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Edmonton Zone 2030 Plan – Phase 1 Final Report

EDMONTON – Current population and demographic projections predict significant growth and aging of the population served by the Edmonton Zone of Alberta Health Services (AHS).

By the year 2030, the population of the Edmonton Zone is expected to increase by 33 per cent, with a 121 per cent increase in those aged 65 and older.

To that end, Edmonton Zone is developing a comprehensive, long-term service and infrastructure plan – the Edmonton Zone 2030 Plan – to meet the current and future health needs of the residents in the Zone, as well as those referred in to the Zone for health services, now and into the year 2030.

The Edmonton Zone 2030 Plan is the first long-term plan created for the Edmonton Zone since the creation of the current AHS Zone structure in 2011.

The first phase of the plan, now complete, focused on two key activities: 1) an inventory and assessment of the current state of health facilities in the Edmonton Zone and 2) identification of a number of potential short-term ways that service delivery and capacity might be improved.

These key activities were summarized in two advisory reports:

- [Phase 1 Current State Report](#) (June 2013) provided a snapshot of the current condition and inventory of 18 facilities in the Edmonton Zone with the objective of optimizing the location of health services and the use of built space to address operational concerns and capacity needs.
- [Phase 1 Final Report](#) (October 2013) provided recommended short-term strategies to the year 2015-16 to improve service delivery and relieve capacity pressures at the 18 facilities. Many of these projects were assessed, reviewed and determined not to be feasible. No major decisions or actions have or will be taken on these recommendations until further consultation and engagement takes place.

The creation of an innovative, evidence-informed plan to align health service needs with infrastructure supports in the Zone is necessary to meet the health care needs of residents in the long term.

The unique role of the Edmonton Zone in the provision of health care services to northern Alberta, Canada's north and neighbouring provinces is being considered when developing the 2030 Plan.

The 2030 Plan involved more than 1,000 stakeholders, including front-line staff, physicians and partners. The cost for development of the 2030 Plan is approximately \$2.8 million.

Phase 1 Priority Projects:

Criteria included:

- 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.
- Suitability of the proposed space/location.
- Complexity of the project's implementation.
- Capital cost.
- Support from Alberta Health and Alberta Infrastructure.

There were about 180 potential projects identified out of Phase 1. Of those, the following have been done, or are underway, or in planning stages. These projects are constantly evaluated, and some of them have changed or been implemented differently following further assessment.

The following projects were identified as having significant capital costs attached to them and will continue to be assessed:

- Grey Nuns Community Hospital - reopen up to 29 inpatient beds (\$3,957,428).
- Fort Saskatchewan Community Hospital - create a 12- to 18-chair hemodialysis unit (\$823,207).
- Royal Alexandra Hospital - relocate the Gestational Diabetes Clinic in ED space (\$153,428); convert vacant critical care unit beds (CCU) to intensive care unit (ICU) beds (\$135,000); build out shelled-in Women's Health operating room (\$614,848).
- Edmonton General – expand the sexually transmitted infection (STI) clinic (\$238,258).
- Walter Mackenzie Centre (University of Alberta Hospital) – decant outpatient hemodialysis off-site (\$3,019,421); create 18-bed inpatient unit (\$2,863,283); move adult day ward next to OR (\$3,666,357).

The following projects have been assessed and have either been completed or are in progress:

Assessed and completed:

- Misericordia Community Hospital - reopen up to 30 inpatient beds.
- Add maternal heart health clinic at Royal Alexandra Hospital.
- Convert room at Sturgeon Community Hospital to observation beds.
- Move the movement disorders clinic from Glenrose Rehabilitation Hospital to Kaye Edmonton Clinic.
- Add cardiovascular ICU and cardiovascular bed capacity at Mazankowski Alberta Heart Institute.

Assessed and in progress:

- Expand NICU at Royal Alexandra Hospital.
- Convert vacant pediatrics beds at Sturgeon Community Hospital to medicine beds.
- Add observation beds at Royal Alexandra Hospital.
- Move Family Medicine Clinic out of Royal Alexandra Hospital.
- Increase trauma capacity at Royal Alexandra Hospital.
- Add addiction program for women at Royal Alexandra Hospital.
- Add Level 2 nursery at Sturgeon Community Hospital.
- Convert two vacated CCU beds to ICU beds at the Royal Alexandra Hospital.
- Consolidate inpatient neurosciences at University of Alberta.
- Add acute stroke unit at University of Alberta Hospital.
- Renovate and expand the dental clinic at University of Alberta Hospital.
- Open six to eight existing inpatient beds at Fort Saskatchewan Community Hospital.

Under assessment:

- Convert emergency department at Northeast Community Health Centre into an urgent care centre.

Assessed and not proceeding:

- Strathcona Community Hospital - create temporary hemodialysis unit in ED space (\$584,300).

Recommended service delivery initiatives include:

Under assessment:

- Westview – move cataract surgery from Westview to Fort Saskatchewan Community Hospital.
- Mazankowski Alberta Heart Institute – recommend that all cardiac rehab should be decanted out of the Glenrose and the Grey Nuns. High-risk patients should move to the Mazankowski. Low-risk patients move to community settings throughout the zone.
- Fort Saskatchewan – move pediatric surgery to Stollery.

Assessed and completed:

- Westview Health Centre – convert 10 long-term care beds to hospice beds (four hospice beds now in operation).

Assessed and not proceeding:

- Fort Saskatchewan Community Hospital – discontinue obstetrics at hospital due to majority of Fort Saskatchewan mothers choosing to deliver in Edmonton. This has been assessed and AHS is in fact expanding obstetrics at the site.
- Fort Saskatchewan – discontinue emergency surgery. The number of surgeries is low compared to the other four sites.
- Devon Community Hospital – convert Devon emergency department to an urgent care centre. This has been assessed and is not proceeding. Full emergency department remains open.

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- Devon Community Hospital – close the inpatient beds. This has been assessed and is not proceeding. The inpatient beds remain open.

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