General radiology and ultrasound available on-site. No stretcher waiting in DI. Cannot get a stretcher into Ultrasound exam room.
7. Parking is very poorly-designed (can be dangerous at times) and inadequate in size.
8. Pedestrian access across very busy streets is uncontrolled and can be dangerous.
9. Cannot secure the site after-hours.
10. No vacant space on this site.

11. Land locked site - very little horizontal expansion space, no vertical expansion capacity (structural).
12. Building designed for clinics (commercial grade) with return air ceiling plenums and roof top air handling units
13. Ambulance garage project awaiting funding approval (spring 2013?)
14. Loading dock is undersized and restricts the types of equipment that can be received here.
15. Need additional space for Pharmacy (Pyxis).



Assessment Criteria

FUNCTIONAL SPACE ASSESSMENT CRITERIA

Department is performing well for current use. Even if money were made available, funds would not be used to renovate or change the design of this unit.

There are some functional or design concerns that decrease efficiency and increase potential risks; upgrade/remediation is required in the intermediate term.

There are major operational or design issues that have a negative impact on operations and/or elevate risk to an unacceptable level; immediate upgrade/remediation is required.



ARCHITECTURAL ASSESSMENT CRITERIA

The building appears to be in general compliance with current standards and expected condition levels.

There are some physical concerns that do not meet current standards or expected condition. The building fabric has characteristics that would allow renovations to bring it up to, or close to current standards.

There are major physical problems that do not meet current standards or expected condition. The building fabric does not have characteristics that would allow it to be renovated to bring it up to, or close to current standards.



2.2 Phase 1 Priority Projects

After the site tours and assessments were completed, the Steering Committee identified the projects that to be integrated into the planning independent of the development of the options and opportunities in the 2030 Plan. These projects (which were colloquially referred to as ‘hardwired projects’) included:

1. Opening 80 speciality mental health beds at Alberta Hospital Edmonton in response to a directive from the Minister of Health;
2. Developing shelled-in space on the 7th floor of the Edmonton Clinic for the Northern Alberta Urology Centre which would house all Edmonton Zone urology services;
3. Providing space for a Gamma Knife and a 3T MRI at the Walter Mackenzie site;
4. Moving the WMC Endoscopy Suite from 1C1 to newly renovated space on 2G2;
5. Developing Level 2E of the Walter Mackenzie site for Stollery Outpatient Clinics;
6. Renovating and expanding the Stollery ORs and Day Ward at the Walter Mackenzie site;
7. Providing space for the implementation of the Stollery Critical Care Redevelopment Proposal at the Walter Mackenzie, the Mazankowski Heart Institute and the Royal Alexandra Hospital including:
 - Renovating 3G4 and 3A2 of the WMC for a 16-bed PICU;
 - Renovating 3A1 and 3A3 of the WMC for a 16-bed NICU/PICU;
 - Developing shelled-in space on the 6th floor of the Mazankowski for the Pediatric CVICU;
 - Converting a double isolation in the existing NICU at the WMC into 2 isolation rooms; and
 - Converting a double isolation in the existing NICU at the RAH into 2 isolation rooms.
8. Providing space for the Safe Communities Project at the Royal Alexandra Hospital including:
 - Developing Level 1 of the Active Treatment Centre for an ECT Suite, mental health observation and medically-supervised detox; and
 - Renovating Unit 62 to accommodate 6 psychiatry special care beds.

As a first step in the planning process, a long list of potential options was developed using information collected during the site tours and incorporating stakeholder input at the first 2030 Workshop. Over 180 options were generated; please see Appendices 4, 5 and 6 for a complete list of all the options.

Criteria were established to evaluate the relative value of the options. The criteria developed over time, adding increasing discrimination to the analysis. Initially, the evaluation criteria were:

- The project rank high on measures of impact and feasibility (see descriptors below); and
- Whether the project could be completed by April 1, 2016.

The factors that were considered in the assessment of **project impact** included the degree to which the project:

- Improved access to service
- Improved safety
- Improved patient outcomes

- Offered short-term benefit to the site
- Offered long-term benefit to the site
- Offered benefit to the program or the Zone
- Improved the patient experience.

The factors that were considered in the assessment of **project feasibility** included:

- The suitability of the proposed space/location
- Stakeholder readiness or acceptance of the proposed change
- The complexity of the project's implementation
- The high-level estimate of the capital cost.

Potential projects were screened by the Edmonton Coordinating Council and the 2030 Plan Steering Committee. In the third and final round of evaluation, additional criteria were added to assist in identifying the priority projects for the 2030 Plan. These criteria were:

- The capital cost of the project must be \$5M or less and must align with Edmonton Zone IMP priorities. Because of this requirement, any project that included new construction (as opposed to renovation) was excluded from further consideration ;
- Any projected increase in operating costs must be \$500,000 or less; and
- The project must be supportable by Alberta Health and Alberta Infrastructure.

Based on these criteria, the priority projects for the 2030 Plan were:

1. 12- to 18-Chair Hemodialysis Unit, Fort Saskatchewan Community Hospital (*Project # 181*);
2. Create a Hemodialysis Unit in unused Emergency Department space, Strathcona Community Hospital (*Project #182*);
3. Relocation of the Gestational Diabetes Clinic, Royal Alexandra Hospital (*Project #94*);
4. Re-opening up to 30 inpatient beds, Misericordia Community Hospital (*Project #77*);
5. Re-opening up to 29 inpatient beds, Grey Nuns Community Hospital (*Project #76*);
6. Converting 2 vacated CCU beds to ICU beds, Royal Alexandra Hospital (*Project #92*);
7. Developing the shelled-in Women's Health OR, Royal Alexandra Hospital (*Project #96*);
8. Expanding the STI Clinic, Edmonton General site (*Project #17*);
9. Decanting Outpatient Hemodialysis off-site and converting the space to a demonstration inpatient unit and/or decant inpatient space, Walter Mackenzie Health Sciences Centre (*Project #155*);
10. Moving Adult Day Ward/Same Day Admit to space adjacent to the Adult OR, Walter Mackenzie Health Sciences Centre (*Project #158*).

2.2.1 12- to 18-Chair Hemodialysis Unit and Renal Insufficiency Clinic (RIC) Fort Saskatchewan Community Hospital (Project #181)

Note: During early planning, this was project #63A

Current State

The newly-opened Fort Saskatchewan Community Hospital had a large and under-utilized Allied Health Department. There was a pressing need to add more hemodialysis capacity to the Edmonton Zone and there were no hemodialysis sites in or near Fort Saskatchewan.

Proposed Change

The Allied Health function will be decanted to community space in keeping with the planning direction that outpatient services will, when possible, be located in community settings. The vacated Allied Health Department will be renovated to accommodate a 12 to 18-chair hemodialysis unit, a Renal Insufficiency Clinic and associated office spaces.

Space Requirement

The existing Allied Health Department is 473.7 m². Based on planning standards that were provided by the Renal and Transplant Program and planning information provided by BlackwellParkin, 434.1 m² is required for a 12-chair Hemo Unit and RIC and 497.1 m² is required for an 18-chair Hemo Unit and RIC. This area could be validated and possibly adjusted with more detailed programming. For now, the the 12- and 18-chair units are costed at full size.

Capital Cost Estimate for 12-Chair Hemodialysis and RIC (Option 1)

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	434.1	\$1,226.68	\$532,500
Soft Costs (35%)			\$186,375
Total Project Cost Estimate			\$718,875

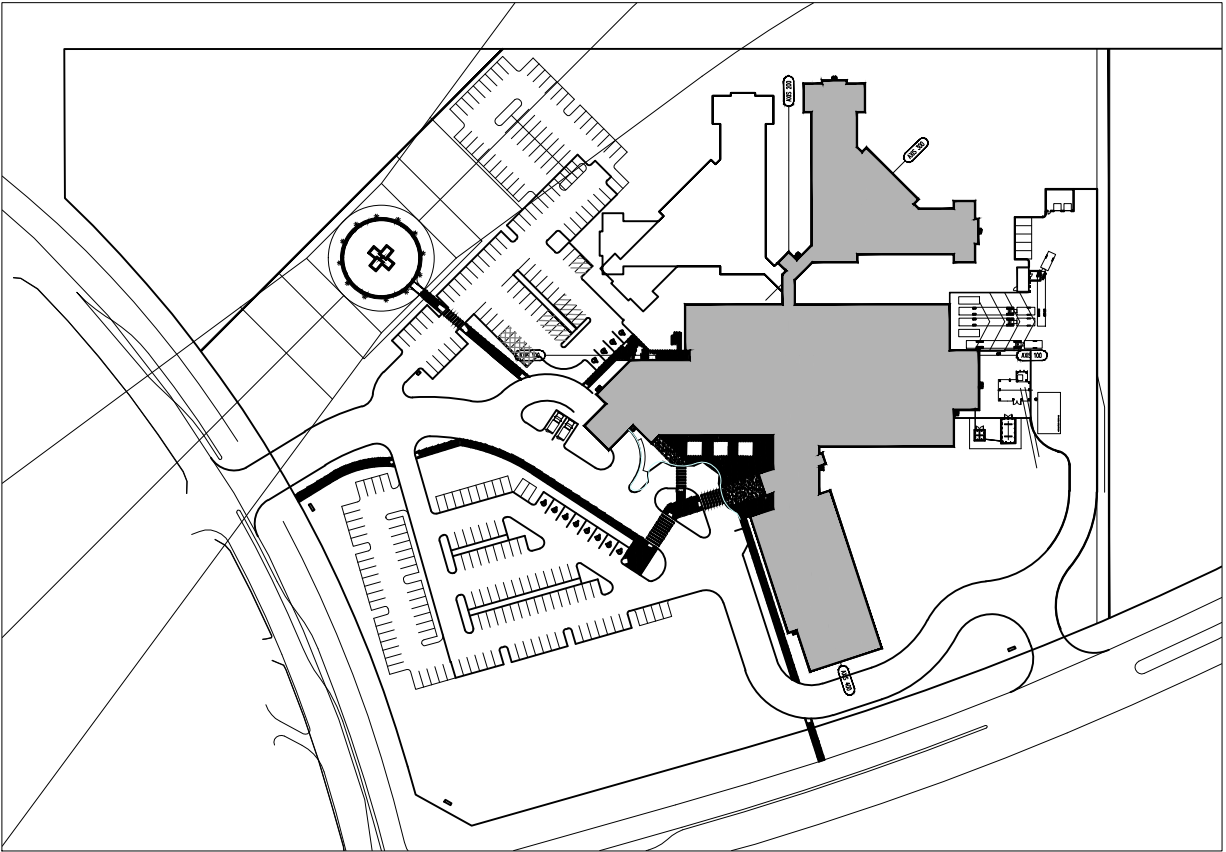
Capital Cost Estimate for 18-Chair Hemodialysis and RIC (Option 2)

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	497.1	\$1,226.68	\$609,783
Soft Costs (35%)			\$213,424
Total Project Cost Estimate			\$823,207

Sheet List Table	
Sheet Title	Sheet Number
FORT SASKATCHEWAN COMMUNITY HOSPITAL – COVER	2015-1
LEVEL 1 – OVERALL PLAN	2015-2
LEVEL 1 – IPU PART PLAN	2015-3
LEVEL 1 – HEALTH SERVICES PART PLAN	2015-6

2015 PROJECT LIST:

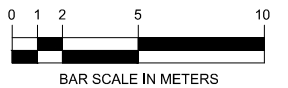
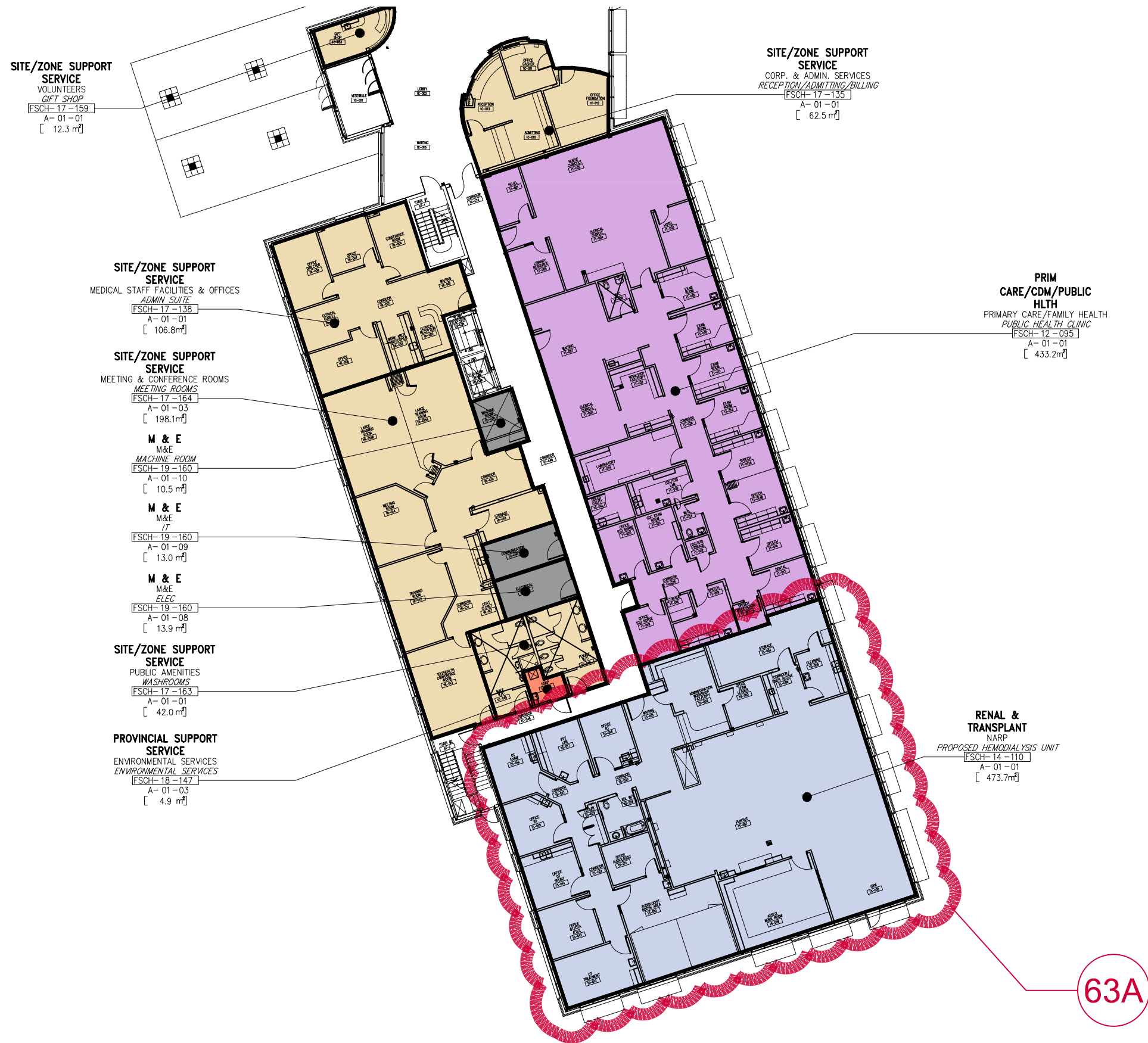
NO.	DESCRIPTION
18	DISCONTINUE OBSTETRICS AT FORT SASKATCHEWAN
63A	CREATE 12-CHAIR HEMODIALYSIS UNIT AND RIC AT FORT SASKATCHEWAN



DEPARTMENT NAMES:	
	01 ADDICTION AND MENTAL HEALTH
	02 ALLIED HEALTH
	03 CARDIAC SCIENCES
	04 CHILD HEALTH
	05 CRITICAL CARE & BURNS
	06 CONTINUING CARE
	07 DIAGNOSTIC IMAGING
	08 EMERGENCY
	09 LABORATORY MEDICINE
	10 MEDICINE
	11 NEUROSCIENCES
	12 PRIMARY CARE, CDM, PUBLIC HEALTH
	13 REHABILITATION, TERTIARY
	14 RENAL & TRANSPLANT
	15 SURGERY AND OPERATIVE SERVICES
	16 WOMEN'S HEALTH
	17 SITE/ZONE SUPPORT SERVICES
	18 PROVINCIAL SUPPORT SERVICES
	19 M&E
	20 VACANT SPACE
	21 LEASED SPACE
	22 OTHER CLINICAL SERVICES
	HATCH FOR USE OVER INPATIENT AREAS
	HATCH FOR USE OVER NON ACUTE CONTINUING CARE
PROJECT TYPE LEGEND:	
	PREVIOUSLY APPROVED CAPITAL PROJECTS
	2015 PROJECTS

NOTE: THIS LIBRARY OF FACILITY DRAWINGS IS BASED ON AUTOCAD FILES PROVIDED BY AHS; NO CHANGES HAVE BEEN MADE TO THE ROOM NAMES/NUMBERS OR TO THE ROOM LAYOUTS IN THE AHS DRAWINGS. BLACKWELLPARKIN CONDUCTED TOURS OF THESE FACILITIES IN OCTOBER-NOVEMBER 2012. THESE DRAWINGS SHOW THE USE OF SPACE - BY DEPARTMENT, NOT ROOM BY ROOM - IN EACH BUILDING AT THAT TIME. 'TAGS' HAVE BEEN ADDED TO THE DRAWINGS SHOWING THE NAME OF THE SPACE (PROGRAM AND DEPARTMENT NAMES WERE STANDARDIZED IN THE TAXONOMY OF PROGRAMS AND SERVICES THAT WAS DEVELOPED AS PART OF THE 2030 PLAN) AS WELL AS OTHER PERTINENT DATA SUCH AS THE SIZE OF THE SPACE. A COMPANION DATABASE IS AVAILABLE THAT SUMMARIZES THE SPACE-RELATED INFORMATION THAT WAS COLLECTED BY THE ARCHITECTURAL TEAM DURING THE FACILITY TOURS.





2.2.2 Hemodialysis Unit in Unused Emergency Department Space

Strathcona Community Hospital (Project #182)

Note: During early planning, this was project #63B

Current State

Strathcona Community Hospital was under construction during Phase 1 of the 2030 Plan. During that time, it was expected that the Emergency Department would open as an Urgent Care Centre and that only part of the large Emergency Department space would be utilized during early phases of operation. There was a pressing need to add more hemodialysis capacity to the Edmonton Zone and it was believed by some that the Strathcona site might provide easier access for patients than the Fort Saskatchewan site (project #181) would. Accordingly, this project was added as a priority at the last meeting of the Steering Committee prior to the conclusion of Phase 1.

Proposed Change

The plan is to use the back end of Emergency (i.e. the area furthest from the Emergency entrance) for Hemodialysis. To contain costs and to make it as easy as possible to convert the space from Hemodialysis back to Emergency in the future, no room partitions will be moved. The (currently vacant) MRI Suite would be used for water treatment and the 10 treatment bays along the north end of the Emergency Department will be used for hemodialysis treatment. Other spaces will also be required for staff, storage and work areas including half of the staff desk/workstation, the staff lounge (for hemo solution supply storage), the equipment storage room, the clean utility room and the EMS storage alcove. It should also be noted that only 10 hemodialysis stations could be accommodated in the Department and still allow space for an Urgent Care Centre function. This is a sub-optimal size for the Hemodialysis Unit which should be built in multiples of 6 (i.e. either 12 or 18 chairs) to optimize staffing efficiencies. This development solution did not provide in-department space for a Renal Insufficiency Clinic (RIC). This function could be sited in the clinic space that will be adjacent to the Diagnostic Imaging Department.

Space Requirement

Approximately 317.8 m² of the Emergency Department will be used for Hemodialysis Unit as well as the vacant MRI Suite (35 m²) for a total of 352.8 m².

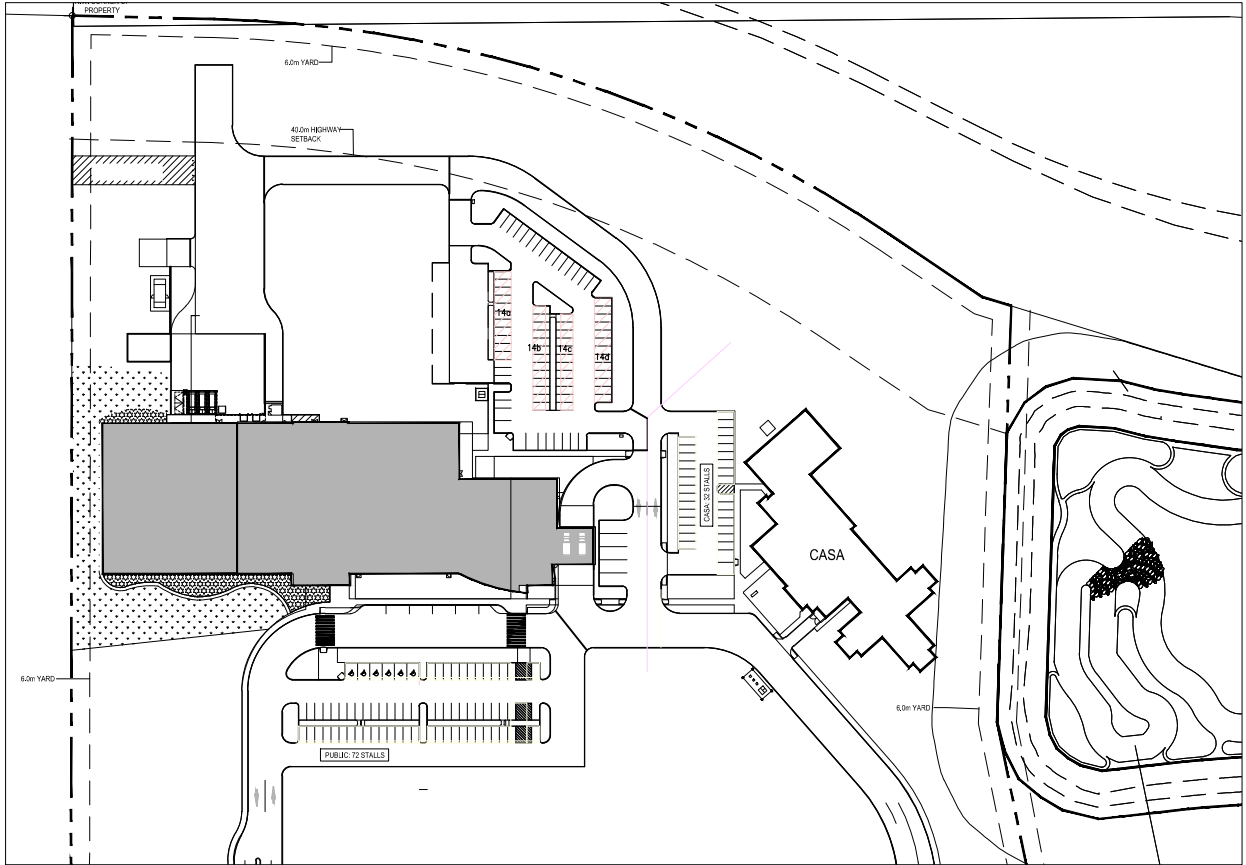
Capital Cost Estimate for a Temporary Hemodialysis Unit (10 Chairs)

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	352.8	\$1,226.68	\$432,815
Soft Costs (35%)			\$151,485
Total Project Cost Estimate			\$584,300

SHEET LIST TABLE	
Sheet Title	Sheet Number
STRATHCONA COMMUNITY HOSPITAL – COVER	2015-1
LEVEL 1 – OVERALL PLAN	2015-2
LEVEL 1 – PART PLAN EAST	2015-4

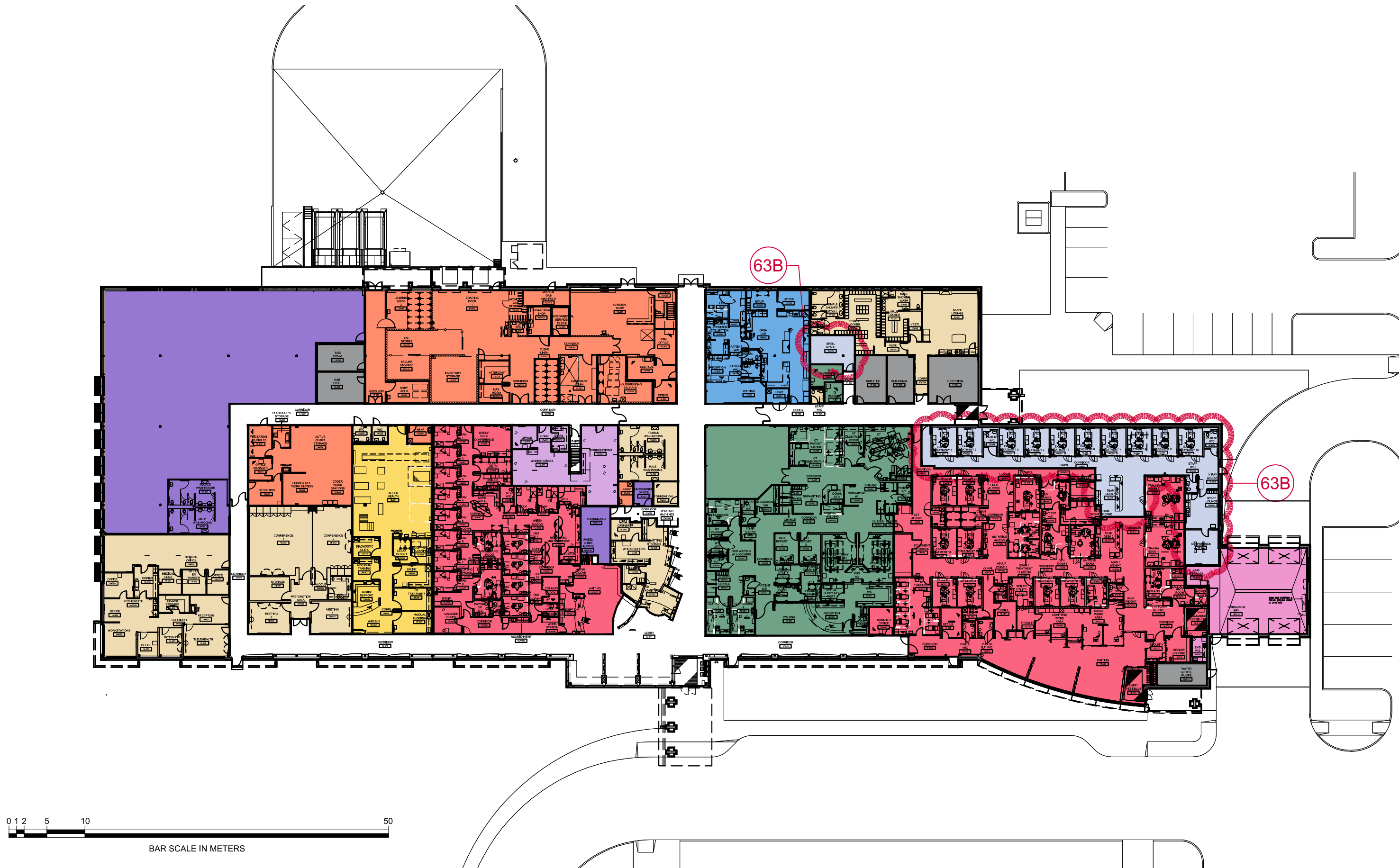
2015 PROJECT LIST:

NO.	DESCRIPTION
63B	CREATE 12-CHAIR HEMODIALYSIS UNIT AND RIC AT STRATHCONA



DEPARTMENT NAMES:	
	01 ADDICTION AND MENTAL HEALTH
	02 ALLIED HEALTH
	03 CARDIAC SCIENCES
	04 CHILD HEALTH
	05 CRITICAL CARE & BURNS
	06 CONTINUING CARE
	07 DIAGNOSTIC IMAGING
	08 EMERGENCY
	09 LABORATORY MEDICINE
	10 MEDICINE
	11 NEUROSCIENCES
	12 PRIMARY CARE, CDM, PUBLIC HEALTH
	13 REHABILITATION, TERTIARY
	14 RENAL & TRANSPLANT
	15 SURGERY AND OPERATIVE SERVICES
	16 WOMEN'S HEALTH
	17 SITE/ZONE SUPPORT SERVICES
	18 PROVINCIAL SUPPORT SERVICES
	19 M&E
	20 VACANT SPACE
	21 LEASED SPACE
	22 OTHER CLINICAL SERVICES
	HATCH FOR USE OVER INPATIENT AREAS
	HATCH FOR USE OVER NON ACUTE CONTINUING CARE
PROJECT TYPE LEGEND:	
	PREVIOUSLY APPROVED CAPITAL PROJECTS
	2015 PROJECTS

NOTE: THIS LIBRARY OF FACILITY DRAWINGS IS BASED ON AUTOCAD FILES PROVIDED BY AHS; NO CHANGES HAVE BEEN MADE TO THE ROOM NAMES/NUMBERS OR TO THE ROOM LAYOUTS IN THE AHS DRAWINGS. BLACKWELLPARKIN CONDUCTED TOURS OF THESE FACILITIES IN OCTOBER-NOVEMBER 2012. THESE DRAWINGS SHOW THE USE OF SPACE - BY DEPARTMENT, NOT ROOM BY ROOM - IN EACH BUILDING AT THAT TIME. 'TAGS' HAVE BEEN ADDED TO THE DRAWINGS SHOWING THE NAME OF THE SPACE (PROGRAM AND DEPARTMENT NAMES WERE STANDARDIZED IN THE TAXONOMY OF PROGRAMS AND SERVICES THAT WAS DEVELOPED AS PART OF THE 2030 PLAN) AS WELL AS OTHER PERTINENT DATA SUCH AS THE SIZE OF THE SPACE. A COMPANION DATABASE IS AVAILABLE THAT SUMMARIZES THE SPACE-RELATED INFORMATION THAT WAS COLLECTED BY THE ARCHITECTURAL TEAM DURING THE FACILITY TOURS.



2.2.3 Move the Gestational Diabetes Clinic from Anderson Hall to existing but vacant clinic space in the Community Services Building, Royal Alexandra Hospital (Project #94)

Note: During early planning, this was project #50

Current State

The Gestational Diabetes Clinic was located in very poor-quality space in Anderson Hall at the Royal Alexandra Hospital. The space was undersized and not wheelchair or bariatric accessible. Windows were in very poor condition with heavy frost and condensation in cold weather. The temperature would reach 35⁰ C during the summer, posing health hazards to patients and staff alike.

Proposed Change

There is an existing clinic space (227.3 m²) in the Community Services Building that can accommodate the Gestational Diabetes Clinic. Only minor renovations such as cleaning, paint and new light fixtures would be required to prepare this space prior to occupancy; a capital allowance is provided for these space improvements.

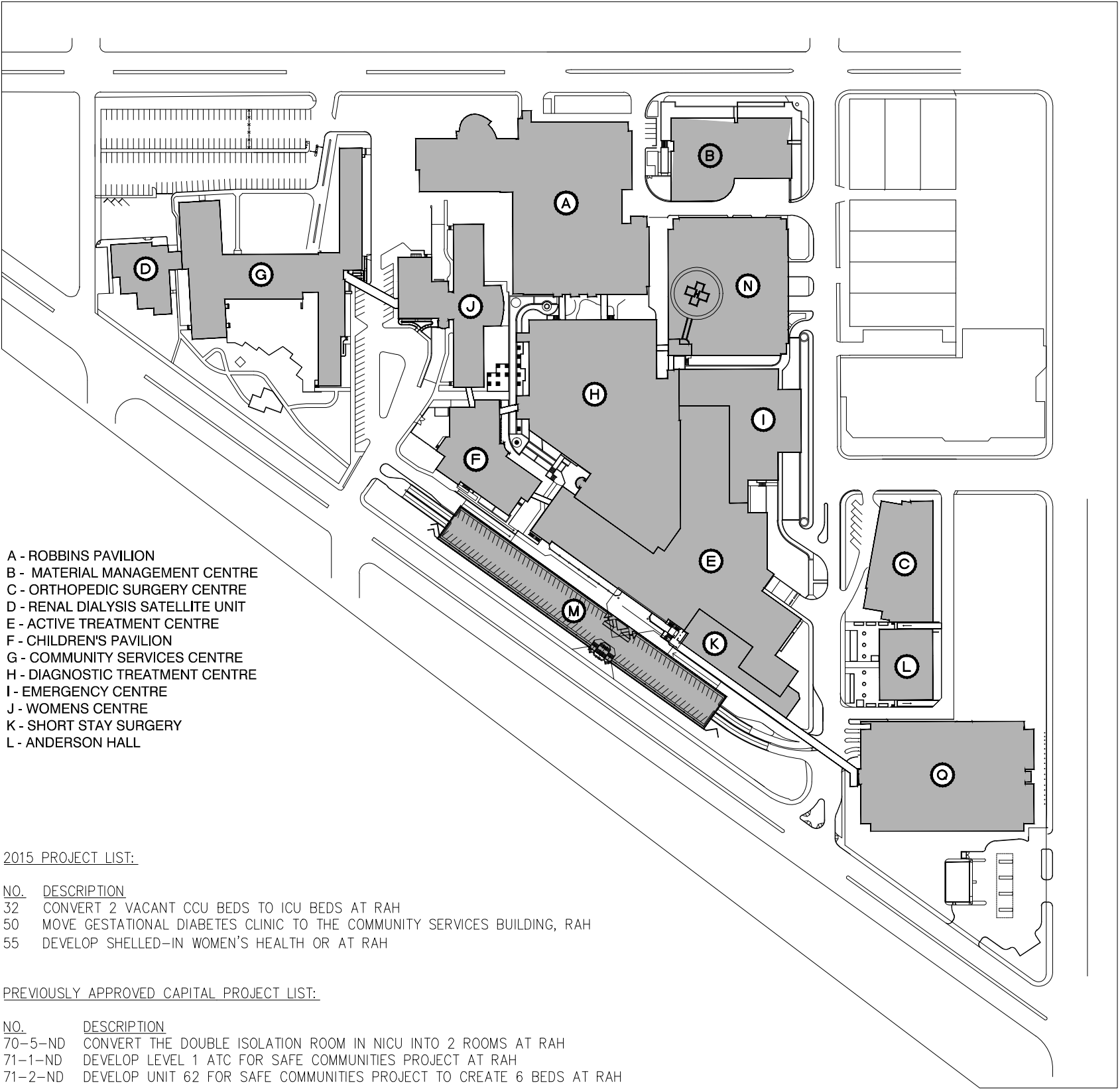
Space Requirement

The available space is 227.3 m².

Capital Cost Allowance

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	227.3	500.00	\$113,650
Soft Costs (35%)			\$39,778
Total Project Cost Allowance			\$153,428

SHEET LIST TABLE	
Sheet Title	Sheet Number
ROYAL ALEXANDRA HOSPITAL – COVER	2015–1
BLDG A – ROBBINS PAVILION	
LEVEL 4 – OVERALL PLAN	2015–17
LEVEL 4 – PART PLAN NORTH	2015–18
BLDG E – ACTIVE TREATMENT CENTRE	
LEVEL 1 – OVERALL PLAN	2015–48
LEVEL 1 – PART PLAN NORTH	2015–49
LEVEL 6 – OVERALL PLAN	2015–68
LEVEL 6 – PART PLAN NORTH	2015–69
BLDG G – COMMUNITY SERVICES CENTRE	
LEVEL 1 – OVERALL PLAN	2015–92
LEVEL 1 – PART PLAN EAST	2015–94
BLDG H – DIAGNOSTIC TREATMENT CENTRE	
LEVEL 3 – OVERALL PLAN	2015–116
LEVEL 3 – PART PLAN NORTH	2015–117
LEVEL 5 – OVERALL PLAN	2015–122
LEVEL 5 – PART PLAN NORTH	2015–123
BLDG L – ANDERSON HALL	
LEVEL 2 – OVERALL PLAN	2015–149



- A - ROBBINS PAVILION
B - MATERIAL MANAGEMENT CENTRE
C - ORTHOPEDIC SURGERY CENTRE
D - RENAL DIALYSIS SATELLITE UNIT
E - ACTIVE TREATMENT CENTRE
F - CHILDREN'S PAVILION
G - COMMUNITY SERVICES CENTRE
H - DIAGNOSTIC TREATMENT CENTRE
I - EMERGENCY CENTRE
J - WOMENS CENTRE
K - SHORT STAY SURGERY
L - ANDERSON HALL

2015 PROJECT LIST:

NO.	DESCRIPTION
32	CONVERT 2 VACANT CCU BEDS TO ICU BEDS AT RAH
50	MOVE GESTATIONAL DIABETES CLINIC TO THE COMMUNITY SERVICES BUILDING, RAH
55	DEVELOP SHELLED-IN WOMEN'S HEALTH OR AT RAH

PREVIOUSLY APPROVED CAPITAL PROJECT LIST:

NO.	DESCRIPTION
70–5–ND	CONVERT THE DOUBLE ISOLATION ROOM IN NICU INTO 2 ROOMS AT RAH
71–1–ND	DEVELOP LEVEL 1 ATC FOR SAFE COMMUNITIES PROJECT AT RAH
71–2–ND	DEVELOP UNIT 62 FOR SAFE COMMUNITIES PROJECT TO CREATE 6 BEDS AT RAH

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DEPARTMENT NAMES:

01

ADDITION AND MENTAL HEALTH

02

ALLIED HEALTH

03

CARDIAC SCIENCES

04

CHILD HEALTH

05

CRITICAL CARE & BURNS

06

CONTINUING CARE

07

DIAGNOSTIC IMAGING

08

EMERGENCY

09

LABORATORY MEDICINE

10

MEDICINE

11

NEUROSCIENCES

12

PRIMARY CARE, CDM, PUBLIC HEALTH

13

REHABILITATION, TERTIARY

14

RENAL & TRANSPLANT

15

SURGERY AND OPERATIVE SERVICES

16

WOMEN'S HEALTH

17

SITE/ZONE SUPPORT SERVICES

18

PROVINCIAL SUPPORT SERVICES

19

M&E

20

VACANT SPACE

21

LEASED SPACE

22

OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREAS

HATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

XXXXX

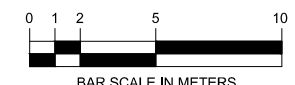
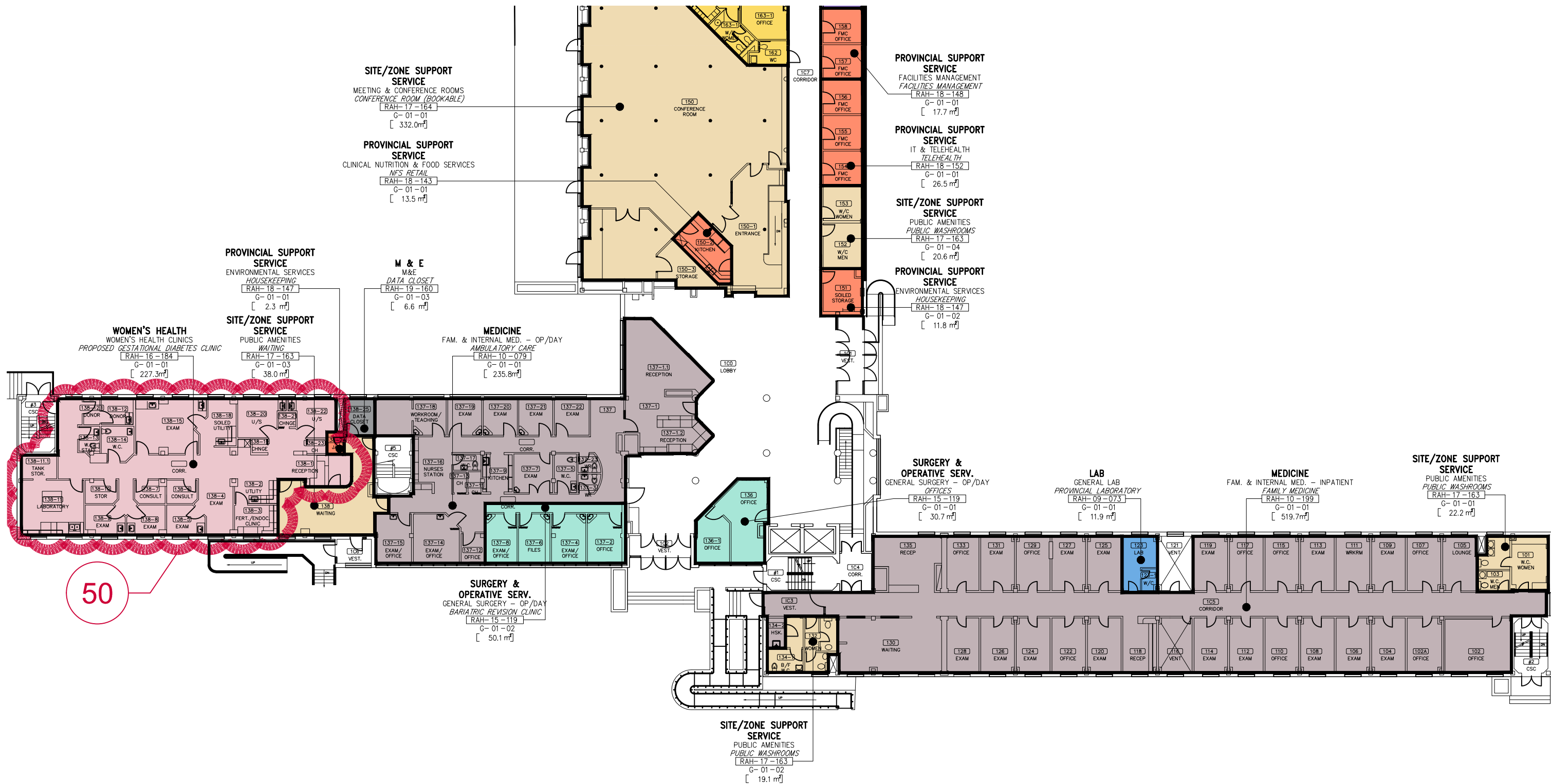
PREVIOUSLY APPROVED CAPITAL PROJECTS

XXXX

2015 PROJECTS

FILE NAME: C:\1216 2015 PLAN\CAD\SHEETS\DEPARTMENTAL AREA SHEETS\ROYAL ALEXANDRA HOSPITAL\DA-G - COMMUNITY SERVICES CENTRE\1216-RAH-G-CSC_FP01-DA.DWG





2.2.4 Move Offices from L8 of the Hospital to the Cabrini Centre

Re-Open up to 30 Inpatient Beds on L8 of the Hospital (Project #77)

Note: During early planning, this was project #19A and 19B

Current State

Level 8 of the Misericordia was designed as a 30-bed inpatient unit but had been decommissioned and used as office space for several years. The Cabrini Centre, a former nurses' residence, had three floors that were build-out ready for renovations to accommodate offices. At the end of Phase 1 of the 2030 Plan, there was a flood at the Misericordia, forcing the evacuation and demolition of an inpatient unit. This added further pressure for to the need for additional inpatient beds.

Proposed Change

Modest levels of renovation will be completed in the Cabrini Centre to provide short- to intermediate-term office accommodation. Recommissioning the inpatient unit will be more complex: nurse call, life safety upgrade, universal accessibility, HVAC and lighting will all be upgraded. In addition, a test fit is needed to optimize flow of patients, staff, materials and supplies in the unit. Asbestos abatement may also be needed.

This project will require a project team with AHS and Covenant Health planning staff, health planners, architects, engineers and a contractor. It is expected that this project will take 15 to 18 months of elapsed time to complete, assuming that planning can begin before the unit is vacated by the office staff.

Space Requirement

The available space in the Cabrini Centre is 961 m².

The size of the nursing unit on L8 is 1657.2 m².

Capital Cost Estimate: Cabrini Centre

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	961.0	2,611	\$2,509,171
Soft Costs (35%)			\$878,210
Total Project Cost Estimate			\$3,387,381

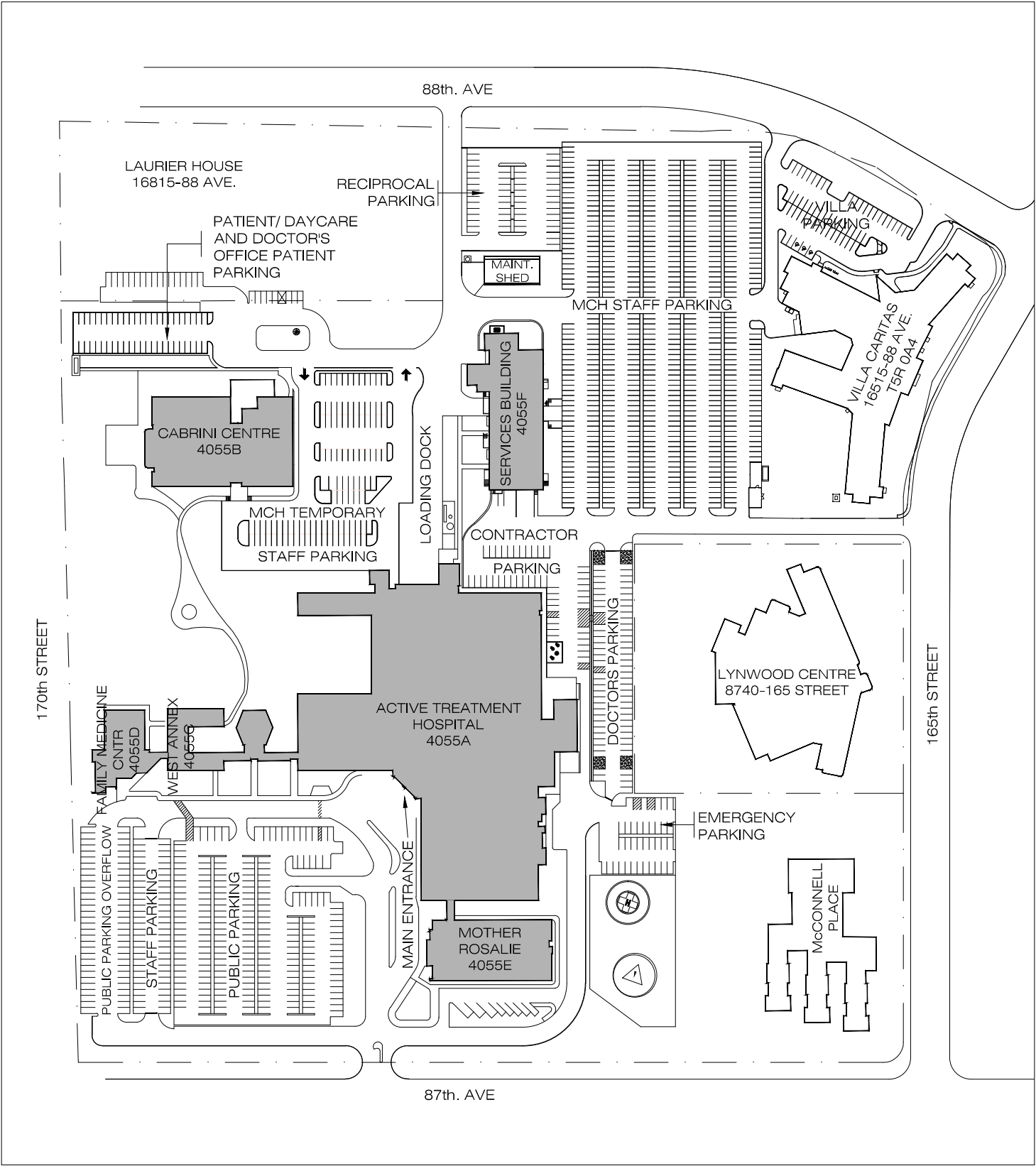
Capital Cost Allowance: Misericordia Level 8: 30-bed Inpatient Unit

	Area (m ²)	Unit Cost/m ²	Total
Recommissioning Allowance	1657.2	-	\$500,000
Soft Costs (35%)			\$175,000
Allowance Only			\$675,000

Sheet List Table	
Sheet Title	Sheet Number
1216-MCH-COVER	2015-1
ACTIVE TREATMENT HOSPITAL	
LEVEL 8 - PLAN CENTER	2015-33
CABRINI CENTRE	
LEVEL 8 - OVERALL PLAN	2015-48
LEVEL 9 - OVERALL PLAN	2015-49
LEVEL 10 - OVERALL PLAN	2015-50

2015 PROJECT LIST:

NO.	DESCRIPTION
19A	MOVE OFFICES FROM THE 8TH FLOOR OF THE MISERICORDIA TO THE CABRINI CENTRE
19B	RE-OPEN 30 INPATIENT BEDS ON THE 8TH LOOR OF THE MISERICORDIA



DEPARTMENT NAMES:

01 ADDICTION AND MENTAL HEALTH

02 ALLIED HEALTH

03 CARDIAC SCIENCES

04 CHILD HEALTH

05 CRITICAL CARE & BURNS

06 CONTINUING CARE

07 DIAGNOSTIC IMAGING

08 EMERGENCY

09 LABORATORY MEDICINE

10 MEDICINE

11 NEUROSCIENCES

12 PRIMARY CARE, CDM, PUBLIC HEALTH

13 REHABILITATION, TERTIARY

14 RENAL & TRANSPLANT

15 SURGERY AND OPERATIVE SERVICES

16 WOMEN'S HEALTH

17 SITE/ZONE SUPPORT SERVICES

18 PROVINCIAL SUPPORT SERVICES

19 M&E

20 VACANT SPACE

21 LEASED SPACE

22 OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREAS

HATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

XXXXX

PREVIOUSLY APPROVED CAPITAL PROJECTS

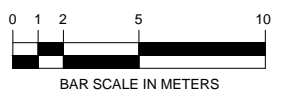
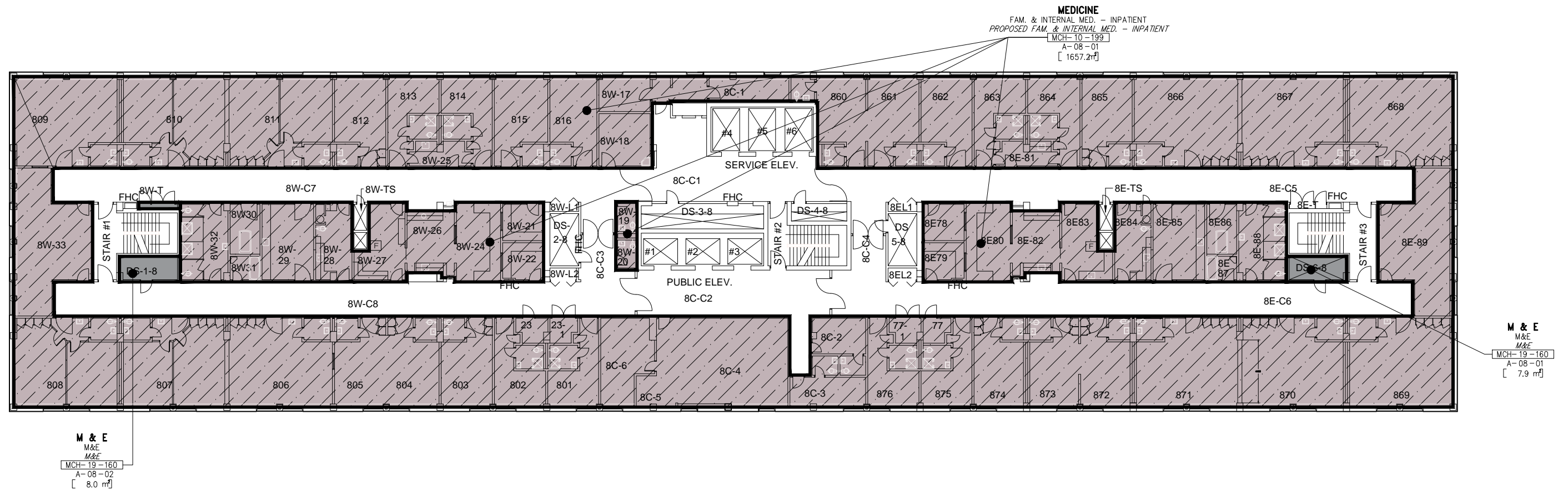
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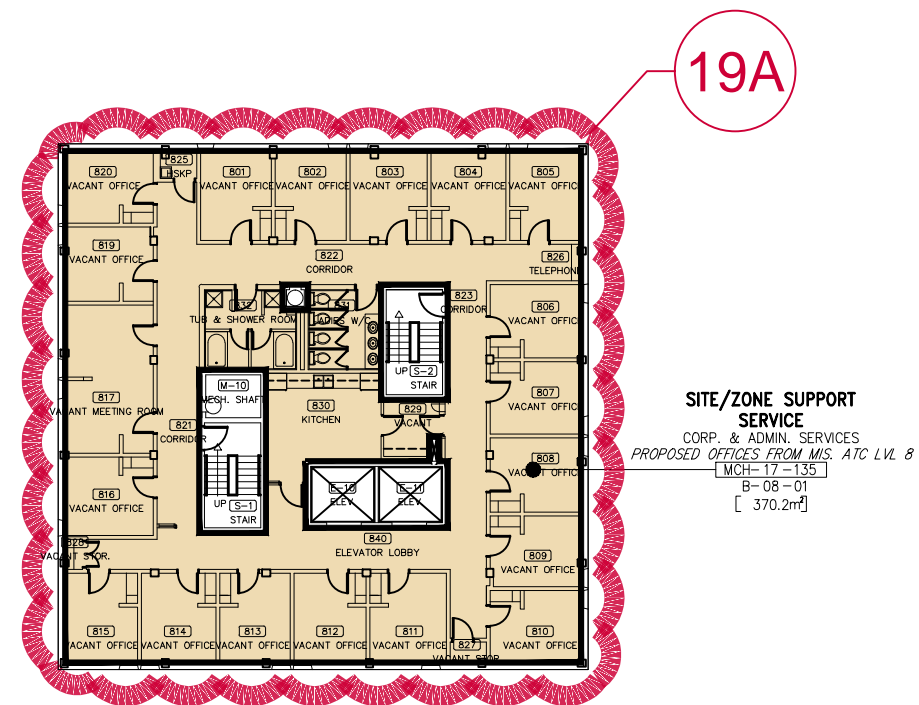
2015 PROJECTS

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FILE NAME: C:\1216 2015 PLAN\CAD\SHEETS\DEPARTMENTAL AREA SHEETS\MISERICORDIA COMMUNITY HOSPITAL\1216-MCH_COVER-DA.DWG

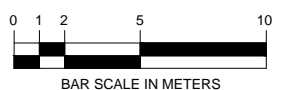
19B

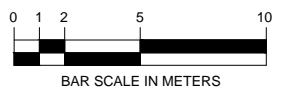
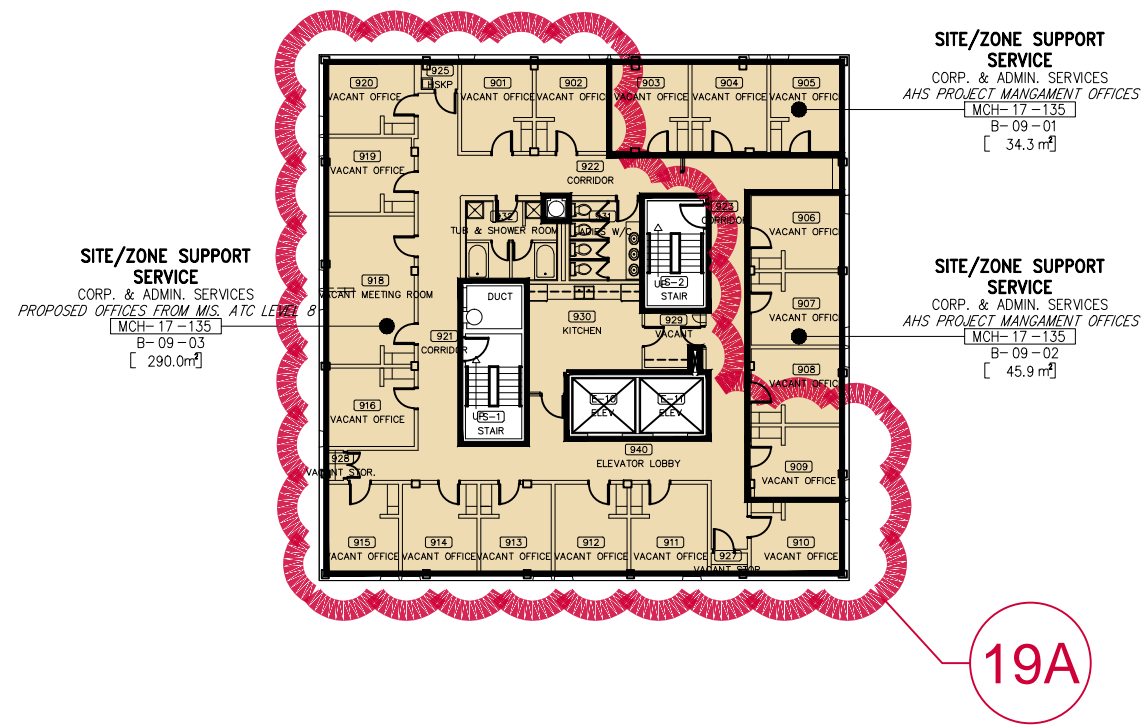


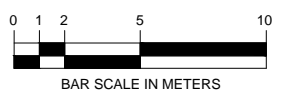
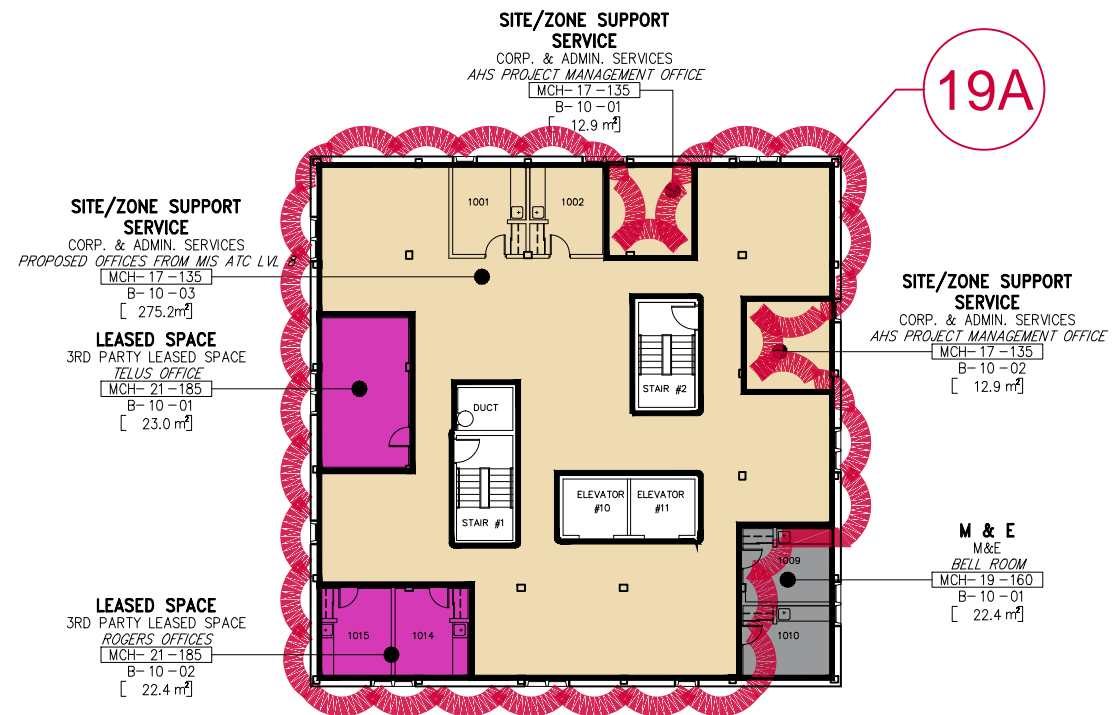


**SITE/ZONE SUPPORT
SERVICE**

SERVICE
CORP. & ADMIN. SERVICES
PROPOSED OFFICES FROM MIS. ATC LVL 8
MCH-17-135
B-08-01
[370.2m²]







2.2.5 Move Child Health Clinic to L4 of St. Marguerite's Re-Open up to 29 Inpatient Beds on L2 of the Hospital (Project #76)

Note: During early planning, this was project #15-1A and 15-1B

Current State

Level 2 of the Grey Nuns was designed as a 32-bed inpatient unit but was lightly renovated and has been used for a Child Health Clinic. There was growing pressure for inpatient beds and this Unit could be reclaimed for good-quality inpatient space at a low cost.

Proposed Change

The overall condition of L2 of the Grey Nuns Hospital is very good; only minor renovations are needed to restore this space as an inpatient unit with the only major investment expected to be for upgrading of communication and some life safety systems.

A portion of L4 of St. Marguerite's Community Health Services Building is shelled space and could be easily developed for use as Child Health Clinic space.

This project will require a project team with AHS and Covenant Health planning staff, health planners, architects, engineers and a contractor. It is expected that this project will take a total of 15-18 months of elapsed time to allow time for new construction in St. Marguerite's and minimal renovations in the Hospital.

Space Requirement

The available space on L4 of St. Marguerite's is 825 m².

The size of the nursing unit on L2 is 1234.3 m².

Capital Cost Estimate: St. Marguerite's

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	823.3	\$3263	\$2,686,428
Soft Costs (35%)			\$940,250
Total Project Cost Estimate			\$3,626,678

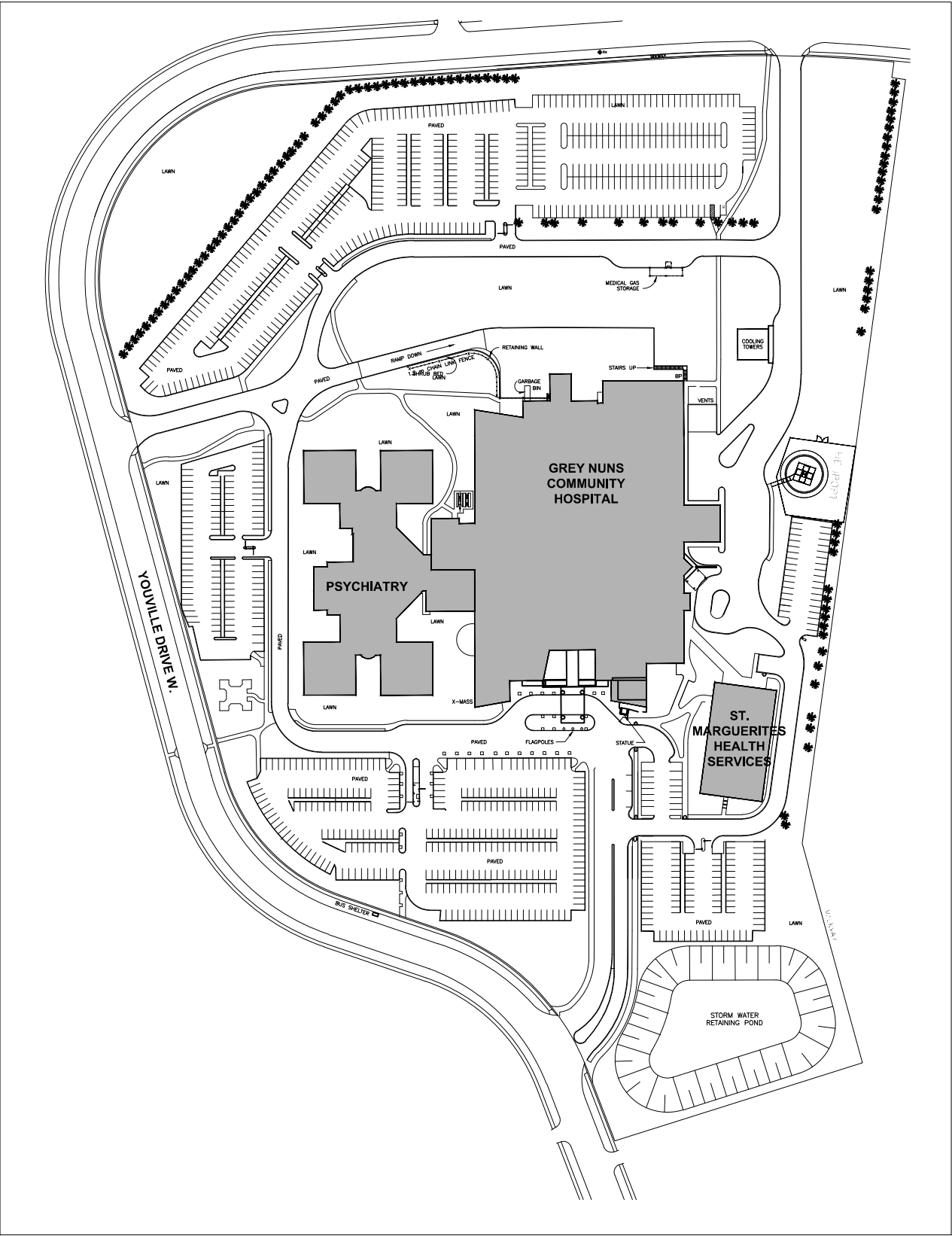
Capital Cost Allowance: Grey Nuns L2: 29-bed Inpatient Unit

	Area (m ²)	Unit Cost/m ²	Total
Recommissioning Allowance	1234.3	-	\$245,000
Soft Costs (35%)			\$85,750
Allowance Only			\$330,750

Sheet List Table	
Sheet Title	Sheet Number
GREY NUNS COMMUNITY HOSPITAL- COVER	2015-1
GREY NUNS COMMUNITY HOSPITAL	
LEVEL 2 - OVERALL PLAN	2015-12
LEVEL 2 - PART PLAN NORTH EAST	2015-13
LEVEL 2 - PART PLAN SOUTH EAST	2015-15
ST. MARGUERITE HEALTH SERVICES	
LEVEL 4 - OVERALL PLAN	2015-26

2015 PROJECT LIST:

NO.	DESCRIPTION
3	CONSOLIDATE CARDIAC REHAB. SERVICES IN THE COMMUNITY AND AT MAH
15-1A	MOVE CHILD HEALTH TO LEVEL 4 OF ST. MARGARITES
15-1B	RE-OPEN 29 INPATIENT BEDS ON LEVEL 2 AT THE GREY NUNS



DEPARTMENT NAMES:

01

ADDITION AND MENTAL HEALTH

02

ALLIED HEALTH

03

CARDIAC SCIENCES

04

CHILD HEALTH

05

CRITICAL CARE & BURNS

06

CONTINUING CARE

07

DIAGNOSTIC IMAGING

08

EMERGENCY

09

LABORATORY MEDICINE

10

MEDICINE

11

NEUROSCIENCES

12

PRIMARY CARE, CDM, PUBLIC HEALTH

13

REHABILITATION, TERTIARY

14

RENAL & TRANSPLANT

15

SURGERY AND OPERATIVE SERVICES

16

WOMEN'S HEALTH

17

SITE/ZONE SUPPORT SERVICES

18

PROVINCIAL SUPPORT SERVICES

19

M&E

20

VACANT SPACE

21

LEASED SPACE

22

OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREAS

HATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

XXXXX

PREVIOUSLY APPROVED CAPITAL PROJECTS

XXXX

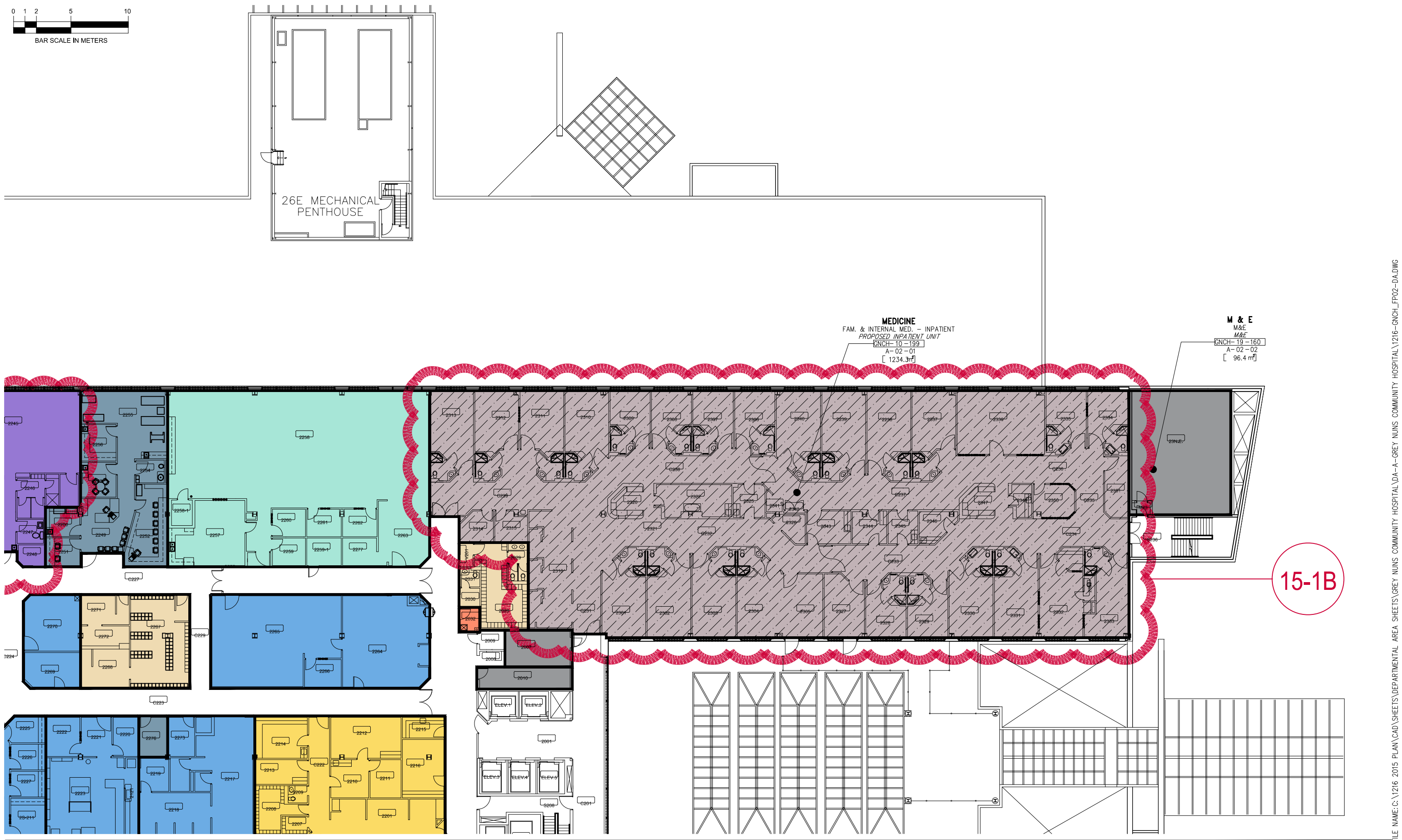
2015 PROJECTS

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0 1 2 5 10 50
BAR SCALE IN METERS



FILE NAME: C:\1216 2015 PLAN\CAD\SHEETS\DEPARTMENTAL AREA SHEETS\GREY NUNS COMMUNITY HOSPITAL\DA-A-GREY NUNS COMMUNITY HOSPITAL\1216-GNCH_FP02-DA.DWG

CONTINUING CARE
LONG TERM CARE
PALLIATIVE CARE INSTITUTE
GNCH-06-049
C-04-01
[315.1m²]

SITE/ZONE SUPPORT SERVICE
PUBLIC AMENITIES
PUBLIC WASHROOM
GNCH-17-163
C-04-01
[26 m²]

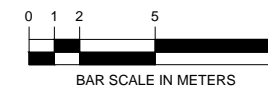
PROVINCIAL SUPPORT SERVICE
ENVIRONMENTAL SERVICES
HOUSEKEEPING
GNCH-18-147
C-04-01
[3.4 m²]

MEDICINE
GERIATRIC MEDICINE - OP/DAY
GERIATRIC MEDICINE
GNCH-10-080
C-04-01
[57.7 m²]

M & E
M&E
DATA HUB
GNCH-19-160
C-04-01
[7.1 m²]

CHILD HEALTH
MEDICINE - INPATIENT
PROPOSED NEURO LEARNING & DEVELOP
GNCH-04-194
C-04-01
[832.3m²]

15-1A



2.2.6 Converting 2 Vacated CCU Beds to 2 ICU Beds

Royal Alexandra Hospital (Project #92)

Note: During early planning, this was project #32

Current State

There are vacant CCU beds that abut the Intensive Care Unit at RAH. By punching through a wall and creating some circulation, these beds can be incorporated into the adjacent ICU.

Proposed Change

Convert 2 vacant CCU beds for use as ICU beds.

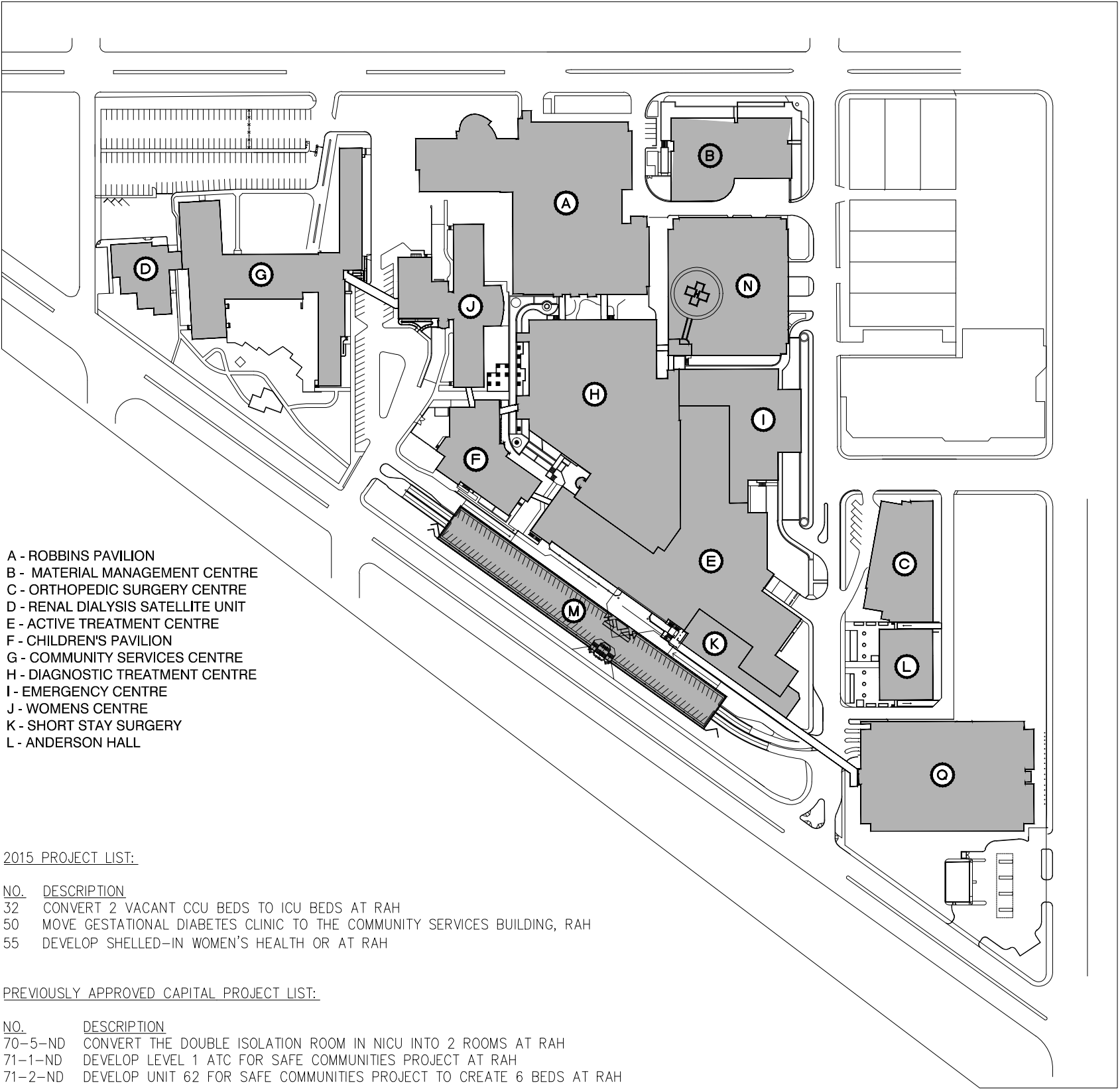
Space Requirement

The size of the vacant CCU beds is 55.4 m²

Capital Cost Allowance

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)			\$100,000
Soft Costs (35%)			\$35,000
Allowance Only			\$135,000

SHEET LIST TABLE	
Sheet Title	Sheet Number
ROYAL ALEXANDRA HOSPITAL - COVER	2015-1
BLDG A - ROBBINS PAVILION	
LEVEL 4 - OVERALL PLAN	2015-17
LEVEL 4 - PART PLAN NORTH	2015-18
BLDG E - ACTIVE TREATMENT CENTRE	
LEVEL 1 - OVERALL PLAN	2015-48
LEVEL 1 - PART PLAN NORTH	2015-49
LEVEL 6 - OVERALL PLAN	2015-68
LEVEL 6 - PART PLAN NORTH	2015-69
BLDG G - COMMUNITY SERVICES CENTRE	
LEVEL 1 - OVERALL PLAN	2015-92
LEVEL 1 - PART PLAN EAST	2015-94
BLDG H - DIAGNOSTIC TREATMENT CENTRE	
LEVEL 3 - OVERALL PLAN	2015-116
LEVEL 3 - PART PLAN NORTH	2015-117
LEVEL 5 - OVERALL PLAN	2015-122
LEVEL 5 - PART PLAN NORTH	2015-123
BLDG L - ANDERSON HALL	
LEVEL 2 - OVERALL PLAN	2015-149



- A - ROBBINS PAVILION
B - MATERIAL MANAGEMENT CENTRE
C - ORTHOPEDIC SURGERY CENTRE
D - RENAL DIALYSIS SATELLITE UNIT
E - ACTIVE TREATMENT CENTRE
F - CHILDREN'S PAVILION
G - COMMUNITY SERVICES CENTRE
H - DIAGNOSTIC TREATMENT CENTRE
I - EMERGENCY CENTRE
J - WOMENS CENTRE
K - SHORT STAY SURGERY
L - ANDERSON HALL

2015 PROJECT LIST:

NO.	DESCRIPTION
32	CONVERT 2 VACANT CCU BEDS TO ICU BEDS AT RAH
50	MOVE GESTATIONAL DIABETES CLINIC TO THE COMMUNITY SERVICES BUILDING, RAH
55	DEVELOP SHELLED-IN WOMEN'S HEALTH OR AT RAH

PREVIOUSLY APPROVED CAPITAL PROJECT LIST:

NO.	DESCRIPTION
70-5-ND	CONVERT THE DOUBLE ISOLATION ROOM IN NICU INTO 2 ROOMS AT RAH
71-1-ND	DEVELOP LEVEL 1 ATC FOR SAFE COMMUNITIES PROJECT AT RAH
71-2-ND	DEVELOP UNIT 62 FOR SAFE COMMUNITIES PROJECT TO CREATE 6 BEDS AT RAH

NOTE: THIS LIBRARY OF FACILITY DRAWINGS IS BASED ON AUTOCAD FILES PROVIDED BY AHS; NO CHANGES HAVE BEEN MADE TO THE ROOM NAMES/NUMBERS OR TO THE ROOM LAYOUTS IN THE AHS DRAWINGS. BLACKWELLPARKIN CONDUCTED TOURS OF THESE FACILITIES IN OCTOBER-NOVEMBER 2012. THESE DRAWINGS SHOW THE USE OF SPACE - BY DEPARTMENT, NOT ROOM BY ROOM - IN EACH BUILDING AT THAT TIME. 'TAGS' HAVE BEEN ADDED TO THE DRAWINGS SHOWING THE NAME OF THE SPACE (PROGRAM AND DEPARTMENT NAMES WERE STANDARDIZED IN THE TAXONOMY OF PROGRAMS AND SERVICES THAT WAS DEVELOPED AS PART OF THE 2030 PLAN) AS WELL AS OTHER PERTINENT DATA SUCH AS THE SIZE OF THE SPACE. A COMPANION DATABASE IS AVAILABLE THAT SUMMARIZES THE SPACE-RELATED INFORMATION THAT WAS COLLECTED BY THE ARCHITECTURAL TEAM DURING THE FACILITY TOURS.

DEPARTMENT NAMES:

01 ADDICTION AND MENTAL HEALTH

02 ALLIED HEALTH

03 CARDIAC SCIENCES

04 CHILD HEALTH

05 CRITICAL CARE & BURNS

06 CONTINUING CARE

07 DIAGNOSTIC IMAGING

08 EMERGENCY

09 LABORATORY MEDICINE

10 MEDICINE

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12 PRIMARY CARE, CDM, PUBLIC HEALTH

13 REHABILITATION, TERTIARY

14 RENAL & TRANSPLANT

15 SURGERY AND OPERATIVE SERVICES

16 WOMEN'S HEALTH

17 SITE/ZONE SUPPORT SERVICES

18 PROVINCIAL SUPPORT SERVICES

19 M&E

20 VACANT SPACE

21 LEASED SPACE

22 OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREAS

HATCH FOR USE OVER NON ACUTE CONTINUING CARE

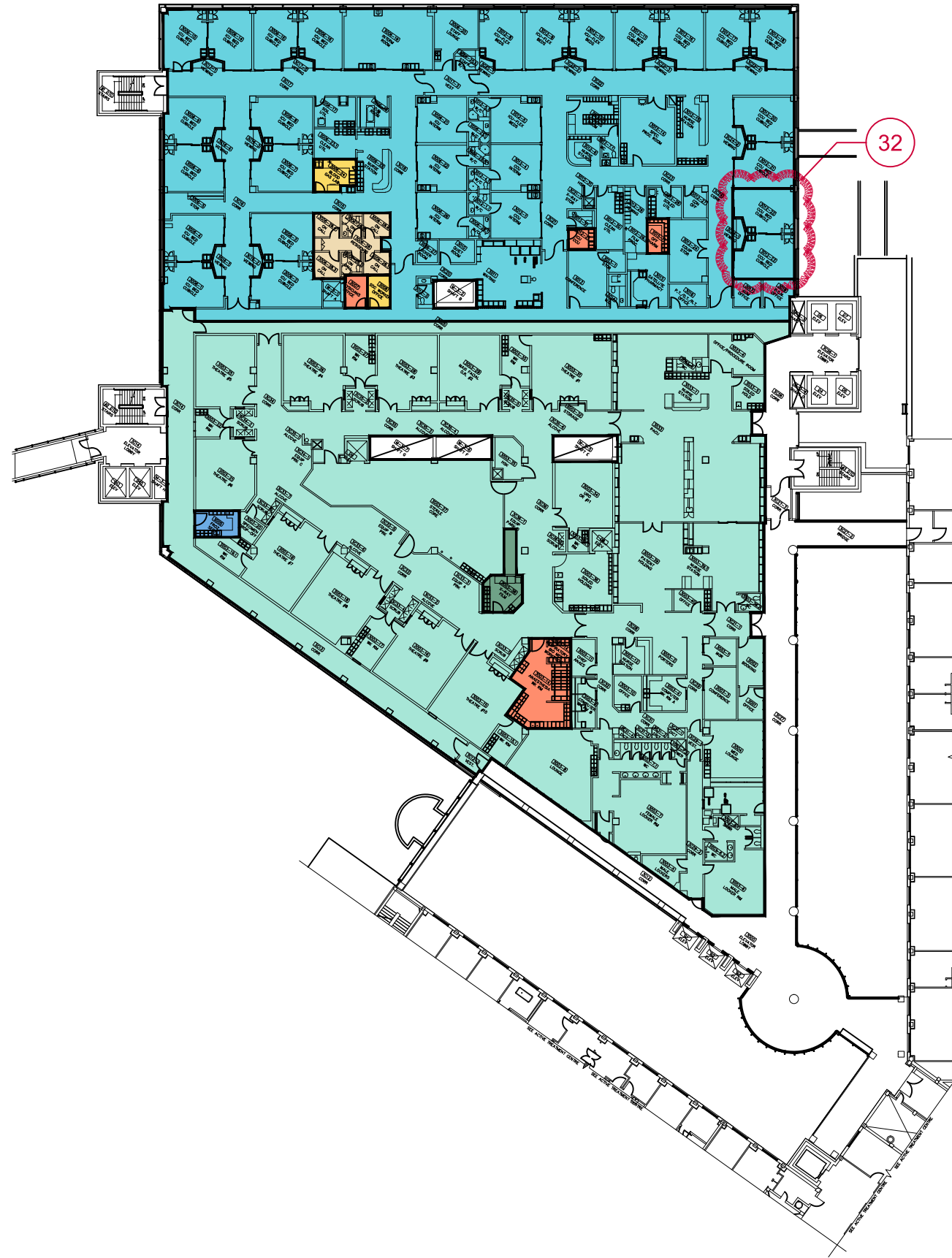
PROJECT TYPE LEGEND:

XXXXX

PREVIOUSLY APPROVED CAPITAL PROJECTS

XXXX

2015 PROJECTS





ALLIED HEALTH
RESPIRATORY THERAPY
RESPIRATORY THERAPY
RAH-02-013
H-03-01
[13.0 m²]

SITE/ZONE SUPPORT SERVICE
MEDICAL STAFF FACILITIES & OFFICES
SLEEP ROOMS
RAH-17-138
H-03-01
[47.0 m²]

ALLIED HEALTH
SOCIAL WORK
SOCIAL WORK
RAH-02-014
H-03-01
[7.5 m²]

PROVINCIAL SUPPORT SERVICE
PHARMACY
PHARMACY
RAH-18-156
H-03-01
[7.4 m²]

LAB
GENERAL LAB
PROVINCIAL LABORATORY
RAH-09-073
H-03-01
[11.7 m²]

DIAGNOSTIC IMAGING
GENERAL IMAGING
GENERAL IMAGING
RAH-07-055
H-03-01
[19.6 m²]

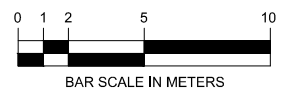
CRITICAL CARE & BURNS
ICU
ICU GENERAL SYSTEMS
RAH-05-169
H-03-01
[1792.0 m²]

CRITICAL CARE & BURNS
ICU
PROPOSED ICU GENERAL SYSTEMS
RAH-05-169
H-03-02
[55.4 m²]

PROVINCIAL SUPPORT SERVICE
CLINICAL ENGINEERING
BIOMEDICAL/CLINICAL ENGINEERING
RAH-18-142
H-03-01
[5.4 m²]

PROVINCIAL SUPPORT SERVICE
PHARMACY
SATELLITE PHARMACY
RAH-18-156
H-03-02
[7.4 m²]

SURGERY & OPERATIVE SERV.
SURGICAL SUITE & PARR
OPERATIVE SERVICES
RAH-15-129
H-03-01
[2448.1 m²]



2.2.7 Build Out the Shelled-In Operating Room, Women's Health Robbins Pavilion, Royal Alexandra Hospital (Project #96)

Note: During early planning, this was project #55

Current State

There was a shelled-in OR in the Robbins Pavilion. There was a significant and growing wait list for gyne surgery but OR time was being increasingly utilized by the unprecedented and growing demand by obstetrics.

Proposed Change

Build out the shelled-in Women's Health OR to increase the amount of available OR time. As this building was only recently completed, there is an opportunity to engage the same architectural and construction team that did the original work. Their knowledge of the building will likely result in a quicker, more cost-efficient capital project than if AHS were to engage a new team for the job.

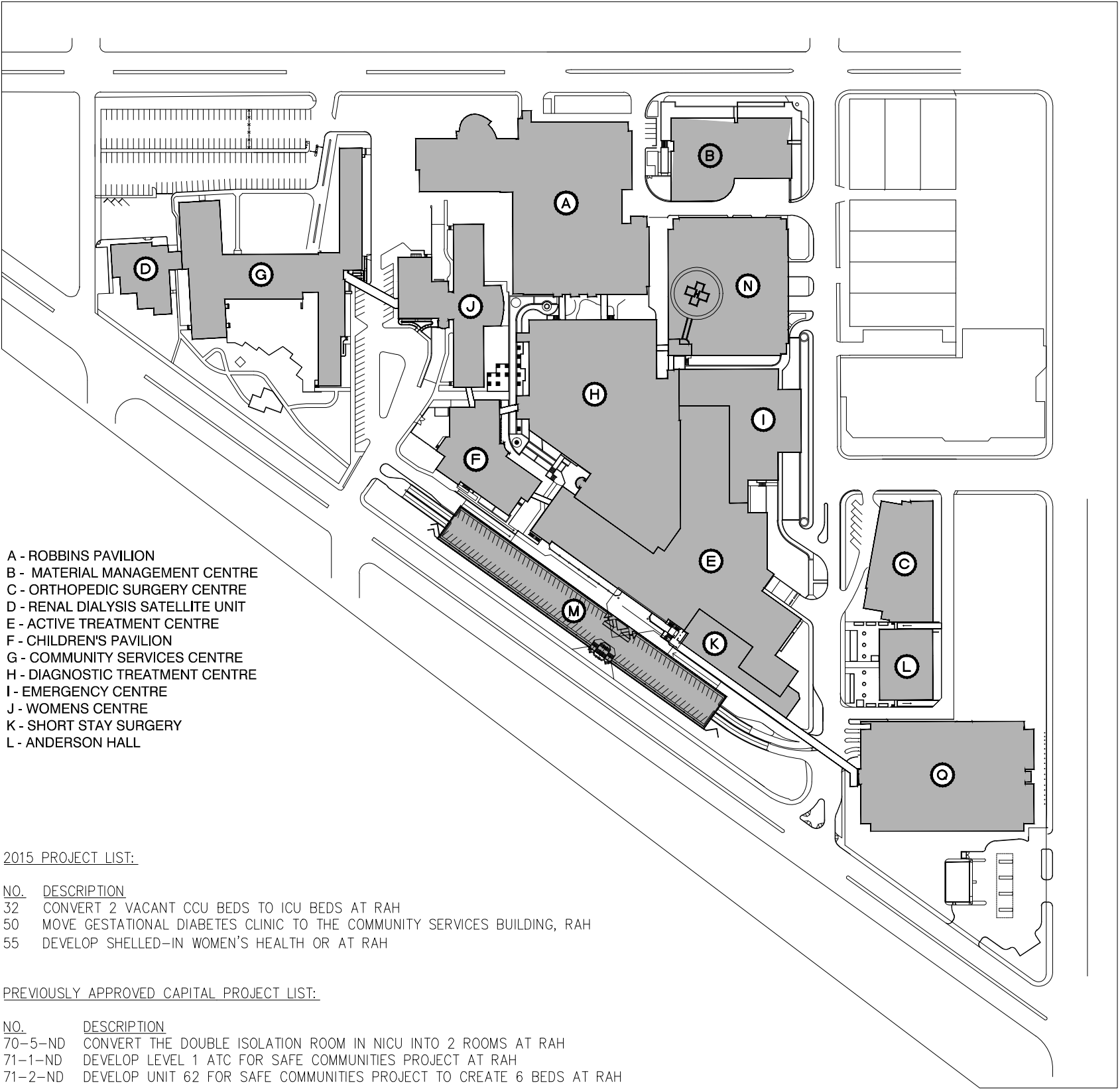
Space Requirement

The size of the shelled-in OR is 55.4 m²

Capital Cost Allowance

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	55.4	\$8,221	\$455,443
Soft Costs (35%)			\$159,405
Capital Cost Estimate			\$614,848

SHEET LIST TABLE	
Sheet Title	Sheet Number
ROYAL ALEXANDRA HOSPITAL – COVER	2015–1
BLDG A – ROBBINS PAVILION	
LEVEL 4 – OVERALL PLAN	2015–17
LEVEL 4 – PART PLAN NORTH	2015–18
BLDG E – ACTIVE TREATMENT CENTRE	
LEVEL 1 – OVERALL PLAN	2015–48
LEVEL 1 – PART PLAN NORTH	2015–49
LEVEL 6 – OVERALL PLAN	2015–68
LEVEL 6 – PART PLAN NORTH	2015–69
BLDG G – COMMUNITY SERVICES CENTRE	
LEVEL 1 – OVERALL PLAN	2015–92
LEVEL 1 – PART PLAN EAST	2015–94
BLDG H – DIAGNOSTIC TREATMENT CENTRE	
LEVEL 3 – OVERALL PLAN	2015–116
LEVEL 3 – PART PLAN NORTH	2015–117
LEVEL 5 – OVERALL PLAN	2015–122
LEVEL 5 – PART PLAN NORTH	2015–123
BLDG L – ANDERSON HALL	
LEVEL 2 – OVERALL PLAN	2015–149



- A - ROBBINS PAVILION
B - MATERIAL MANAGEMENT CENTRE
C - ORTHOPEDIC SURGERY CENTRE
D - RENAL DIALYSIS SATELLITE UNIT
E - ACTIVE TREATMENT CENTRE
F - CHILDREN'S PAVILION
G - COMMUNITY SERVICES CENTRE
H - DIAGNOSTIC TREATMENT CENTRE
I - EMERGENCY CENTRE
J - WOMENS CENTRE
K - SHORT STAY SURGERY
L - ANDERSON HALL

2015 PROJECT LIST:

NO.	DESCRIPTION
32	CONVERT 2 VACANT CCU BEDS TO ICU BEDS AT RAH
50	MOVE GESTATIONAL DIABETES CLINIC TO THE COMMUNITY SERVICES BUILDING, RAH
55	DEVELOP SHELLED-IN WOMEN'S HEALTH OR AT RAH

PREVIOUSLY APPROVED CAPITAL PROJECT LIST:

NO.	DESCRIPTION
70–5–ND	CONVERT THE DOUBLE ISOLATION ROOM IN NICU INTO 2 ROOMS AT RAH
71–1–ND	DEVELOP LEVEL 1 ATC FOR SAFE COMMUNITIES PROJECT AT RAH
71–2–ND	DEVELOP UNIT 62 FOR SAFE COMMUNITIES PROJECT TO CREATE 6 BEDS AT RAH

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DEPARTMENT NAMES:

01

ADDICTION AND MENTAL HEALTH

02

ALLIED HEALTH

03

CARDIAC SCIENCES

04

CHILD HEALTH

05

CRITICAL CARE & BURNS

06

CONTINUING CARE

07

DIAGNOSTIC IMAGING

08

EMERGENCY

09

LABORATORY MEDICINE

10

MEDICINE

11

NEUROSCIENCES

12

PRIMARY CARE, CDM, PUBLIC HEALTH

13

REHABILITATION, TERTIARY

14

RENAL & TRANSPLANT

15

SURGERY AND OPERATIVE SERVICES

16

WOMEN'S HEALTH

17

SITE/ZONE SUPPORT SERVICES

18

PROVINCIAL SUPPORT SERVICES

19

M&E

20

VACANT SPACE

21

LEASED SPACE

22

OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREASHATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

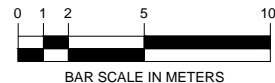
XXXXX

PREVIOUSLY APPROVED CAPITAL PROJECTS

XXXX

2015 PROJECTS





2.2.8 Expand the STI Clinic into adjacent leased space

Edmonton General Site (Project #17)

Note: During early planning, this was project #40

Current State

There was a large Sexually-Transmitted Infection (STI) Clinic on the Edmonton General site. The waiting room in this busy Clinic was too small and its design reduced client privacy and confidentiality. There were 10 exam rooms but 15 were required to meet current workloads. There was a shortage of supply space: one crowded storage room was used by 27 staff to supply the exam rooms in the Clinic as well as the two buses that were used for street nursing. There was a Lab which has poor lighting and HVAC: it required upgrading to meet standards.

The area adjacent to the STI Clinic housed a number of health-related services such as massage therapy, iridology, etc. Companies lease space at rates that, over time, had fallen well behind market value. In addition, some tenants used hospital services such as medical gases without being charged for these costs. Many of these tenants had long-expired leases that required renegotiation.

Proposed Change

Approximately 160 m² of leased space that is adjacent to the STI Clinic should be repurposed for STI Clinic expansion. At the same time, minor renovations should be made to the existing STI Clinic space, particularly in the Lab.

Space Requirement

The size of the leased space that is proposed for repurposing is 160 m²

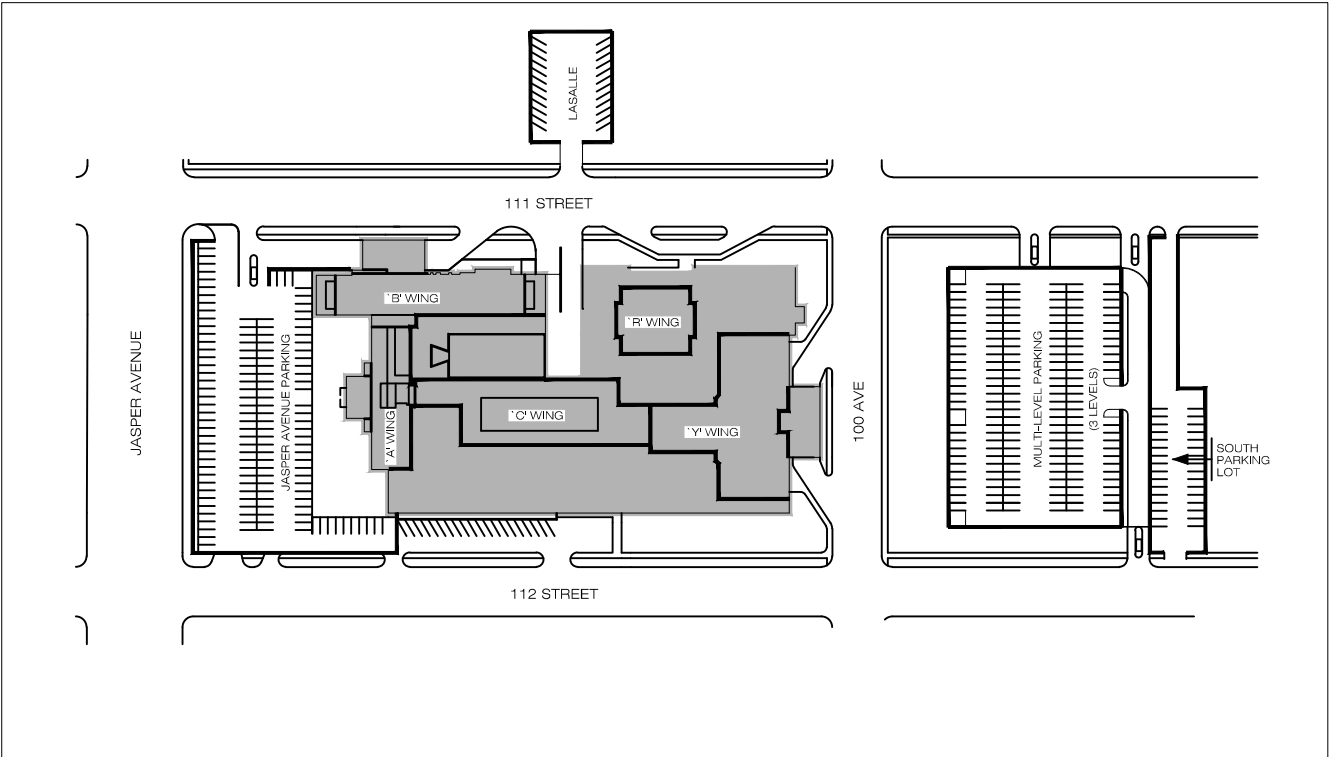
Capital Cost Allowance

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	160	\$1,103	\$176,480
Soft Costs (35%)			\$61,768
Capital Cost Estimate			\$238,248

Sheet List Table	
Sheet Title	Sheet Number
EDMONTON GENERAL C.C.C. – COVER	2015–1
LEVEL 2 – OVERALL PLAN	2015–7
LEVEL 2 – PART PLAN SOUTH WEST	2015–11
LEVEL 3 – OVERALL PLAN	2015–12
LEVEL 3 – PART PLAN NORTH EAST	2015–13

2015 PROJECT LIST:

NO.	DESCRIPTION
33	USE VACANT REHAB DEPARTMENT IN EGH FOR EXERCISE AREA FOR CENTRE FOR LUNG HEALTH
40	REPURPOSE LEASED SPACE FOR THE STI CLINIC AT EGH



DEPARTMENT NAMES:

01 ADDICTION AND MENTAL HEALTH

02 ALLIED HEALTH

03 CARDIAC SCIENCES

04 CHILD HEALTH

05 CRITICAL CARE & BURNS

06 CONTINUING CARE

07 DIAGNOSTIC IMAGING

08 EMERGENCY

09 LABORATORY MEDICINE

10 MEDICINE

11 NEUROSCIENCES

12 PRIMARY CARE, CDM, PUBLIC HEALTH

13 REHABILITATION, TERTIARY

14 RENAL & TRANSPLANT

15 SURGERY AND OPERATIVE SERVICES

16 WOMEN'S HEALTH

17 SITE/ZONE SUPPORT SERVICES

18 PROVINCIAL SUPPORT SERVICES

19 M&E

20 VACANT SPACE

21 LEASED SPACE

22 OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREAS

HATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

XXXXX

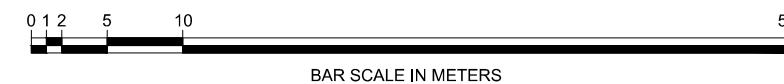
PREVIOUSLY APPROVED CAPITAL PROJECTS

XXXX

2015 PROJECTS

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2.2.9 Decant Outpatient Hemodialysis (5C2) to Off-Site Leased Space Renovate 5C2 for an Demonstration Inpatient Unit and/or Decant Space Walter Mackenzie Health Sciences Centre (Project #155)

Note: During early planning, this was project #22-2A and #22-2B

Current State

There was an Outpatient Hemodialysis Unit at WMC that could be moved off this tertiary site into a community setting. There was a growing demand for inpatient beds at the WMC but there was no space for new beds to be constructed. In addition, any capital development at the WMC was hampered by the absence of decanting space for inpatient units.

Proposed Change

The Hemodialysis Unit will be decanted out of WMC to leased space in the community. The space that is vacated by the Hemodialysis Unit will be repurposed for inpatient beds. The new Unit could be built as a demonstration unit to illustrate how all the 18-bed inpatient units in WMC could (over time) be renovated and could also be used as inpatient unit decant space to enabled additional renovation of other units at the WMC site.

Space Requirement

The Hemodialysis Unit will require approximately 650 m² of leased space in the community.
The

Capital Cost Allowance: 5C2 Renovations

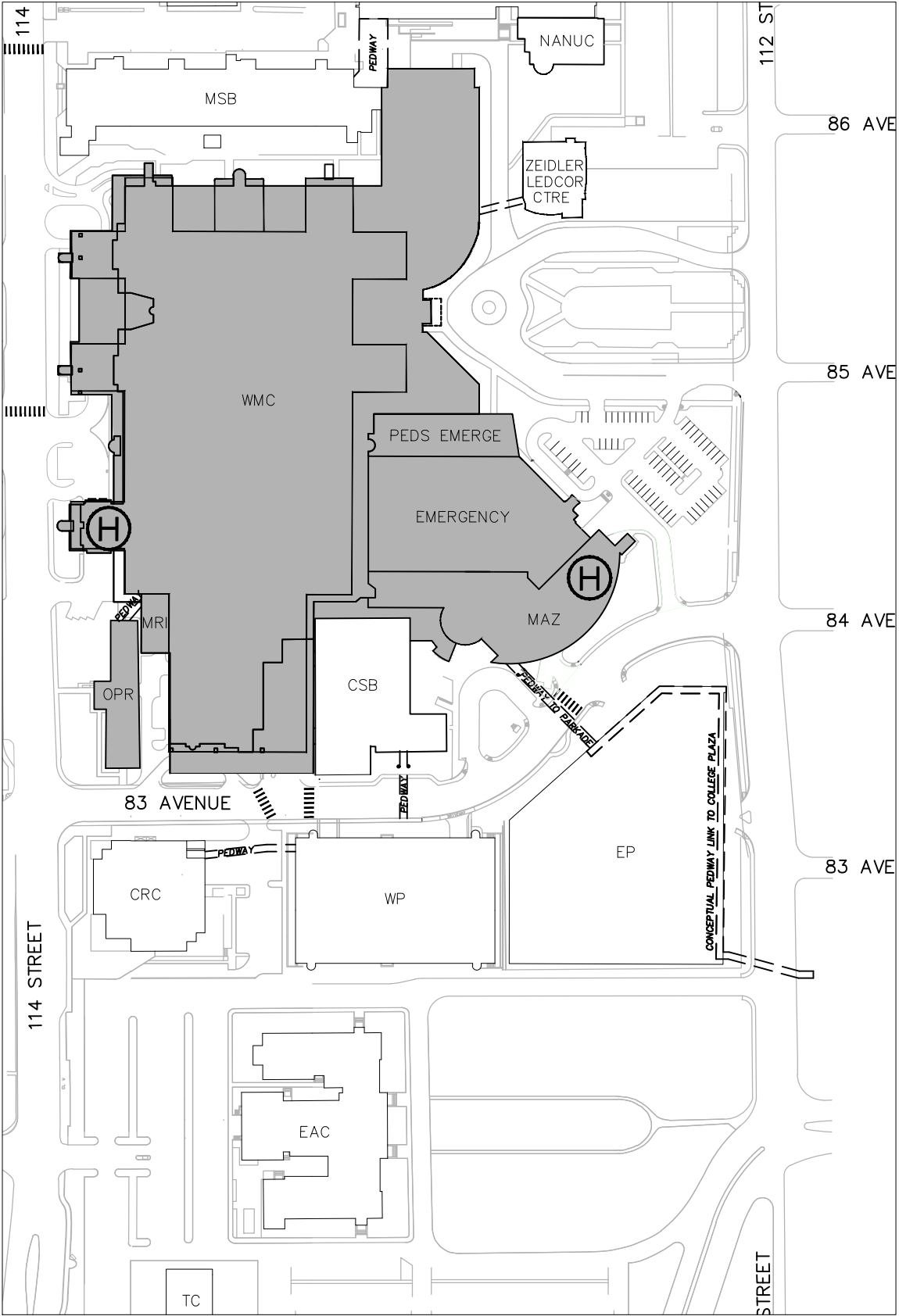
	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	528	\$4,236	\$2,236,608
Soft Costs (35%)			\$782,813
Capital Cost Estimate: 5C2 Renovations			\$3,019,421

Allowance for Tenant Improvements in Leased Space: Hemodialysis Unit

	Area (m ²)	Unit Cost/m ²	Total
Allowance for TI in Leased Space	650	\$3,263	\$2,120,950
Soft Costs (35%)			\$742,333
Allowance for Tenant Improvements			\$2,863,283

SHEET LIST TABLE	
Sheet Title	Sheet Number
WMC – STL– MAHI	
UNIVERSITY OF ALBERTA HOSPITAL – COVER	2015–1
LEVEL 3 – OVERALL PLAN	2015–23
LEVEL 1 – PART PLAN H	2015–31
LEVEL 1 – PART PLAN K	2015–33
LEVEL 2 – OVERALL PLAN	2015–35
LEVEL 2 – PART PLAN A	2015–36
LEVEL 2 – PART PLAN B	2015–37
LEVEL 2 – PART PLAN C	2015–38
LEVEL 2 – PART PLAN D	2015–39
LEVEL 2 – PART PLAN E	2015–40
LEVEL 3 – OVERALL PLAN	2015–46
LEVEL 3 – PART PLAN D	2015–50
LEVEL 3 – PART PLAN E	2015–51
LEVEL 3 – PART PLAN F	2015–52
LEVEL 3 – PART PLAN G	2015–53
LEVEL 3 – PART PLAN H	2015–54
LEVEL 3 – PART PLAN J	2015–55
LEVEL 3 – PART PLAN K	2015–56
LEVEL 4 – OVERALL PLAN	2015–57
LEVEL 4 – PART PLAN K	2015–67
LEVEL 5 – OVERALL PLAN	2015–68
LEVEL 5 – PART PLAN D	2015–72
LEVEL 5 – PART PLAN H	2015–76
LEVEL 5 – PART PLAN K	2015–78
LEVEL 6 – OVERALL PLAN	2015–79
LEVEL 6 – PART PLAN K	2015–81

2015 PROJECT LIST:	
NO.	DESCRIPTION
3	CONSOLIDATE CARDIAC REHAB. SERVICES IN THE COMMUNITY AND AT MAHI
16–1A	MOVE CARDIAC OFFICES TO L3 MAHI AND SURGERY OFFICES FROM 3B1 TO 3H2 AT WMC
16–1B	MOVE ADULT DAY WARD/SAME DAY ADMIT TO VACATED OFFICE SPACE NEXT TO THE OR AT WMC
22–2A	DECANT OUTPATIENT HEMODIALYSIS AT WMC FROM 5C2 TO LEASED SPACE
22–2B	CREATE A DEMONSTRATION/DECANT UNIT ON 5C2 OF WMC
PREVIOUSLY APPROVED CAPITAL PROJECT LIST:	
67–ND	PROVIDE SPACE FOR A GAMMA KNIFE & 3T MRI AT WMC
68–ND	MOVE ENDOSCOPY FROM 1C1 TO 2G2 AT WMC
69–ND	DEVELOP LEVEL 2E FOR STOLLERY OUTPATIENT CLINICS; RENOVATION AND EXPANSION OF PEDIATRIC OR/DAY WARD AT WMC
70–1–ND	RENOVATE 3G4/3A2 OF WMC INTO 16–BED PICU
70–2–ND	RENOVATE 3A1/3A3 OF WMC INTO 16–BED NICU/PICU
70–3–ND	DEVELOP SHELLLED-IN SPACE AT MAHI LEVEL 6 FOR PEDIATRIC CVICU WITH 25 BUILT BEDS BUT ONLY 16 BEDS AT OPENING
70–4–ND	RENOVATE DOUBLE ISOLATION ROOM IN NICU AT WMC INTO 2 ISOLATION ROOMS TO ADDRESS SHORT-TERM CAPACITY ISSUES

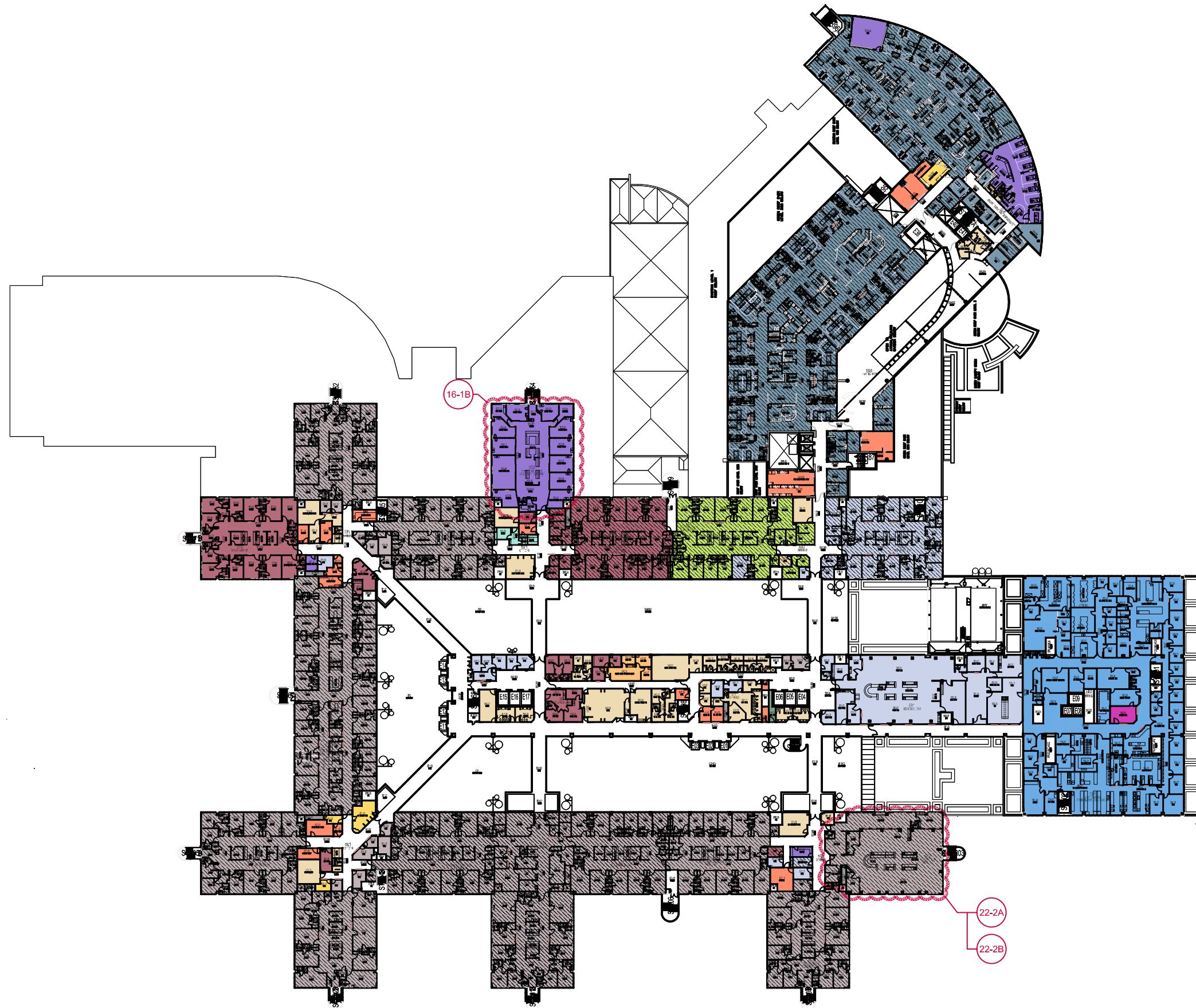


DEPARTMENT NAMES:	
01	ADDICTION AND MENTAL HEALTH
02	ALLIED HEALTH
03	CARDIAC SCIENCES
04	CHILD HEALTH
05	CRITICAL CARE & BURNS
06	CONTINUING CARE
07	DIAGNOSTIC IMAGING
08	EMERGENCY
09	LABORATORY MEDICINE
10	MEDICINE
11	NEUROSCIENCES
12	PRIMARY CARE, CDM, PUBLIC HEALTH
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16	WOMEN'S HEALTH
17	SITE/ZONE SUPPORT SERVICES
18	PROVINCIAL SUPPORT SERVICES
19	M&E
20	VACANT SPACE
21	LEASED SPACE
22	OTHER CLINICAL SERVICES
HATCH FOR USE OVER INPATIENT AREAS	
HATCH FOR USE OVER NON ACUTE CONTINUING CARE	
PROJECT TYPE LEGEND:	
XXXXX	PREVIOUSLY APPROVED CAPITAL PROJECTS
XXXX	2015 PROJECTS

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2.2.10 Move Cardiac and Surgery Offices

Relocate Adult Day Ward/Same Day Admit next to the OR

Walter Mackenzie Health Sciences Centre (Project #158)

Note: During early planning, this was project #16-1A and #16-1B

Current State

The Adult Day Ward/Same Day Admit Unit (ADW/SDA) was located on L5 of the Walter Mackenzie Health Sciences Centre and the adult operating rooms were on L3. Patients were transported pre- and post-operatively through public thoroughfares, adding patient discomfort and extra staff time/effort to the surgical experience.

Proposed Change

There are a number of moves proposed for this project:

- The Cardiac Surgery Offices will be moved from 3H2 to L3 of the Mazankowski Heart Institute
- Surgery Offices will be moved from 3B1 to 3H2 (space vacated by Cardiac Surgery)
- 3B1 will be renovated for the ADW/SDA. This will place the Unit in a location that is adjacent to the Operating Room.
- This move of ADW/SDA will free up 497.2 m² of high-quality space that is designed for special care and that will require little or no renovation prior to use.

Space Requirement

- Shelled-in space on L3 of the Mazankowski can be built out to accommodate the Cardiac Surgery Offices.
- The ADW/SDA Unit currently utilizes 497.2 m² of space on L5 of WMC. It is likely that the Unit is this size because that was the amount of space that was available; the actual space requirement should be confirmed through a functional programming exercise.
- About 515 m² of space could be made available for ADW/SDA and the other functions such as the staff lounge and the staff lockers that may need to be accommodated in this component. Please note that significant space planning and architectural work will be required to reconfigure this space.

Capital Cost Allowance: Moving Cardiac Surgery Offices to L3 of the Mazankowski

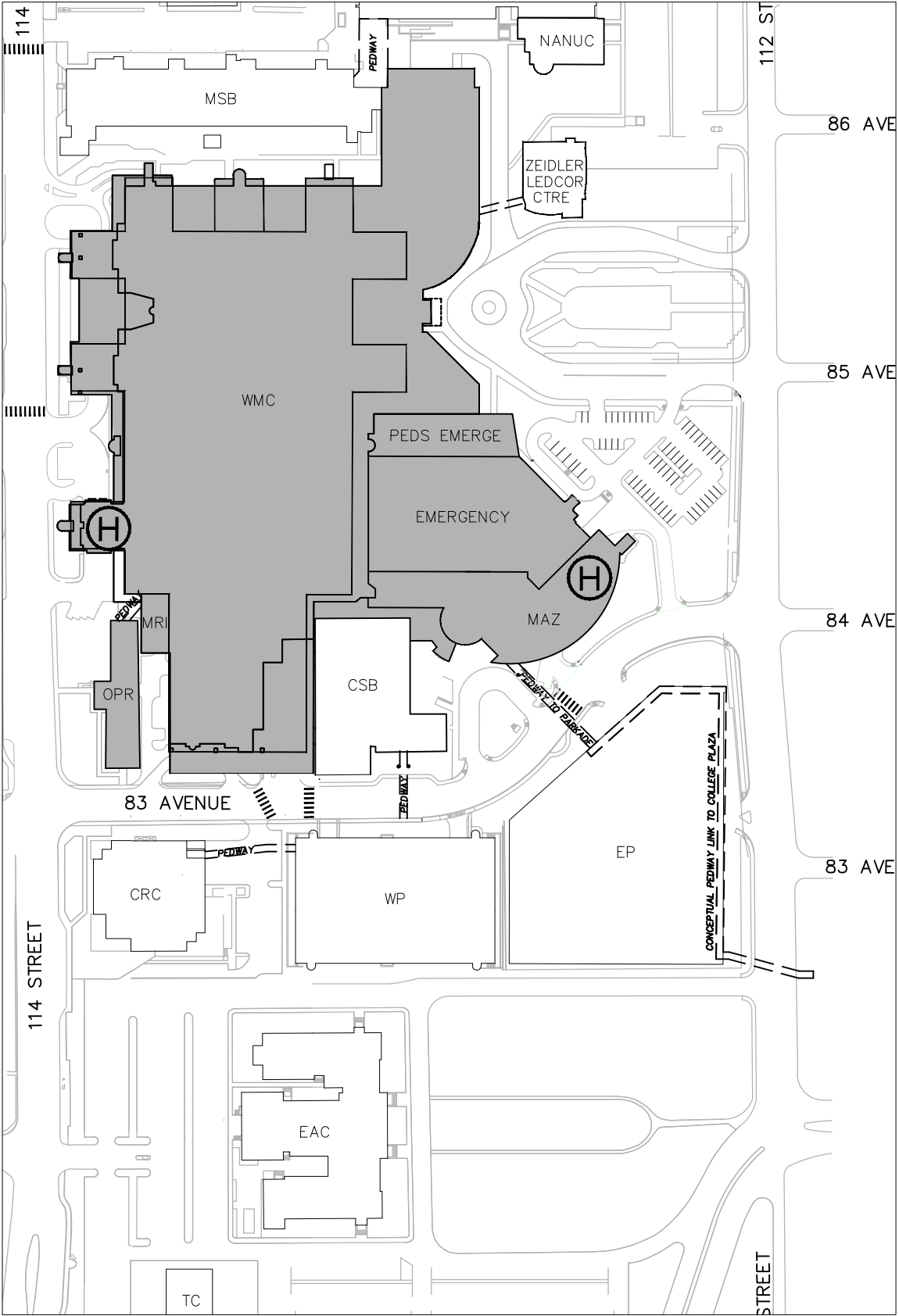
	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	135	\$2,611	\$352,485
Soft Costs (35%)			\$123,370
Capital Cost Estimate: Moving Cardiac Surgery Offices			\$475,855

Capital Cost Allowance: Moving ADW/SDA to L3 of WMC

	Area (m ²)	Unit Cost/m ²	Total
Construction Cost (buildings only)	515	\$4,589	\$2,363,335
Soft Costs (35%)			\$827,167
Capital Cost Estimate: Moving ADW/SDA to L3 of WMC			\$3,190,502

SHEET LIST TABLE	
Sheet Title	Sheet Number
WMC – STL– MAHI	
UNIVERSITY OF ALBERTA HOSPITAL – COVER	2015–1
LEVEL 3 – OVERALL PLAN	2015–23
LEVEL 1 – PART PLAN H	2015–31
LEVEL 1 – PART PLAN K	2015–33
LEVEL 2 – OVERALL PLAN	2015–35
LEVEL 2 – PART PLAN A	2015–36
LEVEL 2 – PART PLAN B	2015–37
LEVEL 2 – PART PLAN C	2015–38
LEVEL 2 – PART PLAN D	2015–39
LEVEL 2 – PART PLAN E	2015–40
LEVEL 3 – OVERALL PLAN	2015–46
LEVEL 3 – PART PLAN D	2015–50
LEVEL 3 – PART PLAN E	2015–51
LEVEL 3 – PART PLAN F	2015–52
LEVEL 3 – PART PLAN G	2015–53
LEVEL 3 – PART PLAN H	2015–54
LEVEL 3 – PART PLAN J	2015–55
LEVEL 3 – PART PLAN K	2015–56
LEVEL 4 – OVERALL PLAN	2015–57
LEVEL 4 – PART PLAN K	2015–67
LEVEL 5 – OVERALL PLAN	2015–68
LEVEL 5 – PART PLAN D	2015–72
LEVEL 5 – PART PLAN H	2015–76
LEVEL 5 – PART PLAN K	2015–78
LEVEL 6 – OVERALL PLAN	2015–79
LEVEL 6 – PART PLAN K	2015–81

2015 PROJECT LIST:	
NO.	DESCRIPTION
3	CONSOLIDATE CARDIAC REHAB. SERVICES IN THE COMMUNITY AND AT MAHI
16–1A	MOVE CARDIAC OFFICES TO L3 MAHI AND SURGERY OFFICES FROM 3B1 TO 3H2 AT WMC
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PREVIOUSLY APPROVED CAPITAL PROJECT LIST:	
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70–1–ND	RENOVATE 3G4/3A2 OF WMC INTO 16–BED PICU
70–2–ND	RENOVATE 3A1/3A3 OF WMC INTO 16–BED NICU/PICU
70–3–ND	DEVELOP SHELLLED–IN SPACE AT MAHI LEVEL 6 FOR PEDIATRIC CVICU WITH 25 BUILT BEDS BUT ONLY 16 BEDS AT OPENING
70–4–ND	RENOVATE DOUBLE ISOLATION ROOM IN NICU AT WMC INTO 2 ISOLATION ROOMS TO ADDRESS SHORT–TERM CAPACITY ISSUES



DEPARTMENT NAMES:

01

ADDITION AND MENTAL HEALTH

02

ALLIED HEALTH

03

CARDIAC SCIENCES

04

CHILD HEALTH

05

CRITICAL CARE & BURNS

06

CONTINUING CARE

07

DIAGNOSTIC IMAGING

08

EMERGENCY

09

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10

MEDICINE

11

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12

PRIMARY CARE, CDM, PUBLIC HEALTH

13

REHABILITATION, TERTIARY

14

RENAL & TRANSPLANT

15

SURGERY AND OPERATIVE SERVICES

16

WOMEN'S HEALTH

17

SITE/ZONE SUPPORT SERVICES

18

PROVINCIAL SUPPORT SERVICES

19

M&E

20

VACANT SPACE

21

LEASED SPACE

22

OTHER CLINICAL SERVICES

HATCH FOR USE OVER INPATIENT AREASHATCH FOR USE OVER NON ACUTE CONTINUING CARE

PROJECT TYPE LEGEND:

XXXXX

PREVIOUSLY APPROVED CAPITAL PROJECTS

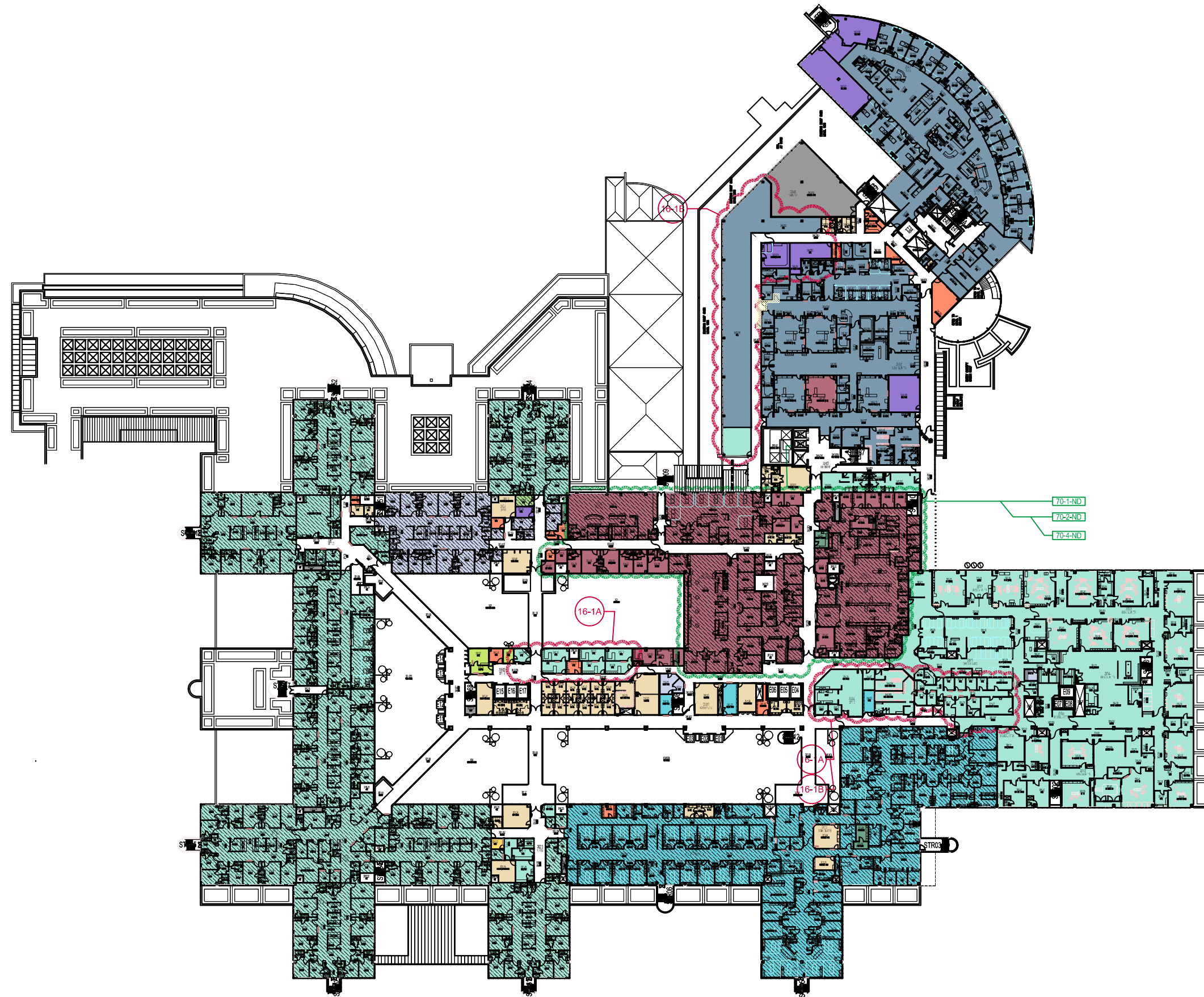
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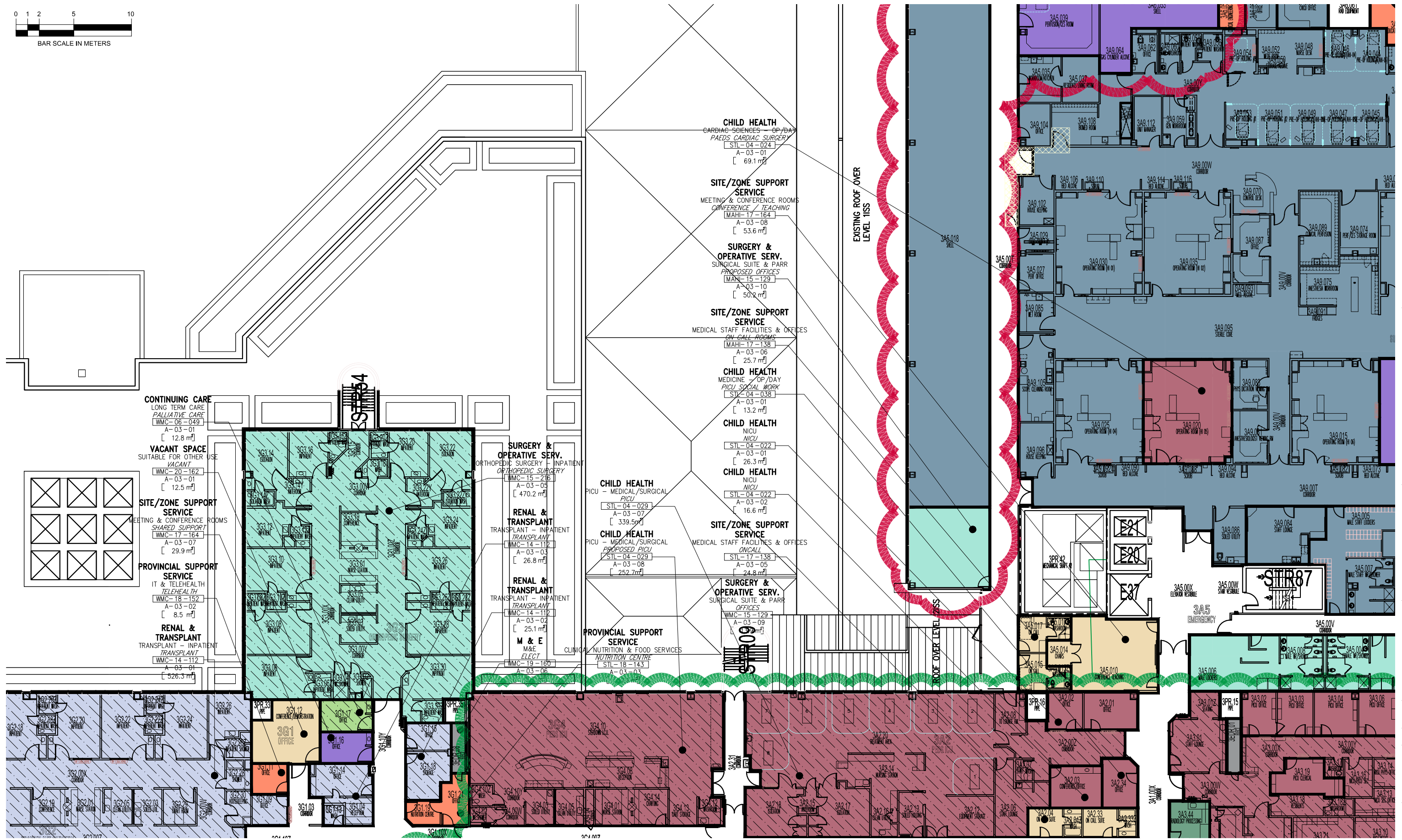
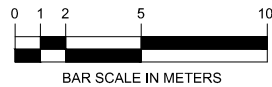
2015 PROJECTS

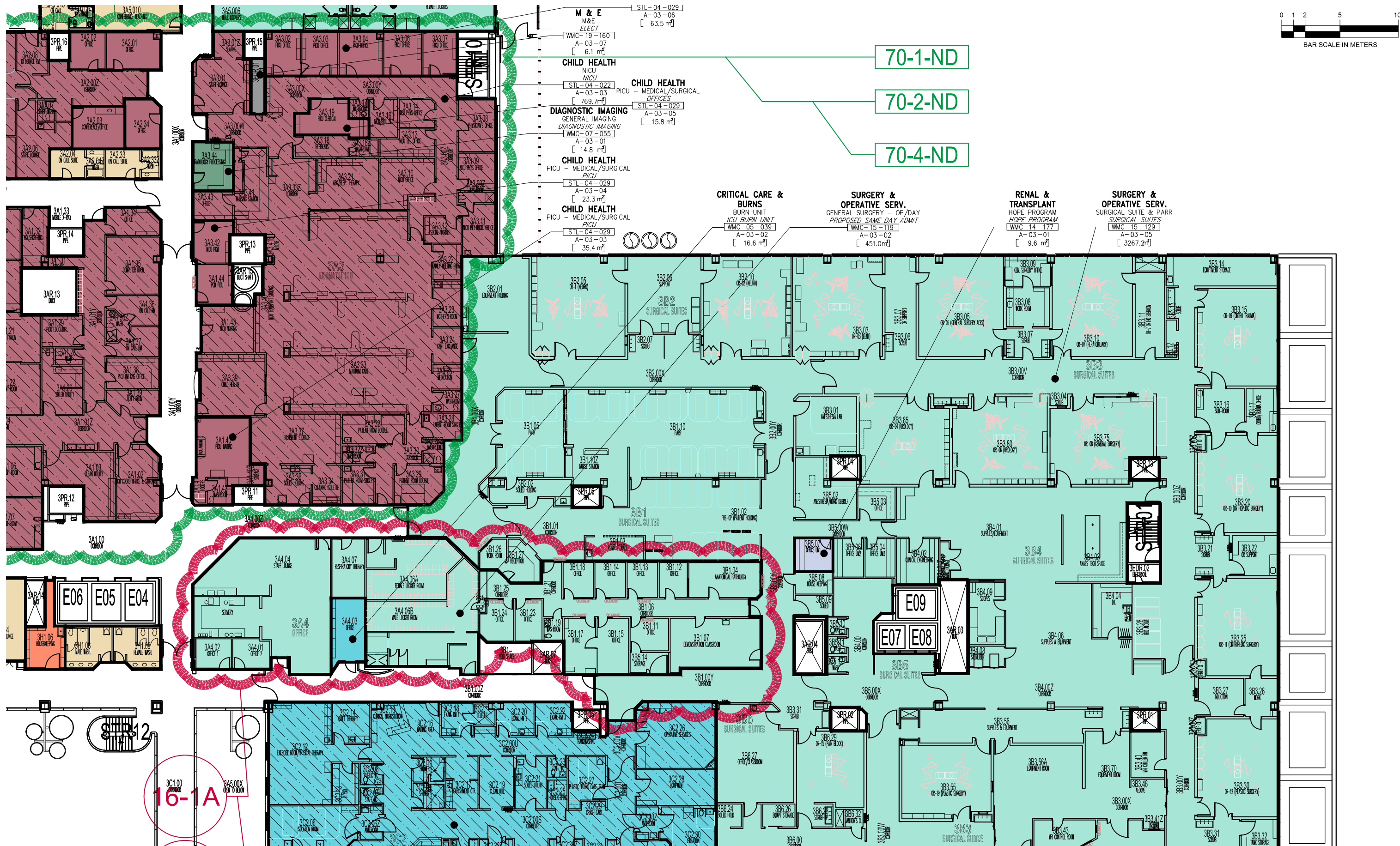
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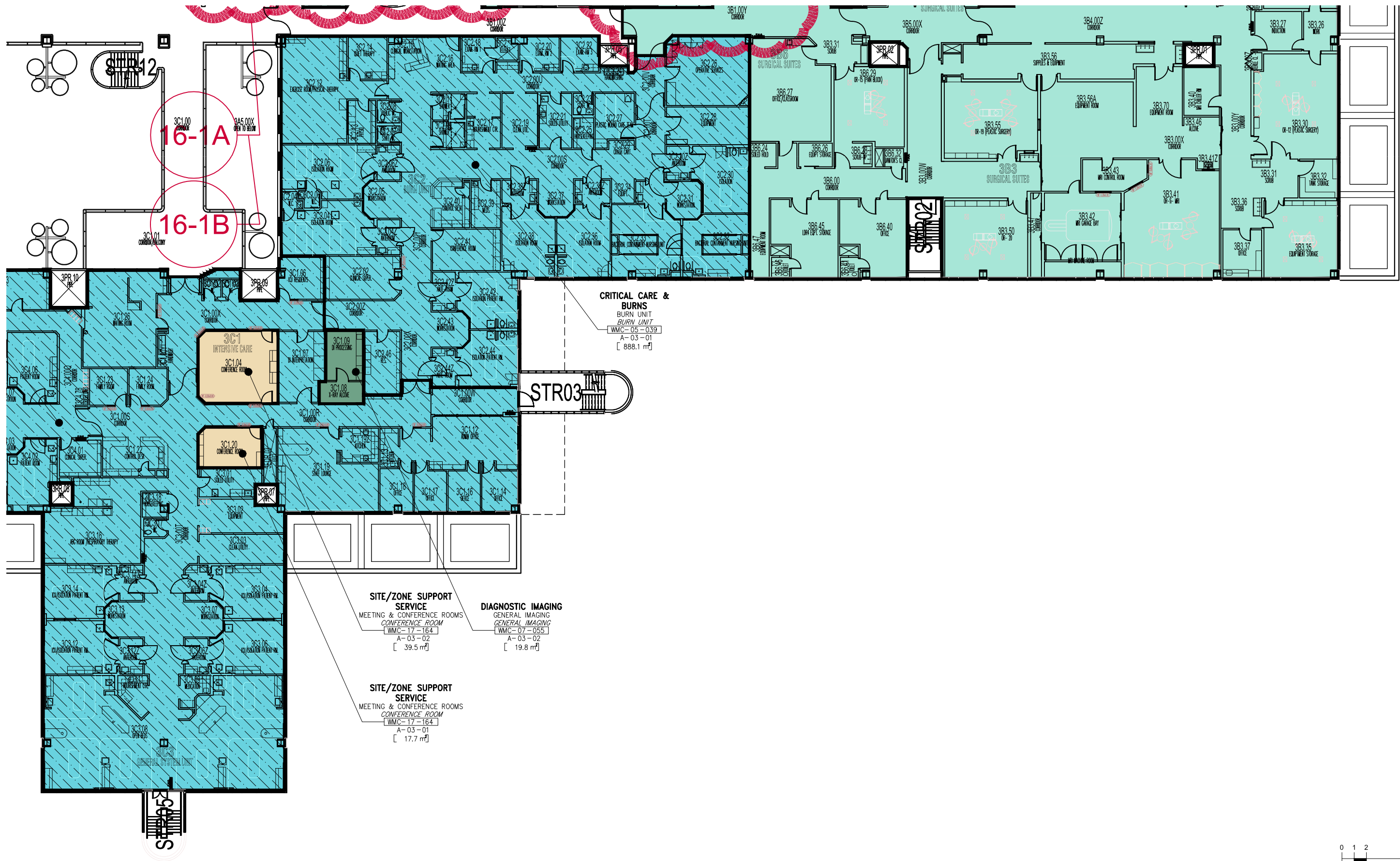


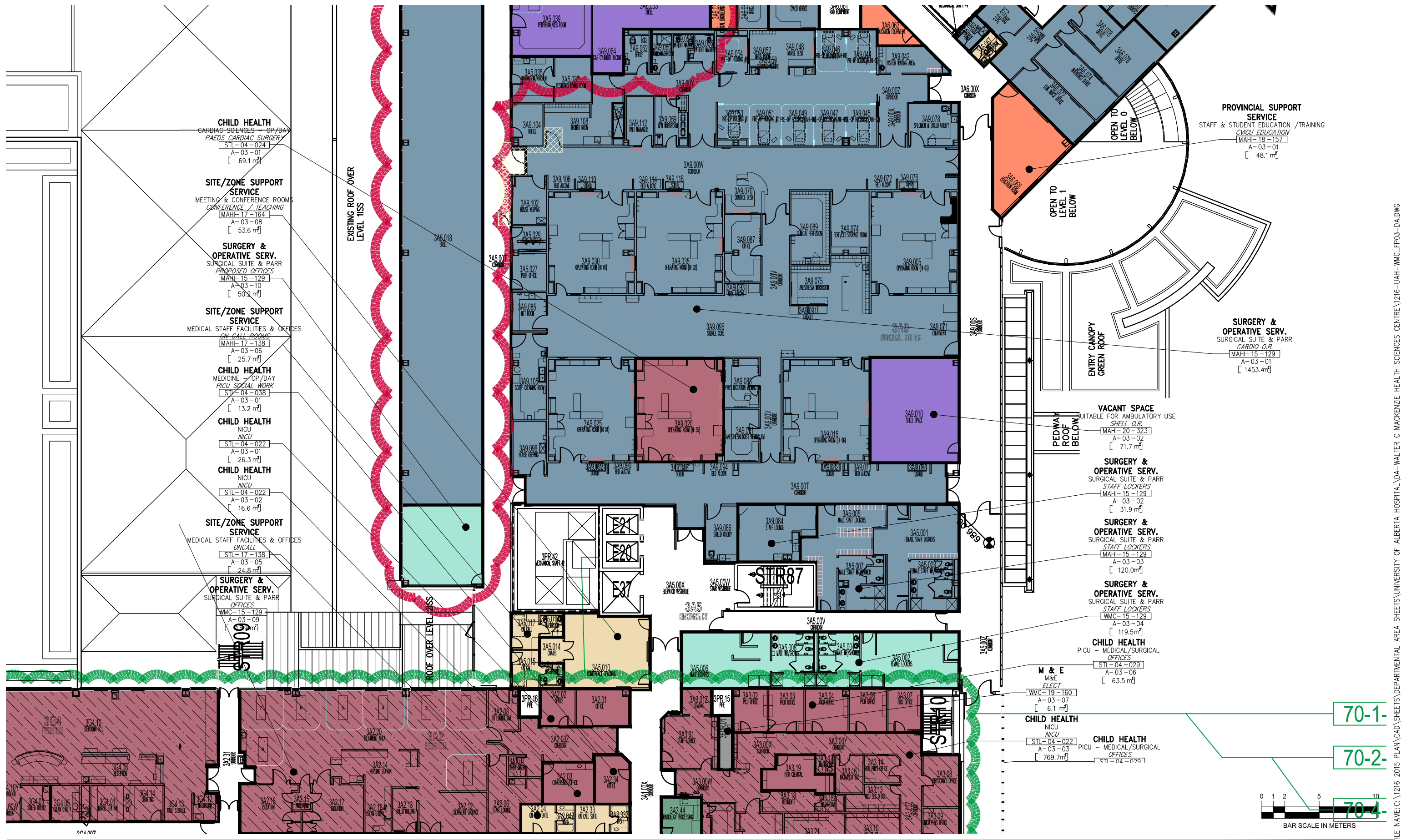


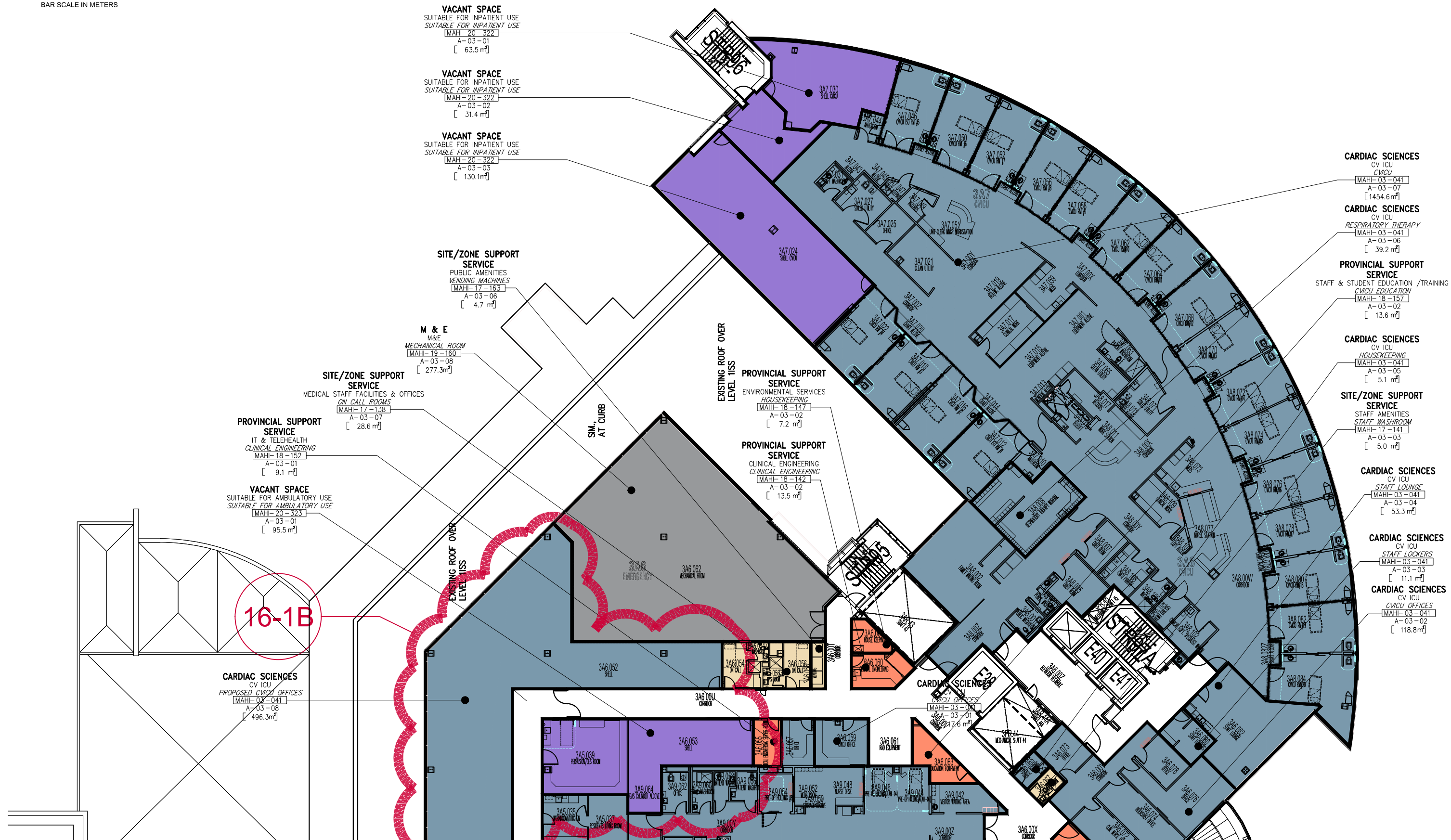
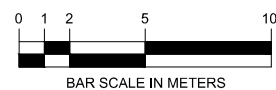


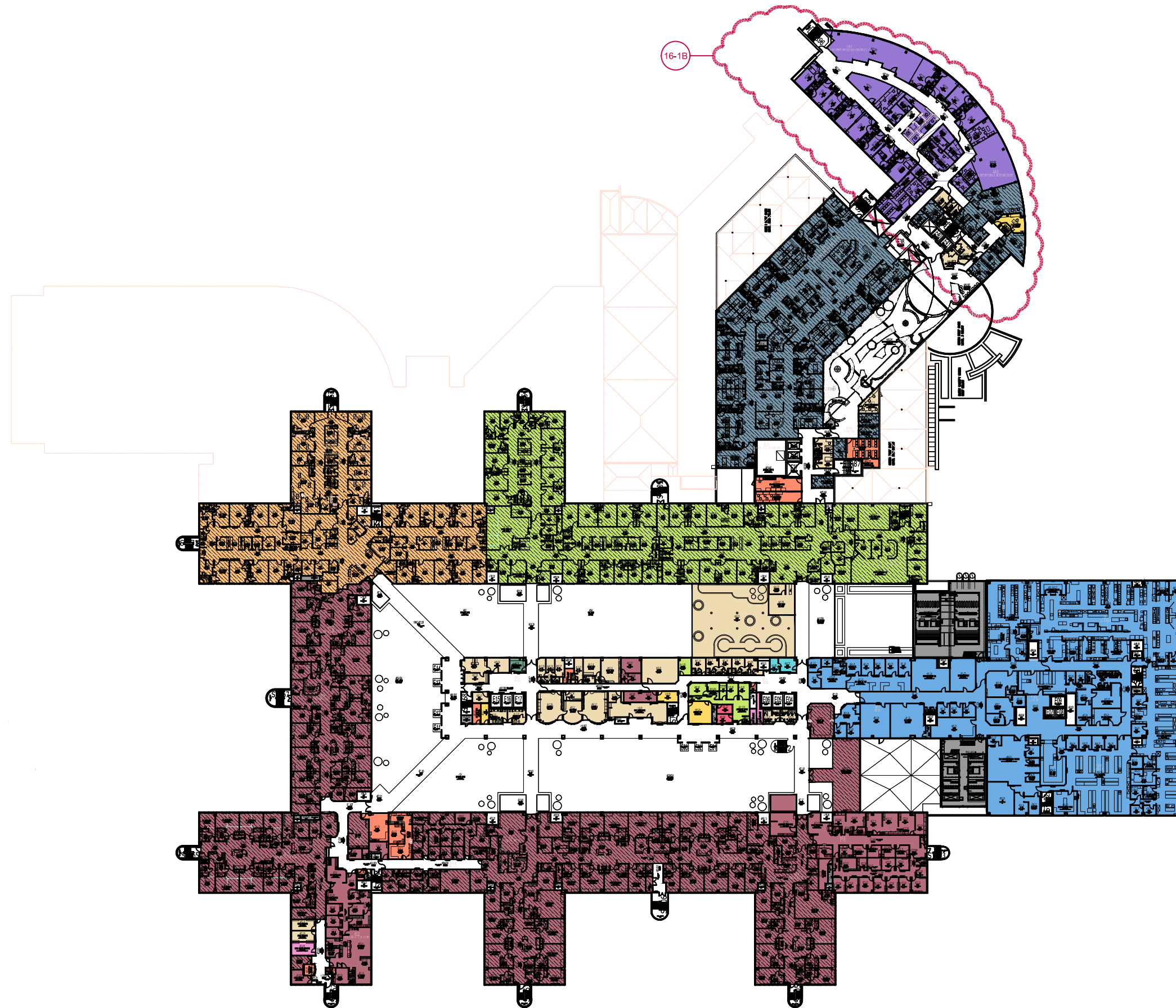


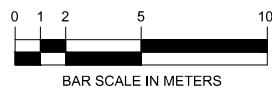
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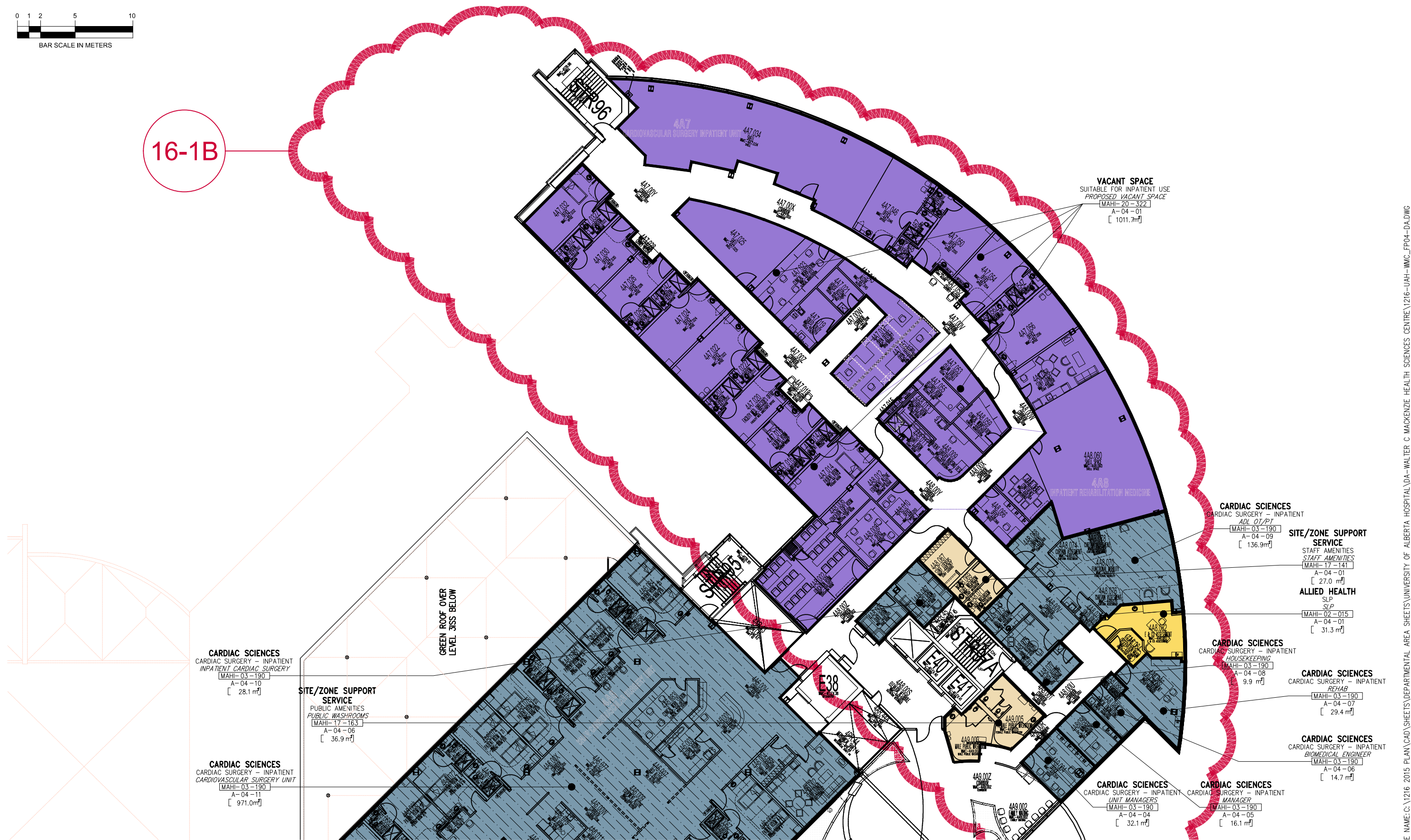


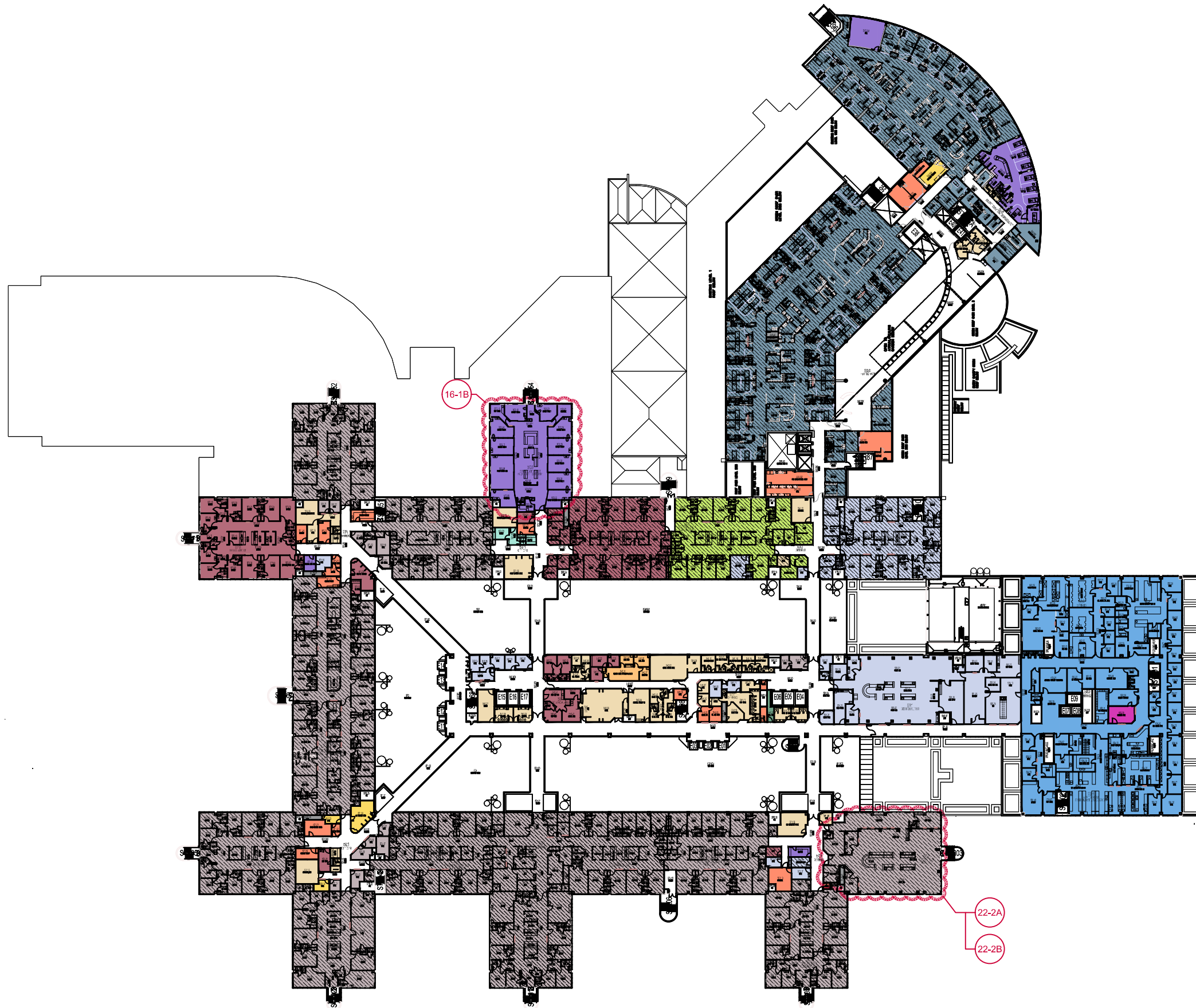


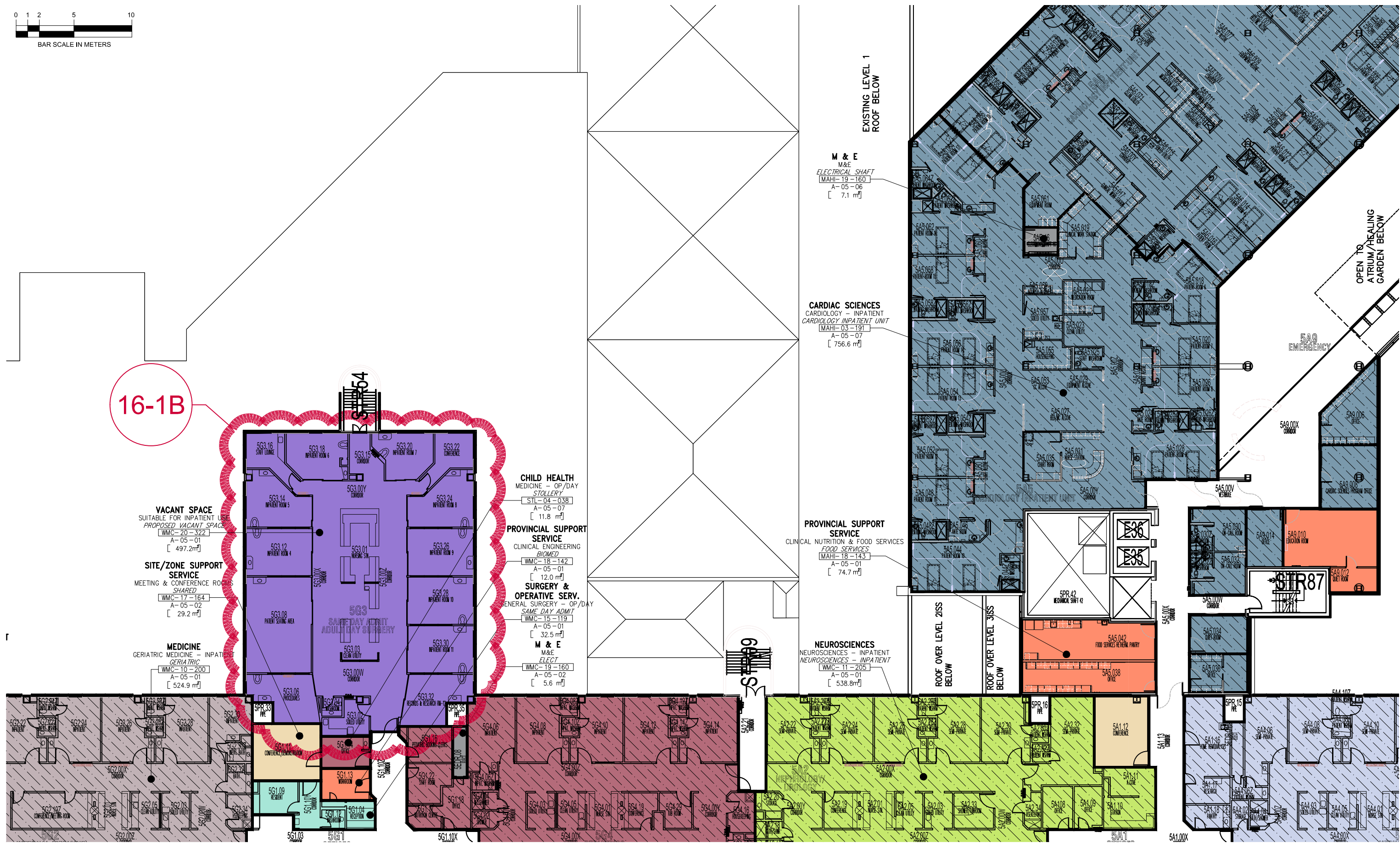
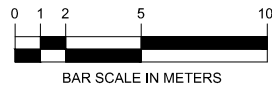




16-1B







2.3 Service Planning Initiatives to be Implemented by AHS

In addition to the Phase 1 priorities that were approved by the Steering Committee, ten high-value projects were identified as service planning initiatives (i.e. projects that did not require construction or renovation) that could be implemented by AHS. These were:

Project #141: Convert 10 Long-Term Care Beds at Westview to Hospice Beds (formerly project #35)

Westview Health Centre, in common with most of the community/rural facilities, uses a significant proportion of their patient days for palliative care. The LTC program at Westview has a history of providing a high-quality subacute care service to their LTC residents, aided by well-designed patient rooms/units with features such as in-line medical gases which are not normally found in LTC settings. In addition, the number of LTC beds in the western portion of the Zone has increased through recent capital projects, reducing the pressure for LTC beds. It is proposed that 10 existing LTC beds would be converted to hospice care to meet the health needs of the community and to better utilize health care resources.

Project #6: Convert the Devon Emergency Department to an Urgent Care Centre (formerly project #27)

Utilization data show that the volume of patients who use the Devon Emergency Department is the lowest in the Zone and the majority who present for treatment have low-intensity health needs. Devon does not have the infrastructure to support a contemporary full-service Emergency Department (i.e. Operating Rooms, CT scanner or Ultrasound) so patients with serious conditions are stabilized and transferred to another site for ongoing treatment. It is proposed that the Emergency Department at Devon should be converted to an Urgent Care Centre to meet the health needs of the community, optimize the use of built space and contain operating costs.

Project #7: Close the Inpatient Beds at Devon Community Hospital (formerly project #34-1)

Devon Community Hospital has a mixed model of inpatient beds including acute care, subacute care and long-term care, all on the same nursing unit. There have been challenges in the operation of these beds and, at the same time, the number of LTC beds in the west end of the Zone has increased through the completion of other capital projects. It is recommended that the inpatient beds at Devon should be closed.

Project #51: Consolidate High-Risk Cardiac Rehab in MAHI and Distribute Low-Risk Cardiac Rehab into Community Settings Throughout the Zone (formerly project #3)

There are three sites where AHS offers cardiac rehab: the Glenrose, the Grey Nuns and the Mazankowski Alberta Heart Institute (MAHI). It is recommended that all cardiac rehab should be decanted out of the Glenrose and the Grey Nuns. High-risk patients should be treated in a program that is offered out of the MAHI. Low-risk patients should receive cardiac rehab in community-based programs that are offered in collaboration with partners such as the City of Edmonton Department of Recreation.

Project #29: Move Cataract Surgery from Westview to Fort Saskatchewan (formerly project #46)

Moving cataract surgery from Westview Health Centre to Fort Saskatchewan Community Hospital will accomplish two things: (1) It will free up badly-needed OR time at Westview; and (2) Consolidate cataract surgery from the rural/community hospitals at Fort Saskatchewan which is a new facility with two purpose-built ophthalmologic operating rooms.

Project #26: Move Pediatric Surgery from Fort Saskatchewan to the Stollery (formerly project #25)

Pediatric surgery is a specialized service that is best offered at the Stollery. It is recommended that pediatric surgery from FSCH be transferred to the Stollery once renovations on to the Pediatric OR/Day Ward are complete.

Project #24: Discontinue Obstetrics at Fort Saskatchewan Community Hospital (formerly project #18)

Although as many as 675 women who live in the FSCH catchment area have had babies in the past year, only about 175 of them have chosen to deliver at FSCH. This is a very small obstetrical service when compared to the other sites in the Edmonton Zone. It is challenging to provide effective medical coverage and to ensure that all staff have enough exposure to clinical practice to maintain a high level of skill. In addition, the inpatient beds that are dedicated to this service have very low utilization. It is recommended that obstetrical service be discontinued at the Fort Saskatchewan site and plan made to reallocate this workload, probably to the Sturgeon or RAH sites. This is seen as a temporary solution; in due course it is expected that a robust obstetrical service will be operated at the FSCH site.

Project #28: Discontinue Emergency Surgery at Fort Saskatchewan Community Hospital (formerly project #45)

Emergency surgery is offered at five sites in the Edmonton Zone but maintaining a sustainable model of medical coverage is an increasing challenge. The number of emergency surgeries at FSCH is low compared to the other four sites. It is recommended that this service should be discontinued at FSCH and consolidated at the remaining four sites.

Project #14: Use Vacant Rehab Department Space for an Exercise Area for the Centre for Lung Health (formerly project #33)

The Centre for Lung Health is the sole respiratory rehab program in the Edmonton Zone. The available exercise space is fully utilized, limiting the number of clients who can be in the program at any one time. There is vacant space on the EGH site, formerly used by the Rehabilitation Department, which can be put to use as an exercise area for the Centre for Lung Health. It is recommended that the vacant space should be used to enhance the capacity of the respiratory rehab program.

Project #54: Use Space at GRH, Vacated by Cardiac Rehab, for Adult SROP (formerly project #4)

The Glenrose is focusing on a new model of service delivery that emphasizes full interdisciplinary services for complex rehab patients, delivered in an outpatient setting. Currently this program is offered in any space that can be found (i.e. hallways, etc.). It is recommended that the space that houses the Cardiac Rehab program at GRH should be used for Adult SROP once it is vacated.

2.4 Taxonomy of Programs and Services

A system to inventory and classify programs and services that are provided by the Edmonton Zone of AHS was developed (please see Appendix 8). This classification system, which we called the Taxonomy, was used to organize planning information, structure planning workshops and to codify architectural and building information. Although the Taxonomy was developed to reflect the organization and naming of programs/services in the Edmonton Zone, care was taken to use terminology that could be generalized to other Zones of AHS.

2.5 Current and Future State Architectural Drawings

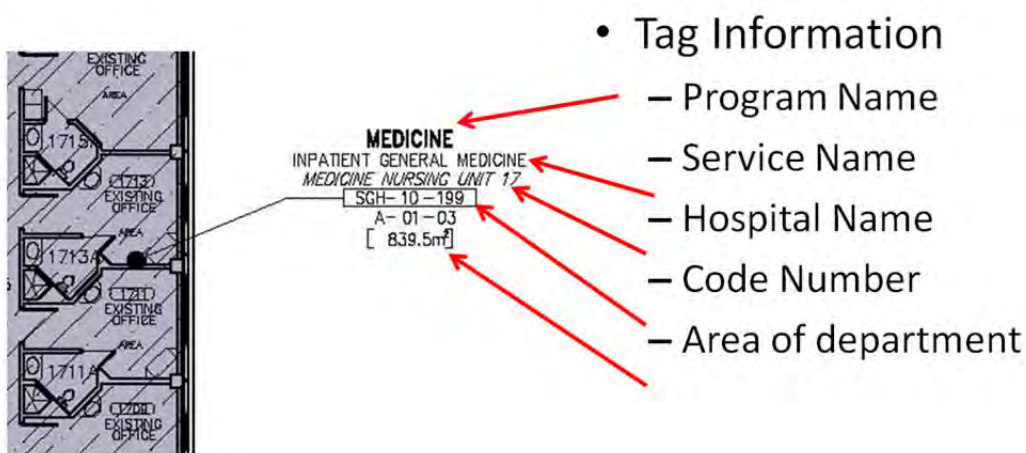
A complete library of architectural drawings was created for the 18 sites in Phase 1. The 18 sites included 54 buildings. Over 800 drawings were produced in CAD and PDF formats to illustrate the departmental areas on each floor of each building. Most of these drawings are 2D drawings but stacking drawings were also created for each site.

2.6 Facility Databases

BlackwellParkin created two facility databases that document the utilization of space in all buildings on all 18 sites for Phase 2. The first database is a searchable Excel file that allows the user to filter the information and identify where departmental space is, how big it is and how it is being used (i.e the Department name and/or function). This database also inventories vacant space in the 18 facilities in the Edmonton Zone and offers a high-level assessment of the suitability of the space for clinical, office and other functions.

The second database is a sophisticated interactive database that is tied to the current CAD state drawings that were produced in Phase 1. The information in the database is summarized on 'tags' on each of the drawings: an example of the drawing tag is shown below.

Tags on CAD Drawings



Changes in the interactive database will be automatically updated in the drawing tags. BlackwellParkin developed computer code for this program and special training has been provided to AHS staff so the architectural drawings can be maintained by the client.

2.7 Facility – Related Reports

An inventory of facility-related reports, compiled based on information that was supplied by FM&E staff during the Phase 1 Tours, has been submitted in electronic form to AHS.

APPENDIX 1:

SITE SURVEYS AND OTHER TOUR DOCUMENTS

2030 Plan Site Tours Site Survey

Facility Name _____

Person Completing this Form _____

1. The primary objective of Phase 1 of the 2030 Plan is to optimize the use of built space in 18 selected facilities (of which your site is one) to address operational pressures and capacity issues to the year 2015. What are the top five issues that should be addressed on your site during Phase 1?

1
2
3
4
5

2. What has prevented these issues from being resolved to date?

1
2
3
4
5

3. List any services that are currently located on your site that you believe could be located elsewhere along with a recommendation of where they would be best located. Please add rows if you need them.

Service that could be Moved Off-Site	Recommended Location

4. Please list any services that are not offered on your site but that you believe should be? Please add rows if you need them.

1
2
3

5. Please list the major changes to service delivery or to facilities (capital projects) that are currently planned for your site between now and 2015. Feel free to add rows if you need them.

1
2
3
4
5

6. Please list names of the buildings on your site; add additional rows if you need them.

1
2
3
4
5
6
7
8
9
10

7. Please provide the name, phone number and email address for the FM&E lead on your site who is most familiar with the buildings and the site.

Name	
Phone Number	
Email Address	

THANK YOU!

2030 Plan Site Tours FM&E Survey

TOUR INFORMATION

1. Facility Name:
2. Name of the FM&E Representative:
3. Name of the Clinical Representative:
4. Date the FM&E Information was provided:
5. Date of the Site Tour:

FACILITY INFORMATION

6. The primary objective of the site tour is to establish the departmental name and departmental boundaries of all areas in each building. We will travel to all areas in each building but will not be doing a room-by-room review. We will conduct a high-level assessment of the interior spaces during the tours. Providing the following information in advance (or at the time of) the tours will be beneficial to the process.

Building or Wing Name	Date of Construction and Date of any Renovation	Number of Beds

7. We are not conducting mechanical or electrical reviews of the facilities and do not have engineers on the review team. We will, however, accept information on the top five mechanical or electrical issues on the site.

1
2
3
4
5

8. We will be cataloguing any facility assessment reports that are in your possession. The following is a list of the types of reports that we are looking for. Please have a list of these reports available at the time of the tour.

- Facility Assessment Reports
- Building Envelop Reports
- Roofing Reports
- Building Condition Reports
- Asbestos and Hazardous Materials Reports
- Mechanical and Electrical Assessment Reports
- Functional or Master Programs
- Master Plans
- Parking, Transportation or Traffic Reports
- Other planning studies or similar reports

9. The area of the site:

Acres: _____

Hectares: _____

Edmonton Zone 2030 Plan Phase 1 (2015) Site Tours Overview

The purposes of the site tours are to:

1. Familiarize the consulting team with the buildings and the general site conditions of each facility.
The following data will be collected during the tours:
 - Departmental boundaries;
 - Identification of vacant or underutilized spaces;
 - The overall physical condition of each department;
 - The overall functionality of each department; and
 - The 'capacity' of or 'potential' use of the space in each department.
2. Create an inventory of facility-related reports; and
3. Engage site leaders in discussions on service alignment issues, operational problems and capacity pressures that should be included in our Phase 1 work **(to the Year 2015)** as well as any major constraints or obstacles that should be considered during problem-solving and planning.

The process for the tours will be:

A. Before the day of the tour:

- The consulting team will request site drawings and facility drawings from AHS;
- The consulting team will request site profile information from AHS;
- The Site Survey will be completed by site leadership and returned to the consulting team;
- The consulting team will analyze drawings, the site profile, site survey information with input by 2030 Plan Project Management Team. This information will be consolidated into a Site Tour Package for use by the consulting team on the day of the tour;
- Site Tour Overview, Checklist, and Kick-off Meeting Agenda will be sent to the site;
- The site leadership will organize and timetable the tours (usually one for the architects and another for the planners) and arrange availability of site personnel to conduct and participate in the tours.

B. On the day of the tour:

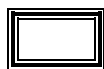
- A Kick-Off Meeting will be held at the site lasting no more than 1 hour for most sites 2 hours for very large tertiary sites;
- The site tours will be begin under the direction of site personnel and following the organization and timetable set by the site;
- There will be a Close-the-Loop Meeting at the end of the planners' tour which may or may not be attended by the architects.

C. On completion of the tour:

- Debrief of the site tour by the consulting team with consolidation of information between the planners and the architects;
- Validation of the site tour findings with the Project Team;
- Follow-up with site personnel as required.

Edmonton Zone 2030 Plan Phase 1 Site Tours Checklist

PRIOR TO THE DAY OF THE TOUR

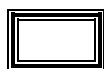


Complete and return the Site Survey.



Create a schedule for the tours and identify the site personnel who will conduct and/or participate in the tours. The following parameters should be considered in developing the tour schedules:

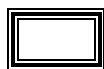
- The site will be provided with the number of approximate length of time that the architects and the planners are available for the tours;
- There will normally be two separate tours for: (1) the architects who must tour every department in the facility; and (2) the planners who will tour only the clinical and allied health departments of the facility plus Diagnostic Imaging. The architects will need a FM&E person (who has keys to all the doors in the facility) and a clinical person to accompany their tour. The planners need a tour director and brief consultation with department heads/clinical leads who are familiar with the operations and spaces in their department when the tour arrives in their area;
- The days should begin at 0800 hours (the team is willing to begin earlier if necessary);
- The schedules for the tour must be tight in order to complete the work required for each site in the time allowed. The planners expect to spend about 10 minutes in a typical department;
- If necessary, the architectural tours can be scheduled for longer than 1630 hours each day so the facility tours will be completed within the allotted time for your site;
- The Kick-Off Meeting should about 1 hour in length. It is up to the site leadership to determine who should attend this meeting;
- The Close-the-Loop Meeting should be 45-60 minutes in length and should be attended by the planners at the conclusion of their tour. If possible, the same site representatives should attend both the Kick-Off Meeting and the Close-the-Loop Meeting.



Advise staff in the facility to expect the tours on the day(s) set aside for your facility.



Determine the date your facility was constructed as well as the dates of major renovations or additions.



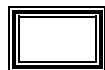
Prepare a list of the facility-related reports and store them in one location for access by the consulting team on the day of the tour. These reports may include:

- Facility Assessment Reports
- Building Envelope Reports
- Roofing Reports
- Building Condition Reports
- Asbestos and Hazardous Material Reports
- Mechanical and Electrical assessments reports of the facility
- Functional Programs
- Master Plans
- Other Planning Studies
- Any other facility-related reports

THE DAY OF THE TOUR



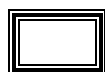
Our staff will have to review the facility-related reports and catalogue these documents. Please have the reports available in a location where we can work to catalogue them.



The architects will walk throughout the entire facility to document the departmental names and boundaries. We intend to walk up and down the main corridors of the entire building but will not be doing a room by room review of the facility. We will need to identify any rooms within a given department that are used exclusively by another department, or that are underutilized or vacant.



The planners will walk through each clinical and allied health area (plus Diagnostic Imaging) and will rate the functionality of each department and try to develop an understanding of the capacity or potential of the space for the current and/or alternate uses. This requires a 5-10 minute consultation with departmental/clinical leads in each area.



Photographs will be taken during the tours but neither staff nor patients will be photographed.

APPENDIX 2:

ASSESSMENT TOOLS AND GREEN/YELLOW/RED CATEGORIES

Screenshot of Programmers' Data Collection Tool

Site Name: RAH								
ATC - Unit 21 Orthopedics								
	10	6	2				Score	Comments
The department has good external functional adjacencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	0	6	
Spaces/rooms match workload and day-to-day clinical demands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	Overcapacity beds have splitter on ceiling, portable oxygen. This unit has the only family room in the building
There is adequate storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	Storage in hallways, in shower, combined with staff lounge, etc. MM at capacity with 4 deliveries wk.
Rooms are wheel-chair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	
There are sufficient numbers of ceiling-mounted patient lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	Some only
Medical gases meet the needs of the patient population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	0	6	
There is good internal organization (flow) in the department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	0	6	
Meets IPC standards including appropriate medical isolation capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	No vernacare. No A/R. Blanket warmer in soiled utility
Patient, family and staff privacy & confidentiality is maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	
Safe and secure for patients, staff + visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	2	2	
Totals				32				32%
Major operational or design issues with negative impacts on operations and elevated risk for users; immediate upgrade/remediation is required								
Capacity and Utilization	Beds	Stretchers	Closed Beds	TOTAL		Comments		
	28		0	28				
Department Re-Use?	Yes	No						
Vacant or underutilized space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Potential to be a specialized inpatient unit (ICU? Specify)	<input type="checkbox"/>	<input type="checkbox"/>						
Potential to be a general inpatient unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Only with major renovation				
Potential to be an OR, Emergency, Lab or DI (specify)	<input type="checkbox"/>	<input type="checkbox"/>						
Potential to be a clinic or specialized ambulatory space (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Potential to be an office space	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Potential to be support service (specify)	<input type="checkbox"/>	<input type="checkbox"/>						
Potential for other use (specify)	<input type="checkbox"/>	<input type="checkbox"/>						
Score Aide:	10	Good quality space, design and function						
	6	Does not meet all contemporary standards but still functions well						
	2	Poor design, major breaches of standards, elevated risk, important spaces are missing						
Department Overall Rating	70-100	Department is performing well for current use						
	41-69	Some functional or design concerns that decrease efficiency and flag risks; upgrade/remediation needed in the intermediate term						
	0-40	Major operational or design issues with negative impacts on operations and elevated risk for users; immediate upgrade/remediation is required						

Screenshot of Architects' Data Collection Tool

Edmonton Zone Architectural Tours																																																																																																																																																																																																																																																																																																																													
Facility		Edmonton Clinic South				Date		31 October 2012																																																																																																																																																																																																																																																																																																																					
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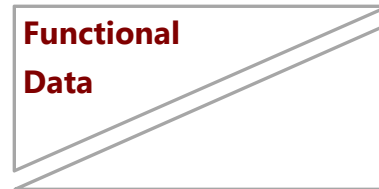
Phase 1 Site Assessments

FUNCTIONAL ASSESSMENT CRITERIA

Department is performing well for current use. Even if money were made available, funds would not be used to renovate or change the design of this unit.

There are some functional or design concerns that decrease efficiency and increase potential risks; upgrade/remediation is required in the intermediate term.

There are major operational or design issues that have a negative impact on operations and/or elevate risk to an unacceptable level; immediate upgrade/remediation is required.



FACILITY ASSESSMENT CRITERIA

The building appears to be in general compliance with current standards and expected condition levels.

There are some physical concerns that do not meet current standards or expected condition. The building fabric has characteristics that would allow renovations to bring it up to, or close to current standards.

There are major physical problems that do not meet current standards or expected condition. The building fabric does not have characteristics that would allow it to be renovated to bring it up to, or close to current standards.



APPENDIX 3:

CURRENT STATE REPORT

(SUBMITTED UNDER SEPARATE COVER)

APPENDIX 4:

**MASTER LIST OF PHASE 1
OPTIONS & OPPORTUNITIES
BY PROJECT NUMBER**

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
1	Decant the TB Clinic out of the Aberhart
2	Develop shelled-in space in EC for NARP/Transplant
3	Convert Unit 8-2A (AHE) from inpatient beds to day treatment
4	Move the Addiction and Detox services currently at the Henwood to a new building on the AHE site
5	Add Emergency or Urgent Care services to the AHE campus to accommodate large planned urban growth near the site
6	Convert Emergency in Devon to Urgent Care
7	Close the 13 acute/subacute inpatient beds at Devon
8	Convert 13 acute/subacute beds at Devon to LTC beds
9	Move rarely-used SLP office offsite to create space for expansion of EMS Sleep Room at Devon
10	Move Physician Offices at Devon off-site
11	Move Adult Day Program at Devon off-site
12	Move RAH Ophthalmology Clinic to the Edmonton Clinic
13	Move Outpatient Psychiatry from WMC to the Edmonton Clinic
14	Convert vacant Rehab Department space to exercise area for the Centre for Lung Health
15	Expand the Sleep Lab at EGH into adjacent vacant space
16	Move the Sleep Lab at EGH to the private sector
17	Expand the STI Clinic at EGH into adjacent leased space
18	Move EGH Pediatric Centre for Weight & Health to the Stollery
19	Convert 8Y at EGH from regular LTC to LTC/hemodialysis unit
20	Convert EGH into Zone Administration offices
21	Convert a regular LTC Unit at EGH to a LTC Psychiatric Unit for people < 65 years
22	Add Urgent Care Centre at the EGH site
23	Convert 6AB at EGH to a LTC Bariatric Unit
24	Move Obstetrical service from FSCH to Sturgeon and/or RAH
25	Open 6 to 8 existing inpatient beds at FSCH
26	Move Pediatric Surgery from FSCH to the Stollery
27	Move Pediatric Day Surgery at RAH to the Stollery
28	Discontinue emergency surgery at FSCH
29	Move Cataract Surgery from Westview to Fort Saskatchewan
30	Convert under-utilized allied health space at FSCH to 12-chair Hemodialysis Unit
32	Move Child & Youth Services off th FSCH site
33	Move low-intensity General Surgery from RAH to FS, Leduc, etc.
34	Move minor orthopedic trauma from RAH to GNCH or Leduc
35	Expand space for Addiction and Mental Health Services at FSCH
36	Move Public Health and Home Care off FSCH site
37	Move Obstetrical Services from FSCH to RAH or SCH
38	Move Emergency Surgery from FSCH to RAH
39	Construct EVAR Suites (hybrid ORs for vascular surgery) at GNCH
40	Renovate the Emergency Department at GNCH
41	Move Day Surgery at GNCH from Level 4 to Level 2
42	Move outpatient rehab services from GNCH to the community
43	Expand NARP at GNCH
44	Consolidate Surgical Services on Level 2 at GNCH
45	Unit 31 GNCH On-Call Rooms to be re-assigned to Women's Health
46	Add Vascular ICU at GNCH
47	Move Family Medicine Clinic off the GNCH site
48	Expand Endoscopy at GNCH
49	Expand MDR at GNCH
50	Add Observation Beds, all services at GNCH
51	Consolidate high-risk Cardiac Rehab from GNCH and GRH at the MAHI and distribute low-risk programs to community settings
52	Move Cardiac Rehab at GRH to MAHI (high-risk) and the community (low-risk)

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
53	Move Cardiac Rehab at GNCH to MAHI (high-risk) and the community (low-risk)
54	Use vacated Cardiac Rehab space at GRH for SROP
55	Transfer secure geriatric psychiatry unit from GRH to AHE
56	Move GRH Pediatric Neuro-Developmental Clinics to new CAMH building
57	Move the (remaining) Movement Disorders Clinic from GRH to the Edmonton Clinic
58	Move Pharmacy services from GRH to RAH
58	Move Pharmacy services from GRH to RAH
59	Move Child and Adolescent Mental Health at GRH off-site
60	Move GRH Pediatric Neuro-Developmental Clinics to Edmonton Clinic
61	Move EPS school programs at GRH off-site
62	Utilize available space in the Rehab Department at Leduc for satellite SROP
63	Move Mental Health Clinics at Leduc to a community setting
64	Move 22 Sub-Acute Beds from Leduc to Unit 18 at RAH to create 22 acute care beds at Leduc
65	Equip existing CT Room to support the Emergency Department at Leduc
66	Move Subacute/Transition patients from Leduc to Westview or Devon
67	Move all Surgery from Westview to Leduc
68	Move Physician Offices off Leduc site
69	Move Leduc Business Unit off-site
70	Move outpatient rehab services at Leduc to a community setting
71	Renovate Leduc Emergency
72	Move Pharmacy to Laundry Area at Leduc
73	Use vacant space on Level 5 of MAHI for CCU Step-Down, Observation Beds, or ICU surge beds
74	Develop shelled-in space in MAHI Levels 6, 7 and 8 for Cardiology, CV Surgery, Critical Care (CVICU and CCU), Cardiac Anesthesia
75	Add CVICU and CV bed capacity for VAD patients at MAHI
76	Move Child Health Clinics to Level 4 of St. Marguerite's at GNCH and reopen up to 29 Inpatient Beds in vacated space on Level 4
77	Develop the 8th Floor at MCH to add up to 30 new acute care beds; decant existing users into the Cabrini Centre
78	Renovate Inpatient Psychiatry Units to remediate safety issues at the MCH
79	Consolidate MCH Administrative functions in the Cabrini Centre
80	Renovate Level 3 at MCH for the NICU
81	Relocate NICU to vacant Level 2 space at MCH
82	Relocate ICU to Level 2 vacant space at MCH
83	Move Hyperbaric Unit off the MCH site
84	Renovate NICU at MCH
85	Renovate Emergency Department at MCH
86	Move Family Medicine Clinic off the MCH site
87	Expand/consolidate iRSM at MCH
88	Add 2 nd CT at MCH
89	Convert Emergency at NEHC to Urgent Care
90	Consolidate all low-risk Zone arthroplasty at the Orthopedic Surgery Centre, RAH
91	Move Resident Sleep Rooms to add 6 Beds to Women's Health at GNCH
92	Convert 2 vacated CCU beds to ICU beds at RAH
93	Renovate space to create a dedicated Ophthalmology Wet Lab at RAH to meet accreditation requirement
94	Move the Gestational Diabetes Clinic at RAH from Anderson Hall to clinic space in the CSB
95	Renovate Inpatient Psychiatry Units to remediate security concerns at RAH
96	Develop shelled-in OR in Women's Health at RAH
97	Move IVF Clinic at RAH to vacant Clinic E space in the Lois Hole
98	Develop vacant Clinic E at RAH for Women's Training and Research space
99	Move EPS classrooms off the RAH site
100	Move Child and Adolescent Mental Health off the RAH site
101	Move Transition/Bridging Units off the RAH site
102	Move Pediatric Day Surgery at RAH to the Stollery

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
102	Move Pediatric Day Surgery at RAH to the Stollery
103	Move ambulatory Hemodialysis off the RAH site
104	Move Mental Health Clinics off the RAH site
105	Move Family Medicine Clinic off the RAH site
106	Renovate the Emergency Department at RAH
107	Add Addiction Program for Women at RAH
108	Expand NICU at RAH
109	Expand Satellite Dialysis Unit and RIC at RAH
110	Increase Trauma capacity at RAH
111	Expand Endoscopy at RAH
112	Add Maternal Heart Health Clinic at RAH
113	Add Mother/Baby Unit for Marginalized/High-Risk Women at RAH
114	Add Obs/Gyne GFT Clinic at RAH
115	Create Women's Health eSim Lab at RAH
116	Add PET/CT at RAH
117	Add Ultrasound capacity at RAH
118	Create a Bariatric Centre at RAH, including bariatric ORs in Women's Centre
119	Add Child Care (Daycare) Centre at RAH
120	Add Observation Beds at RAH
121	Move ENT Surgery from WMC to RAH (to enabled consolidation of Trauma)
121	Move ENT Surgery from WMC to RAH (to enabled consolidation of Trauma)
122	Close or convert SCH Intensive Care Unit to another use (LT vents, observation beds, etc.)
123	Convert Room 2910 at SCH to Observation beds
124	Convert vacant pediatric beds at SCH to Observation beds
125	Convert vacated Emergency space at SCH to Mental Health Crisis Stabilization Unit
126	Convert vacant peds beds on Unit 19 at SCH to medical beds
127	Convert vacated Emergency Department space at SCH to Operating Rooms
128	Expand DI at SCH to include CT and Ultrasound
129	Expand Endoscopy at Sturgeon
130	Add Psychiatry beds at the Sturgeon
131	Add Transesophageal Echocardiogram (TEE) at the Sturgeon
132	Add Level II Nursery at Sturgeon
133	Expand ICU at SCH
134	Expand Endoscopy at SCH
135	Add 2 nd CT at SCH
136	Add Pediatric Hospice Beds at the Stollery
137	Open Emergency at Strathcona as Urgent Care; convert Urgent Care to outpatient service
138	Convert allied health space at Strathcona to day medicine or day surgery use
139	Develop shelled-in space at Strathcona for ambulatory Mental Health
140	Add MRI into shelled-in space at Strathcona
141	Convert 10 LTC Beds to 10 hospice beds at Westview
142	Move Public Health & Home Care at Westview off-site
143	Add a 12-chair Hemodialysis Unit and RIC in vacated Public Health and Home Care spaces at Westview
144	Renovate the Emergency Department at Westview
145	Convert LTC beds to sub-acute beds at Westview
146	Convert LTC beds to Acute beds at Westview
147	Add CT at Westview
148	Move the Eating Disorders Outpatient Program at WMC into the community
149	Move Adult Psychiatry Inpatient Units & ECT Suite to Level 5 at WMC
150	Consolidate all Stollery inpatient beds and Day Medicine Unit on the 4th Floor of the WMC
152	Consolidate inpatient Neurosciences (the Brain Centre) at WMC

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
153	Move CV Offices to MAHI and relocate Surgery Offices to create space for the Adult Day Ward/Same Day Admit next to the OR
154	Move Cardiac Sciences Offices from Level 4 to Level 3 MAHI, creating space for inpatient beds on Level 4 of MAHI
155	Decant Outpatient Hemodialysis from WMC to a community setting
155	Use space vacated by Outpatient Hemodialysis at WMC for a prototypical inpatient unit (can also be used for decant space during renovations)
156	Move Zone Administration off the WMC site
157	Rennoate and expand the Dental Clinic at WMC into adjacent space using private sector financing.
158	Move Adult Day Ward and Same Day Admit to WMC Level 3, next to the OR
159	Consolidate Major Trauma at WMC
160	Move EPS classrooms off the WCM site
161	Replace the Outpatient Residence at WMC with a multi-purpose tower
162	Renovate Burn Unit at WMC
163	Consolidate Stollery Diagnostic Imaging on Level 1 of WMC
164	Expand General Systems ICU at WMC
165	Move Medical Units 5F4 and 5G2 to 5G4 and 5A2 at WMC to consolidate medical beds & facilitate consolidation of Stollery and adult psychiatry
166	Add Advanced Neurosciences ICU at WMC
167	Add Acute Stroke Unit at WMC
168	Expand Transplant Beds at WMC
169	Move the Provincial Lab off WMC site
170	Add SPECT/CT at WMC
171	Level 4 MAHI Offices to Level 3 MAHI
172	Level 5 of MAHI – area being using for training right now - opportunity for multi-service 8-bed observation unit.
173	Move Community Geriatric Services from WMC to 108 St Building
174	Consolidate CAMH programs from Glenrose & RAH in a new building
175	Add Observation Beds, all services
176	Consolidate Diabetic Education (zone or subzone?)
177	Consolidate Colorectal Screening
178	Consolidate Ankle and Foot Surgery
179	Consolidate MDR
180	Consolidate Pre-Operative Assessment Clinic (PAC)
181	Add a 12- Chair Hemodialysis Unit and RIC at FSCH
182	Accommodate a 12- Chair Hemodialysis Unit in the Emergency Department space at Strathcona

APPENDIX 5:

**MASTER LIST OF PHASE 1
OPTIONS & OPPORTUNITIES
BY SITE**

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
ABERHART	
1	Decant the TB Clinic out of the Aberhart
2	Decant all NARP programs out of the Aberhart to Level 6 of the Edmonton Clinic
ALBERTA HOSPITAL EDMONTON	
3	Convert Unit 8-2A (AHE) from inpatient beds to day treatment
4	Move the Addiction and Detox services currently at the Henwood to a new building on the AHE site
5	Add Emergency or Urgent Care services to the AHE campus to accommodate large planned urban growth near the site
55	Transfer secure geriatric psychiatry unit from GRH to AHE
DEVON COMMUNITY HOSPITAL	
6	Convert Emergency in Devon to Urgent Care
7	Close the 13 acute/subacute inpatient beds at Devon
8	Convert 13 acute/subacute beds at Devon to LTC beds
9	Move rarely-used SLP office offsite to create space for expansion of EMS Sleep Room at Devon
10	Move Physician Offices at Devon off-site
11	Move Adult Day Program at Devon off-site
66	Move subacute/transition patients from Leduc to Westview or Devon
EDMONTON GENERAL SITE	
14	Convert vacant Rehab Department space to exercise area for the Centre for Lung Health
15	Expand the Sleep Lab at EGH into adjacent vacant space
16	Move the Sleep Lab at EGH to the private sector
17	Expand the STI Clinic at EGH into adjacent leased space
18	Move EGH Pediatric Centre for Weight & Health to the Stollery
19	Convert 8Y at EGH from regular LTC to LTC/hemodialysis unit
20	Convert EGH into Zone Administration offices
21	Convert a regular LTC Unit at EGH to a LTC Psychiatric Unit for people < 65 years
22	Add Urgent Care Centre at the EGH site
23	Convert 6AB at EGH to a LTC Bariatric Unit
FORT SASKATCHEWAN COMMUNITY HOSPITAL	
24	Move Obstetrical service from FSCH to Sturgeon and/or RAH
25	Open 6 to 8 existing inpatient beds at FSCH
26	Move Pediatric Surgery from FSCH to the Stollery
28	Discontinue emergency surgery at FSCH
29	Move Cataract Surgery from Westview to Fort Saskatchewan
30	Convert under-utilized allied health space at FSCH to 12-chair Hemodialysis Unit
32	Move Child & Youth Services off th FSCH site
33	Move low-intensity general surgery from RAH to FS, Leduc, etc.
35	Expand space for Addiction and Mental Health Services at FSCH
36	Move Public Health and Home Care off FSCH site
37	Move Obstetrical Services from FSCH to RAH or SCH
38	Move Emergency Surgery from FSCH to RAH
181	Add a 12- Chair Hemodialysis Unit and RIC at FSCH
GLENROSE REHABILITATION HOSPITAL	
51	Consolidate high-risk Cardiac Rehab from GNCH and GRH at the MAHI and distribute low-risk programs to community settings
54	Use vacated Cardiac Rehab space at GRH for SROP
55	Transfer secure geriatric psychiatry unit from GRH to AHE
56	Move GRH Pediatric Neuro-Developmental Clinics to new CAMH building
57	Move the (remaining) Movement Disorders Clinic from GRH to the Edmonton Clinic
58	Move Pharmacy services from GRH to RAH
59	Move Child and Adolescent Mental Health at GRH off-site
60	Move GRH Pediatric Neuro-Developmental Clinics to Edmonton Clinic
61	Move EPS school programs at GRH off-site

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
GREY NUNS COMMUNITY HOSPITAL	
34	Move minor orthopedic trauma from RAH to GNCH or Leduc
39	Construct EVAR Suites (hybrid ORs for vascular surgery) at GNCH
40	Renovate the Emergency Department at GNCH
41	Move Day Surgery at GNCH from Level 4 to Level 2
42	Move outpatient rehab services from GNCH to the community
43	Expand NARP at GNCH
44	Consolidate Surgical Services on Level 2 at GNCH
45	Unit 31 GNCH On-Call Rooms to be re-assigned to Women's Health
46	Add Vascular ICU at GNCH
47	Move Family Medicine Clinic off the GNCH site
48	Expand Endoscopy at GNCH
49	Expand MDR at GNCH
50	Add Observation Beds, all services at GNCH
51	Consolidate high-risk Cardiac Rehab from GNCH and GRH at the MAHI and distribute low-risk programs to community settings
76	Move Child Health Clinics to Level 4 of St. Marguerite's at GNCH and reopen up to 29 Inpatient Beds in vacated space on Level 4
91	Move Resident Sleep Rooms to add 6 Beds to Women's Health at GNCH
KAYE EDMONTON CLINIC	
2	Decant all NARP programs out of the Aberhart to Level 6 of the Edmonton Clinic
2	Develop shelled-in space in EC for NARP/Transplant
12	Move RAH Ophthalmology Clinic to the Edmonton Clinic
13	Move Outpatient Psychiatry from WMC to the Edmonton Clinic
57	Move the (remaining) Movement Disorders Clinic from GRH to the Edmonton Clinic
60	Move GRH Pediatric Neuro-Developmental Clinics to Edmonton Clinic
LEDUC COMMUNITY HOSPITAL	
33	Move low-intensity General Surgery from RAH to FS, Leduc, etc.
34	Move minor orthopedic trauma from RAH to GNCH or Leduc
62	Utilize available space in the Rehab Department at Leduc for satellite SROP
63	Move Mental Health Clinics at Leduc to a community setting
64	Move 22 Sub-Acute Beds from Leduc to Unit 18 at RAH to create 22 acute care beds at Leduc
65	Equip existing CT Room to support the Emergency Department at Leduc
66	Move Subacute/Transition patients from Leduc to Westview or Devon
67	Move all Surgery from Westview to Leduc
68	Move Physician Offices off Leduc site
69	Move Leduc Business Unit off-site
70	Move outpatient rehab services at Leduc to a community setting
71	Renovate Leduc Emergency
72	Move Pharmacy to Laundry Area at Leduc
MISERICORDIA COMMUNITY HOSPITAL	
77	Develop the 8th Floor at MCH to add up to 30 new acute care beds; decant existing users into the Cabrini Centre
78	Renovate Inpatient Psychiatry Units to remediate safety issues at the MCH
79	Consolidate MCH Administrative functions in the Cabrini Centre
80	Renovate Level 3 at MCH for the NICU
81	Relocate NICU to vacant Level 2 space at MCH
82	Relocate ICU to Level 2 vacant space at MCH
83	Move Hyperbaric Unit off the MCH site
84	Renovate NICU at MCH
85	Renovate Emergency Department at MCH
86	Move Family Medicine Clinic off the MCH site
87	Expand/consolidate iRSM at MCH
88	Add 2 nd CT at MCH

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
NORTH EAST COMMUNITY HEALTH CENTRE	
89	Convert Emergency at NECHC to Urgent Care
ROYAL ALEXANDRA HOSPITAL	
12	Move Ophthalmology Clinic to the Edmonton Clinic
24	Move Obstetrical Services from FSCH to RAH or SCH
27	Move Pediatric Day Surgery at RAH to the Stollery
33	Move low-intensity General Surgery from RAH to FS, Leduc, etc.
34	Move minor orthopedic trauma from RAH to GNCH or Leduc
37	Move Obstetrical Services from FSCH to RAH or SCH
38	Move Emergency Surgery from FSCH to RAH
58	Move Pharmacy services from GRH to RAH
64	Move 22 Sub-Acute Beds from Leduc to Unit 18 at RAH to create 22 acute care beds at Leduc
90	Consolidate all low-risk Zone arthroplasty at the Orthopedic Surgery Centre, RAH
92	Convert 2 vacated CCU beds to ICU beds at RAH
93	Renovate space to create a dedicated Ophthalmology Wet Lab at RAH to meet accreditation requirement
94	Move the Gestational Diabetes Clinic at RAH from Anderson Hall to clinic space in the CSB
95	Renovate Inpatient Psychiatry Units to remediate security concerns at RAH
96	Develop shelled-in OR in Women's Health at RAH
97	Move IVF Clinic at RAH to vacant Clinic E space in the Lois Hole
98	Develop vacant Clinic E at RAH for Women's Training and Research space
99	Move EPS classrooms off the RAH site
100	Move Child and Adolescent Mental Health off the RAH site
101	Move Transition/Bridging Units off the RAH site
102	Move Pediatric Day Surgery at RAH to the Stollery
103	Move ambulatory Hemodialysis off the RAH site
104	Move Mental Health Clinics off the RAH site
105	Move Family Medicine Clinic off the RAH site
106	Renovate the Emergency Department at RAH
107	Add Addiction Program for Women at RAH
108	Expand NICU at RAH
109	Expand Satellite Dialysis Unit and RIC at RAH
110	Increase Trauma capacity at RAH
111	Expand Endoscopy at RAH
112	Add Maternal Heart Health Clinic at RAH
113	Add Mother/Baby Unit for Marginalized/High-Risk Women at RAH
114	Add Obs/Gyne GFT Clinic at RAH
115	Create Women's Health eSim Lab at RAH
116	Add PET/CT at RAH
117	Add Ultrasound capacity at RAH
118	Create a Bariatric Centre at RAH, including bariatric ORs in Women's Centre
119	Add Child Care (Daycare) Centre at RAH
120	Add Observation Beds at RAH
121	Move ENT Surgery from WMC to RAH (to enabled consolidation of Trauma)
STRATHCONA COMMUNITY HOSPITAL	
137	Open Emergency at Strathcona as Urgent Care; convert Urgent Care to outpatient service
138	Convert allied health space at Strathcona to day medicine or day surgery use
139	Develop shelled-in space at Strathcona for ambulatory Mental Health
140	Add MRI into shelled-in space at Strathcona
182	Accommodate a 12- Chair Hemodialysis Unit in the Emergency Department space at Strathcona
STURGEON COMMUNITY HOSPITAL	
37	Move Obstetrical Services from FSCH to RAH or SCH

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
122	Close or convert SCH Intensive Care Unit to another use (LT vents, observation beds, etc.)
123	Convert Room 2910 at SCH to Observation beds
124	Convert vacant pediatric beds at SCH to Observation beds
125	Convert vacated Emergency space at SCH to Mental Health Crisis Stabilization Unit
126	Convert vacant peds beds on Unit 19 at SCH to medical beds
127	Convert vacated Emergency Department space at SCH to Operating Rooms
128	Expand DI at SCH to include CT and Ultrasound
129	Expand Endoscopy at Sturgeon
130	Add Psychiatry beds at the Sturgeon
131	Add Transesophageal Echocardiogram (TEE) at the Sturgeon
132	Add Level II Nursery at Sturgeon
133	Expand ICU at SCH
134	Expand Endoscopy at SCH
135	Add 2 nd CT at SCH
WALTER MACKENZIE HEALTH SCIENCES CENTRE	
13	Move Outpatient Psychiatry from WMC to the Edmonton Clinic
18	Move EGH Pediatric Centre for Weight & Health to the Stollery
52	Move Cardiac Rehab at GRH to MAHI (high-risk) and the community (low-risk)
73	Use vacant space on Level 5 of MAHI for CCU Step-Down, Observation Beds, or ICU surge beds
74	Develop shelled-in space in MAHI Levels 6, 7 and 8 for Cardiology, CV Surgery, Critical Care (CVICU and CCU), Cardiac Anesthesia
75	Add CVICU and CV bed capacity for VAD patients at MAHI
102	Move Pediatric Day Surgery at RAH to the Stollery
121	Move ENT Surgery from WMC to RAH (to enable consolidation of Trauma)
148	Move the Eating Disorders Outpatient Program at WMC into the community
149	Move Adult Psychiatry Inpatient Units & ECT Suite to Level 5 at WMC
156	Move Zone Administration off the WMC site
157	Renovate and expand the Dental Clinic at WMC into adjacent space using private sector financing.
158	Move Adult Day Ward and Same Day Admit to WMC Level 3, next to the OR
158	Convert space vacated by Adult Day Ward and Same Day Admit (5G3) to 12-Bed Observation Unit
159	Consolidate Major Trauma at WMC
160	Move EPS classrooms off the WCM site
161	Replace the Outpatient Residence at WMC with a multi-purpose tower
162	Renovate Burn Unit at WMC
164	Expand General Systems ICU at WMC
165	Move Medical Units 5F4 and 5G2 to 5G4 and 5A2 at WMC to consolidate medical beds & facilitate consolidation of Stollery and adult psychiatry
168	Expand Transplant Beds at WMC
169	Move the Provincial Lab off WMC site
170	Add SPECT/CT at WMC
171	Level 4 MAHI Offices to Level 3 MAHI
172	Level 5 of MAHI – area being using for training right now - opportunity for multi-service 8-bed observation unit.
173	Move Community Geriatric Services from WMC to 108 St Building
153	Move CV Offices to MAHI and relocate Surgery Offices to create space for the Adult Day Ward/Same Day Admit next to the OR
154	Move Cardiac Sciences Offices from Level 4 to Level 3 MAHI, creating space for inpatient beds on Level 4 of MAHI
152	Consolidate inpatient Neurosciences (the Brain Centre) at WMC
166	Add Advanced Neurosciences ICU at WMC
167	Add Acute Stroke Unit at WMC
155	Decant Outpatient Hemodialysis from WMC to a community setting
155	Use space vacated by Outpatient Hemodialysis at WMC for a prototypical inpatient unit (can also be used for decant space during renovations)
26	Move Pediatric Surgery from FSCH to the Stollery
27	Move Pediatric Day Surgery at RAH to the Stollery
136	Add Pediatric Hospice Beds at the Stollery

2030 Plan - Phase 1 Options and Opportunities Master List by Site

ID #	PROJECT DESCRIPTION
150	Consolidate all Stollery inpatient beds and Day Medicine Unit on the 4th Floor of the WMC
163	Consolidate Stollery Diagnostic Imaging on Level 1 of WMC
WESTVIEW COMMUNITY HEALTH CENTRE	
29	Move Cataract Surgery from Westview to Fort Saskatchewan
66	Move subacute/transition patients from Leduc to Westview or Devon
67	Move all Surgery from Westview to Leduc
141	Convert 10 LTC Beds to 10 hospice beds at Westview
142	Move Public Health & Home Care at Westview off-site
143	Add a 12-chair Hemodialysis Unit and RIC in vacated Public Health and Home Care spaces at Westview
144	Renovate the Emergency Department at Westview
145	Convert LTC beds to sub-acute beds at Westview
146	Convert LTC beds to Acute beds at Westview
147	Add CT at Westview
CONSOLIDATED PROGRAMS AND SERVICES	
51	Consolidate high-risk Cardiac Rehab from GNCH and GRH at the MAHI and distribute low-risk programs to community settings
90	Consolidate all low-risk Zone arthroplasty at the Orthopedic Surgery Centre, RAH
151	Consolidate all Stollery inpatient beds and Day Medicine Unit on the 4th Floor of the WMC
152	Consolidate inpatient Neurosciences (the Brain Centre) at WMC
159	Consolidate Major Trauma at WMC
174	Consolidate CAMH programs from Glenrose & RAH in a new building
174	Consolidate CAMH programs from Glenrose & RAH in a new building
174	Consolidate CAMH programs from Glenrose & RAH in a new building
175	Add Observation Beds, all services
176	Consolidate Diabetic Education (zone or subzone?)
177	Consolidate Colorectal Screening
178	Consolidate Ankle and Foot Surgery
179	Consolidate MDR
180	Consolidate Pre-Operative Assessment Clinic (PAC)



APPENDIX 6:

**MASTER LIST OF PHASE 1
OPTIONS & OPPORTUNITIES
BY PROGRAM**

2030 Plan - Phase 1 Options and Opportunities Master List by Program

ID #	PROJECT DESCRIPTION
ADDICTION AND MENTAL HEALTH	
3	Convert Unit 8-2A (AHE) from inpatient beds to day treatment
4	Move the Addiction and Detox services currently at the Henwood to a new building on the AHE site
13	Move Outpatient Psychiatry from WMC to the Edmonton Clinic
21	Convert a regular LTC Unit at EGH to a LTC Psychiatric Unit for people < 65 years
35	Expand space for Addiction and Mental Health Services at FSCH
55	Transfer secure geriatric psychiatry unit from GRH to AHE
56	Move GRH Pediatric Neuro-Developmental Clinics to new CAMH building
59	Move Child and Adolescent Mental Health at GRH off-site
63	Move Mental Health Clinics at Leduc to a community setting
78	Renovate Inpatient Psychiatry Units to remediate safety issues at the MCH
95	Renovate Inpatient Psychiatry Units to remediate security concerns at RAH
100	Move Child and Adolescent Mental Health off the RAH site
104	Move Mental Health Clinics off the RAH site
125	Convert vacated Emergency space at SCH to Mental Health Crisis Stabilization Unit
130	Add Psychiatry beds at the Sturgeon
139	Develop shelled-in space at Strathcona for ambulatory Mental Health
148	Move the Eating Disorders Outpatient Program at WMC into the community
149	Move Adult Psychiatry Inpatient Units & ECT Suite to Level 5 at WMC
173	Move Community Geriatric Services from WMC to 108 St Building
CARDIAC SCIENCES	
51	Consolidate high-risk Cardiac Rehab from GNCH and GRH at the MAHI and distribute low-risk programs to community settings
52	Move Cardiac Rehab at GRH to MAHI (high-risk) and the community (low-risk)
53	Move Cardiac Rehab at GNCH to MAHI (high-risk) and the community (low-risk)
74	Develop shelled-in space in MAHI Levels 6, 7 and 8 for Cardiology, CV Surgery, Critical Care (CVICU and CCU), Cardiac Anesthesia
75	Add CVICU and CV bed capacity for VAD patients at MAHI
131	Add Transesophageal Echocardiogram (TEE) at the Sturgeon
154	Move Cardiac Sciences Offices from Level 4 to Level 3 MAHI, creating space for inpatient beds on Level 4 of MAHI
171	Level 4 MAHI Offices to Level 3 MAHI
CHILD HEALTH	
18	Move EGH Pediatric Centre for Weight & Health to the Stollery
26	Move Pediatric Surgery from FSCH to the Stollery
26	Move Pediatric Surgery from FSCH to the Stollery
27	Move Pediatric Day Surgery at RAH to the Stollery
60	Move GRH Pediatric Neuro-Developmental Clinics to Edmonton Clinic
61	Move EPS school programs at GRH off-site
80	Renovate Level 3 at MCH for the NICU
84	Renovate NICU at MCH
99	Move EPS classrooms off the RAH site
102	Move Pediatric Day Surgery at RAH to the Stollery
108	Expand NICU at RAH
136	Add Pediatric Hospice Beds at the Stollery
150	Consolidate all Stollery inpatient beds and Day Medicine Unit on the 4th Floor of the WMC
160	Move EPS classrooms off the WCM site
161	Replace the Outpatient Residence at WMC with a multi-purpose tower
CRITICAL CARE	
20	Convert EGH into Zone Administration offices
73	Use vacant space on Level 5 of MAHI for CCU Step-Down, Observation Beds, or ICU surge beds
82	Relocate ICU to Level 2 vacant space at MCH
90	Consolidate all low-risk Zone arthroplasty at the Orthopedic Surgery Centre, RAH
92	Convert 2 vacated CCU beds to ICU beds at RAH
122	Close or convert SCH Intensive Care Unit to another use (LT vents, observation beds, etc.)
133	Expand ICU at SCH
152	Consolidate inpatient Neurosciences (the Brain Centre) at WMC

2030 Plan - Phase 1 Options and Opportunities Master List by Program

ID #	PROJECT DESCRIPTION
159	Consolidate Major Trauma at WMC
162	Renovate Burn Unit at WMC
164	Expand General Systems ICU at WMC
CONTINUING CARE	
8	Convert 13 acute/subacute beds at Devon to LTC beds
11	Move Adult Day Program at Devon off-site
23	Convert 6AB at EGH to a LTC Bariatric Unit
66	Move subacute/transition patients from Leduc to Westview or Devon
101	Move Transition/Bridging Units off the RAH site
141	Convert 10 LTC Beds to 10 hospice beds at Westview
145	Convert LTC beds to sub-acute beds at Westview
DIAGNOSTIC IMAGING	
65	Equip existing CT Room to support the Emergency Department at Leduc
88	Add 2 nd CT at MCH
116	Add PET/CT at RAH
117	Add Ultrasound capacity at RAH
128	Expand DI at SCH to include CT and Ultrasound
135	Add 2 nd CT at SCH
140	Add MRI into shelled-in space at Strathcona
147	Add CT at Westview
163	Consolidate Stollery Diagnostic Imaging on Level 1 of WMC
170	Add SPECT/CT at WMC
EMERGENCY, URGENT CARE AND EMS	
5	Add Emergency or Urgent Care services to the AHE campus to accommodate large planned urban growth near the site
6	Convert Emergency in Devon to Urgent Care
9	Move rarely-used SLP office offsite to create space for expansion of EMS Sleep Room at Devon
22	Add Urgent Care Centre at the EGH site
40	Renovate the Emergency Department at GNCH
71	Renovate Leduc Emergency
85	Renovate Emergency Department at MCH
89	Convert Emergency at NEHC to Urgent Care
106	Renovate the Emergency Department at RAH
137	Open Emergency at Strathcona as Urgent Care; convert Urgent Care to outpatient service
144	Renovate the Emergency Department at Westview
MEDICINE	
1	Decant the TB Clinic out of the Aberhart
7	Close the 13 acute/subacute inpatient beds at Devon
14	Convert vacant Rehab Department space to exercise area for the Centre for Lung Health
15	Expand the Sleep Lab at EGH into adjacent vacant space
16	Move the Sleep Lab at EGH to the private sector
25	Open 6 to 8 existing inpatient beds at FSCH
64	Move 22 Sub-Acute Beds from Leduc to Unit 18 at RAH to create 22 acute care beds at Leduc
76	Move Child Health Clinics to Level 4 of St. Marguerite's at GNCH and reopen up to 29 Inpatient Beds in vacated space on Level 4
77	Develop the 8th Floor at MCH to add up to 30 new acute care beds; decant existing users into the Cabrini Centre
83	Move Hyperbaric Unit off the MCH site
118	Create a Bariatric Centre at RAH, including bariatric ORs in Women's Centre
126	Convert vacant peds beds on Unit 19 at SCH to medical beds
146	Convert LTC beds to Acute beds at Westview
155	Use space vacated by Outpatient Hemodialysis at WMC for a prototypical inpatient unit (can also be used for decant space during renovations)
165	Move Medical Units 5F4 and 5G2 to 5G4 and 5A2 at WMC to consolidate medical beds & facilitate consolidation of Stollery and adult psychiatry
NEUROSCIENCES	
57	Move the (remaining) Movement Disorders Clinic from GRH to the Edmonton Clinic
166	Add Advanced Neurosciences ICU at WMC
167	Add Acute Stroke Unit at WMC

2030 Plan - Phase 1 Options and Opportunities Master List by Program

ID #	PROJECT DESCRIPTION
OBSERVATION BEDS (STEP-DOWN)	
50	Add Observation Beds, all services at GNCH
120	Add Observation Beds at RAH
123	Convert Room 2910 at SCH to Observation beds
124	Convert vacant pediatric beds at SCH to Observation beds
172	Level 5 of MAHI – area being using for training right now - opportunity for multi-service 8-bed observation unit.
175	Add Observation Beds, all services
PRIMARY CARE / FAMILY MEDICINE	
10	Move Physician Offices at Devon off-site
17	Expand the STI Clinic at EGH into adjacent leased space
36	Move Public Health and Home Care off FSCH site
42	Move outpatient rehab services from GNCH to the community
47	Move Family Medicine Clinic off the GNCH site
54	Use vacated Cardiac Rehab space at GRH for SROP
62	Utilize available space in the Rehab Department at Leduc for satellite SROP
68	Move Physician Offices off Leduc site
70	Move outpatient rehab services at Leduc to a community setting
86	Move Family Medicine Clinic off the MCH site
105	Move Family Medicine Clinic off the RAH site
142	Move Public Health & Home Care at Westview off-site
RENAL AND TRANSPLANT	
2	Decant all NARP programs out of the Aberhart to Level 6 of the Edmonton Clinic
19	Convert 8Y at EGH from regular LTC to LTC/hemodialysis unit
30	Convert under-utilized allied health space at FSCH to 12-chair Hemodialysis Unit
43	Expand NARP at GNCH
103	Move ambulatory Hemodialysis off the RAH site
109	Expand Satellite Dialysis Unit and RIC at RAH
143	Add a 12- bed Hemodialysis Unit and RIC in vacated Public Health and Home Care spaces at Westview
155	Decant Outpatient Hemodialysis from WMC to a community setting
168	Expand Transplant Beds at WMC
181	Add a 12-chair Hemodialysis Unit and RIC at FSCH
182	Accommodate a 12- Chair Hemodialysis Unit in the Emergency Department space at Strathcona
SURGERY	
12	Move RAH Ophthalmology Clinic to the Edmonton Clinic
28	Discontinue emergency surgery at FSCH
29	Move Cataract Surgery from Westview to Fort Saskatchewan
33	Move low-intensity general surgery from RAH to FS, Leduc, etc.
34	Move minor orthopedic trauma from RAH to GNCH or Leduc
38	Move Emergency Surgery from FSCH to RAH
39	Construct EVAR Suites (hybrid ORs for vascular surgery) at GNCH
41	Move Day Surgery at GNCH from Level 4 to Level 2
44	Consolidate Surgical Services on Level 2 at GNCH
46	Add Vascular ICU at GNCH
48	Expand Endoscopy at GNCH
49	Expand MDR at GNCH
67	Move all Surgery from Westview to Leduc
87	Expand/consolidate iRSM at MCH
90	Consolidate all low-risk Zone arthroplasty at the Orthopedic Surgery Centre, RAH
93	Renovate space to create a dedicated Ophthalmology Wet Lab at RAH to meet accreditation requirement
110	Increase Trauma capacity at RAH
111	Expand Endoscopy at RAH
121	Move ENT Surgery from WMC to RAH (to enabled consolidation of Trauma)
127	Convert vacated Emergency Department space at SCH to Operating Rooms
129	Expand Endoscopy at Sturgeon

2030 Plan - Phase 1 Options and Opportunities Master List by Program

ID #	PROJECT DESCRIPTION
134	Expand Endoscopy at SCH
138	Convert allied health space at Strathcona to day medicine or day surgery use
153	Move CV Offices to MAHI and relocate Surgery Offices to create space for the Adult Day Ward/Same Day Admit next to the OR
157	Rennoate and expand the Dental Clinic at WMC into adjacent space using private sector financing.
158	Move Adult Day Ward and Same Day Admit to WMC Level 3, next to the OR
158	Convert space vacated by Adult Day Ward and Same Day Admit (5G3) to 12-Bed Observation Unit
WOMEN'S HEALTH	
24	Move Obstetrical service from FSCH to Sturgeon and/or RAH
37	Move Obstetrical Services from FSCH to RAH or SCH
45	Unit 31 GNCH On-Call Rooms to be re-assigned to Women's Health
81	Relocate NICU to vacant Level 2 space at MCH
91	Move Resident Sleep Rooms to add 6 Beds to Women's Health at GNCH
94	Move the Gestational Diabetes Clinic at RAH from Anderson Hall to clinic space in the CSB
96	Develop shelled-in OR in Women's Health at RAH
97	Move IVF Clinic at RAH to vacant Clinic E space in the Lois Hole
98	Develop vacant Clinic E at RAH for Women's Training and Research space
107	Add Addiction Program for Women at RAH
112	Add Maternal Heart Health Clinic at RAH
113	Add Mother/Baby Unit for Marginalized/High-Risk Women at RAH
114	Add Obs/Gyne GFT Clinic at RAH
115	Create Women's Health eSim Lab at RAH
132	Add Level II Nursery at Sturgeon
CONSOLIDATED PROGRAMS/SERVICES	
151	Consolidate all Stollery inpatient beds and Day Medicine Unit on the 4th Floor of the WMC
152	Consolidate inpatient Neurosciences (the Brain Centre) at WMC
159	Consolidate Major Trauma at WMC
174	Consolidate CAMH programs from Glenrose & RAH in a new building
174	Consolidate CAMH programs from Glenrose & RAH in a new building
174	Consolidate CAMH programs from Glenrose & RAH in a new building
176	Consolidate Diabetic Education (zone or subzone?)
177	Consolidate Colorectal Screening
178	Consolidate Ankle and Foot Surgery
179	Consolidate MDR
180	Consolidate Pre-Operative Assessment Clinic (PAC)
OTHER	
32	Move Child & Youth Services off th FSCH site
58	Move Pharmacy services from GRH to RAH
58	Move Pharmacy services from GRH to RAH
69	Move Leduc Business Unit off-site
72	Move Pharmacy to Laundry Area at Leduc
79	Consolidate MCH Administrative functions in the Cabrini Centre
119	Add Child Care (Daycare) Centre at RAH
156	Move Zone Administration off the WMC site
169	Move the Provincial Lab off WMC site

APPENDIX 7:

METHODOLOGY FOR

CLASS D CAPITAL COST ESTIMATES

APPENDIX 8:

TAXONOMY OF PROGRAMS AND SERVICES

v18 PROGRAM CODE	v18 PROGRAM NAME	v18 SERVICE CODE	v18 SERVICE NAME
01	ADDICTION & MENTAL HEALTH	300	ADOLESCENT FORENSIC PSYCH. - INPATIENT
01	ADDICTION & MENTAL HEALTH	301	ADOLESCENT FORENSIC PSYCH - OP/DAY
01	ADDICTION & MENTAL HEALTH	302	ADOLESCENT PSYCH. - INPATIENT
01	ADDICTION & MENTAL HEALTH	303	ADOLESCENT PSYCH. - OP/DAY
01	ADDICTION & MENTAL HEALTH	304	ADULT ADDICTION - RESIDENTIAL
01	ADDICTION & MENTAL HEALTH	001	ADULT ADDICTION - OP/DAY
01	ADDICTION & MENTAL HEALTH	005	ADULT FORENSIC PSYCH - OP/DAY
01	ADDICTION & MENTAL HEALTH	186	ADULT PSYCH. - INPATIENT
01	ADDICTION & MENTAL HEALTH	002	ADULT PSYCH. - OP/DAY
01	ADDICTION & MENTAL HEALTH	188	ADULT FORENSIC PSYCH - INPATIENT
01	ADDICTION & MENTAL HEALTH	305	CHILD PSYCH. - INPATIENT
01	ADDICTION & MENTAL HEALTH	004	CHILD PSYCH. - OP/DAY
01	ADDICTION & MENTAL HEALTH	189	GERIATRIC PSYCH. - INPATIENT
01	ADDICTION & MENTAL HEALTH	006	GERIATRIC PSYCH. - OP/DAY
01	ADDICTION & MENTAL HEALTH	165	PSYCH. ICU
01	ADDICTION & MENTAL HEALTH	187	YOUTH ADDICTION - OP/DAY
01	ADDICTION & MENTAL HEALTH	003	YOUTH ADDICTION - RESIDENTIAL
02	ALLIED HEALTH	007	AUDIOLOGY
02	ALLIED HEALTH	008	OT
02	ALLIED HEALTH	010	PSYCHOLOGY
02	ALLIED HEALTH	009	PT
02	ALLIED HEALTH	011	RECREATIONAL THERAPY
02	ALLIED HEALTH	012	REHAB SERVICES (INTERDISCIPLINARY)
02	ALLIED HEALTH	013	RESPIRATORY THERAPY
02	ALLIED HEALTH	015	SLP
02	ALLIED HEALTH	014	SOCIAL WORK
02	ALLIED HEALTH	016	SPIRITUAL CARE
03	CARDIAC SCIENCES	018	CARDIAC CATH LAB & EP
03	CARDIAC SCIENCES	017	CARDIAC DIAGNOSTICS
03	CARDIAC SCIENCES	019	CARDIAC REHABILITATION
03	CARDIAC SCIENCES	021	CARDIAC SCIENCES - OP/DAY
03	CARDIAC SCIENCES	190	CARDIAC SURGERY - INPATIENT
03	CARDIAC SCIENCES	191	CARDIOLOGY - INPATIENT
03	CARDIAC SCIENCES	168	CCU
03	CARDIAC SCIENCES	041	CV ICU
03	CARDIAC SCIENCES	306	OBSERVATION BEDS - CARDIAC SCIENCES
03	CARDIAC SCIENCES	020	SURGICAL SUITE & PARR

v18 PROGRAM CODE	v18 PROGAM NAME	v18 SERVICE CODE	v18 SERVICE NAME
04	CHILD HEALTH	023	CARDIAC SCIENCES - INPATIENT
04	CHILD HEALTH	307	PEDIATRIC DIAGNOSTICS
04	CHILD HEALTH	024	CARDIAC SCIENCES - OP/DAY
04	CHILD HEALTH	308	CHILD LIFE
04	CHILD HEALTH	309	HEMATOLOGY ONCOLOGY - INPATIENT
04	CHILD HEALTH	310	HEMATOLOGY ONCOLOGY - OP/DAY
04	CHILD HEALTH	194	MEDICINE - INPATIENT
04	CHILD HEALTH	038	MEDICINE - OP/DAY
04	CHILD HEALTH	022	NICU
04	CHILD HEALTH	311	OBSERVATION BEDS - PEDIATRICS
04	CHILD HEALTH	312	PICU - CARDIOVASCULAR
04	CHILD HEALTH	029	PICU - MEDICAL/SURGICAL
04	CHILD HEALTH	192	SURGERY - INPATIENT
04	CHILD HEALTH	026	SURGERY - OP/DAY
04	CHILD HEALTH	036	SURGICAL SUITE & PARR
05	CRITICAL CARE & BURNS	039	BURN UNIT
05	CRITICAL CARE & BURNS	169	ICU
06	CONTINUING CARE	047	ADULT DAY PROGRAM
06	CONTINUING CARE	048	HOME CARE
06	CONTINUING CARE	049	LONG TERM CARE
06	CONTINUING CARE	313	PERSONAL CARE
06	CONTINUING CARE	051	SUPPORTIVE LIVING LEVEL 3/4
06	CONTINUING CARE	314	SUPPORTIVE LIVING LEVEL 4D
06	CONTINUING CARE	326	HOSPICE
06	CONTINUING CARE	315	CONTINUING CARE SUBACUTE SERVICE
07	DIAGNOSTIC IMAGING	053	CT
07	DIAGNOSTIC IMAGING	055	GENERAL IMAGING
07	DIAGNOSTIC IMAGING	056	MRI
07	DIAGNOSTIC IMAGING	057	NUCLEAR MEDICINE
07	DIAGNOSTIC IMAGING		INTERVENTIONAL RADIOLOGY
07	DIAGNOSTIC IMAGING	060	ULTRASOUND
08	EMERGENCY	062	EMERGENCY
08	EMERGENCY	066	URGENT CARE
09	LAB	067	GENERAL LABORATORY
09	LAB	071	OUTPATIENT COLLECTIONS
09	LAB	072	PATHOLOGY/MORGUE
09	LAB	231	PROVINCIAL LAB
09	LAB	073	GENERAL LAB

v18 PROGRAM CODE	v18 PROGRAM NAME	v18 SERVICE CODE	v18 SERVICE NAME
10	MEDICINE	199	MEDICINE - INPATIENT
10	MEDICINE	079	MEDICINE- OP/DAY
10	MEDICINE	198	GASTROENTEROLOGY - INPATIENT
10	MEDICINE	200	GERIATRIC MEDICINE - INPATIENT
10	MEDICINE	080	GERIATRIC MEDICINE - OP/DAY
10	MEDICINE	316	OBSERVATION BEDS - MEDICINE
10	MEDICINE	203	PALLIATIVE CARE - INPATIENT
10	MEDICINE	204	PULMONARY MEDICINE - INPATIENT
10	MEDICINE	173	PULMONARY MEDICINE - OP/DAY
10	MEDICINE	174	SUBACUTE / TRANSITION / BRIDGING
11	NEUROSCIENCES	205	NEUROSCIENCES - INPATIENT
11	NEUROSCIENCES	089	NEUROSCIENCES- OP/DAY
11	NEUROSCIENCES	088	NEUROSCIENCE DIAGNOSTICS
11	NEUROSCIENCES	045	NEUROSCIENCES ICU
11	NEUROSCIENCES	317	OBSERVATION BEDS - NEUROSCIENCES
12	PRIM CARE/CDM/PUBLIC HLTH	091	CHRONIC DISEASE MANAGEMENT
12	PRIM CARE/CDM/PUBLIC HLTH	096	POPULATION & PUBLIC HEALTH
12	PRIM CARE/CDM/PUBLIC HLTH	095	PRIMARY CARE/FAMILY HEALTH
13	TERTIARY REHABILITATION	207	ADULT MSK/TRAUMA/BURNS/AMP - INPATIENT
13	TERTIARY REHABILITATION	097	ADULT MSK/TRAUMA/BURNS/AMP - OP/DAY
13	TERTIARY REHABILITATION	208	BRAIN INJURY REHAB - INPATIENT
13	TERTIARY REHABILITATION	101	COGNITIVE IMPAIRMENT REHAB - INPATIENT
13	TERTIARY REHABILITATION	209	GERIATRIC MED. REHAB - INPATIENT
13	TERTIARY REHABILITATION	210	GERIATRIC PSYCH REHAB - INPATIENT
13	TERTIARY REHABILITATION	103	GERIATRIC PSYCH REHAB - OP/DAY
13	TERTIARY REHABILITATION	105	PEDIATRIC REHAB - INPATIENT
13	TERTIARY REHABILITATION	212	PEDIATRIC REHAB - OP/DAY
13	TERTIARY REHABILITATION	099	SPECIALIZED SERV. & ASSIST. TECH.
13	TERTIARY REHABILITATION	230	SROP - ADULT
13	TERTIARY REHABILITATION	318	SROP - PEDIATRICS
13	TERTIARY REHABILITATION	109	STROKE / NEURO / SPINAL REHAB - INPATIENT
14	RENAL & TRANSPLANT	175	COMPREHENSIVE TISSUE CENTRE
14	RENAL & TRANSPLANT	177	HOPE PROGRAM
14	RENAL & TRANSPLANT	110	NARP
14	RENAL & TRANSPLANT	085	NEPHROLOGY - INPATIENT
14	RENAL & TRANSPLANT	178	NEPHROLOGY - OP/DAY
14	RENAL & TRANSPLANT	112	TRANSPLANT - INPATIENT
14	RENAL & TRANSPLANT	179	TRANSPLANT - OP/DAY

v18 PROGRAM CODE	v18 PROGRAM NAME	v18 SERVICE CODE	v18 SERVICE NAME
15	SURGERY & OPERATIVE SERV.	113	MEDICAL DEVICE REPROCESSING
15	SURGERY & OPERATIVE SERV.	118	ENDOSCOPY
15	SURGERY & OPERATIVE SERV.	215	SURGERY - INPATIENT
15	SURGERY & OPERATIVE SERV.	119	SURGERY - OP/DAY
15	SURGERY & OPERATIVE SERV.	183	MAJOR TRAUMA - INPATIENT
15	SURGERY & OPERATIVE SERV.	319	OBSERVATION BEDS - SURGERY
15	SURGERY & OPERATIVE SERV.	320	OPHTHALMOLOGY - INPATIENT
15	SURGERY & OPERATIVE SERV.	121	OPHTHALMOLOGY - OP/DAY
15	SURGERY & OPERATIVE SERV.	122	ORAL & MAXILLOFACIAL SURG. - OP/DAY
15	SURGERY & OPERATIVE SERV.	124	ORTHOPEDIC / CAST CLINIC
15	SURGERY & OPERATIVE SERV.	216	ORTHOPEDIC SURGERY - INPATIENT
15	SURGERY & OPERATIVE SERV.	181	PRE-OPERATIVE ASSESSMENT CLINIC
15	SURGERY & OPERATIVE SERV.	129	SURGICAL SUITE & PARR
15	SURGERY & OPERATIVE SERV.	321	SURG. SUITE & PARR - OPHTHALMOLOGY
15	SURGERY & OPERATIVE SERV.	182	THORACIC SURGERY - INPATIENT
15	SURGERY & OPERATIVE SERV.	130	UROLOGY - INPATIENT
15	SURGERY & OPERATIVE SERV.	218	VASCULAR SURGERY - INPATIENT
16	WOMEN'S HEALTH	222	ANTEPARTUM & POSTPARTUM - INPATIENT
16	WOMEN'S HEALTH	221	DAY SURGERY
16	WOMEN'S HEALTH	219	GYNECOLOGY - INPATIENT
16	WOMEN'S HEALTH	134	LABOUR & DELIVERY SUITES
16	WOMEN'S HEALTH	220	SURGICAL SUITE & PARR
16	WOMEN'S HEALTH	184	WOMEN'S HEALTH CLINICS
17	SITE/ZONE SUPPORT SERVICE	135	CORP. & ADMIN. SERVICES
17	SITE/ZONE SUPPORT SERVICE	227	PATIENT NAV. & DISCHARGE PLANNING
17	SITE/ZONE SUPPORT SERVICE	225	EDUCATION & TRAINING
17	SITE/ZONE SUPPORT SERVICE	136	FOUNDATION
17	SITE/ZONE SUPPORT SERVICE	137	HOSTEL
17	SITE/ZONE SUPPORT SERVICE	224	LIBRARY & LEARNING CENTRES
17	SITE/ZONE SUPPORT SERVICE	138	MEDICAL STAFF FACILITIES & OFFICES
17	SITE/ZONE SUPPORT SERVICE	164	MEETING & CONFERENCE ROOMS
17	SITE/ZONE SUPPORT SERVICE	163	PUBLIC AMENITIES
17	SITE/ZONE SUPPORT SERVICE	139	RETAIL SERVICES
17	SITE/ZONE SUPPORT SERVICE	140	SCHOOL SERVICES
17	SITE/ZONE SUPPORT SERVICE	141	STAFF AMENITIES
17	SITE/ZONE SUPPORT SERVICE	159	VOLUNTEERS

v18 PROGRAM CODE	v18 PROGRAM NAME	v18 SERVICE CODE	v18 SERVICE NAME
18	PROVINCIAL SUPPORT SERVICE	144	ADMINISTRATIVE SERVICES
18	PROVINCIAL SUPPORT SERVICE	142	CLINICAL ENGINEERING
18	PROVINCIAL SUPPORT SERVICE	143	CLINICAL NUTRITION & FOOD SERVICES
18	PROVINCIAL SUPPORT SERVICE	151	CLINICAL SUPPORT SERVICES
18	PROVINCIAL SUPPORT SERVICE	145	CPSM (MATERIAL MANAGEMENT)
18	PROVINCIAL SUPPORT SERVICE	147	ENVIRONMENTAL SERVICES
18	PROVINCIAL SUPPORT SERVICE	148	FACILITIES MANAGEMENT
18	PROVINCIAL SUPPORT SERVICE	150	HEALTH INFORMATION MANAGEMENT
18	PROVINCIAL SUPPORT SERVICE	226	HEALTHLINK & RAAPID
18	PROVINCIAL SUPPORT SERVICE	152	IT & TELEHEALTH
18	PROVINCIAL SUPPORT SERVICE	153	LAUNDRY
18	PROVINCIAL SUPPORT SERVICE	154	LIBRARY/LEARNING RESOURCE CENTRE
18	PROVINCIAL SUPPORT SERVICE	155	PARKING & SECURITY
18	PROVINCIAL SUPPORT SERVICE	156	PHARMACY
18	PROVINCIAL SUPPORT SERVICE	149	RETAIL FOOD SERVICES
18	PROVINCIAL SUPPORT SERVICE	157	STAFF & STUDENT EDUCATION /TRAINING
18	PROVINCIAL SUPPORT SERVICE	146	DISCHARGE PLANNING
19	M & E	160	M&E
20	VACANT SPACE	161	UNDER-UTILIZED SPACE
20	VACANT SPACE	162	SUITABLE FOR OTHER USE
20	VACANT SPACE	322	SUITABLE FOR INPATIENT USE
20	VACANT SPACE	323	SUITABLE FOR AMBULATORY USE
21	LEASED SPACE	185	3RD PARTY LEASED SPACE
21	LEASED SPACE	324	U OF A OR CROSS-LEASED SPACE
21	LEASED SPACE	325	OTHER LEASED SPACE
22	OTHER CLINICAL SERVICE	123	DENTAL CLINIC
22	OTHER CLINICAL SERVICE	063	EMS
22	OTHER CLINICAL SERVICE	107	INNOVATION & RESEARCH
22	OTHER CLINICAL SERVICE		SIMULATION LAB
22	OTHER CLINICAL SERVICE	065	INTER-FACILITY TRANSFER SERVICES