



Steering Committee Meeting Minutes

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Date: February 20, 2014
Time: 4:15 – 5:30 pm
Location: RUH Telehealth Suite Room 6625
Chair: Jackie Mann, VP Integrated Health Services (SHR)
Attendees: Members:

Jackie Mann, VP Integrated Health Services (SHR)
Jim Rhode, Chairman (SRHA)
Bette Boechler, Director Children's Services (SHR)
Leanne Smith, Director Maternal Services (SHR)
Dr. Jocelyn Martel, Interim Co-chair, Obs. & Gyne. (SHR)
Brynn Boback-Lane, President & CEO (CHFS)
Colin Tennent, Associate VP Fac. Mgt. (UofS)

Supports:
Craig Ayers, Director CHS Planning (SHR)
Chris Arnold, Project Lead CHS Project (SHR)
Michele Bossaer, Communications Consultant (SHR)
Ken Unger, Manager of Finance, Capital and Corporate Services (SHR)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
Jenna Mouck, Capital Director (HEO)
David Henselwood, ZW Project Management Inc.
Keith Henry, Prime Architect, HDHA/ZGF
Clint Diener, Architect, ZGF

Advisory Groups:
Sharon Garratt (RQHR)

Regrets:
Max Hendricks, Acting Deputy Minister (HEO)
Maura Davies, President & CEO (SHR)
Nilesh Kavia, VP Finance & Corporate Services (SHR)
Dr. Laurentiu Givelichian, Department Head Pediatrics (SHR)
Dr. Beth Horsburgh, Associate VP Research - Health (UofS)
Rena DeCoursey, Member of the Public
Charmaine Pyakutch, Member of the Public
Dr. Roy Chernoff, Dept. Head Family Medicine (SHR)
Dr. Ayaz Ramji (PAPHR)
Dr. Hafid Essalah (RQHR)

Carol Gregoryk (PAPHR)
David Purdy, Health Facility Planner, Strategy & Innovation (HEO)
Andy Davalos, Senior Policy Analyst, Strategy & Innovation (HEO)
Leanna Korevaar, Communications Branch (HEO)
Chris Bergen, Associate Director of Projects (UofS)
Phyllis Goertz, Planning Lead, Kaizen Promotion Office (SHR)
Robert Hawkins, Board Chairperson (CHFS)

Strategic Directions
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Transform the work experience
Partner to improve health of the community
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- 1. Call to Order
1.1. Approval of Agenda
1.2. Approval of Minutes – January 30, 2014
2. CHS Project Work
2.1. CHS Dashboard Report

- Early Works – Completion of the new parkade entrance has been delayed due to RUH 1978 building façade issues, affecting the start of subsequent phase of parkade demolition and start of CHS construction. Budget adjustments due to this delay have been included in the 90% cost estimate. Structural repairs of the parkade have been halted pending completion of further structural assessment and associated recommendations.
- Risk Management – The CHS Project Team is fully participating in the reporting, review and required mitigation of recent incidents led by SHR Occupational Health and Safety and Risk Management Team.

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2.2. CHS Service/Population Projections (Inform)

- Craig Ayers confirmed to the Steering Committee that the process to study and reach consensus on the projected service requirements has continued since the last meeting when the recommended conceptual plans for design adaptations were endorsed by the Steering Committee. Updates on this process have been provided to the Senior Leadership Team and the Saskatoon Regional Health Authority. Requested information and clarifications have been given to the Ministry for review through their internal process.
- Deb Jordan expressed appreciation for the collaborative work undertaken with their SHR colleagues, adding that the implications for Project scope, budget and schedule adjustments are being handled through the Ministry's internal process for discussion and review.

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2.3 Pediatric Cardiac Catheterization Lab in CHS (Decision)

- Craig Ayers reviewed highlights of the background to this decision item, as distributed to the Committee in the meeting package.
- The consensus recommendation of the stakeholder group for the location of a pediatric catheterization lab was in the surgical suite, ground floor, Special Procedure Room.
- The primary 'pro' is its close proximity to recovery rooms. The primary 'con' was regarding scope decontamination and sterilization, but it has since been confirmed this will take place either in RUH Supply Processing and Distribution or within CHS Pediatric Outpatients scope cleaning room.
- Removing the anteroom from the Pediatric Surgery special procedure room results in the room becoming positive pressure, and that has also since been confirmed as acceptable for planned procedures.
- This stakeholder group identified that further study was needed to address procedures requiring a negative pressure environment, and where that would be located. Subsequent information received from Infection Prevention and Control provided current CSA guidelines that recommend that procedures such as bronchoscopies be conducted under negative pressure. RUH does not currently have a negative pressure procedure room.
- Stakeholders at a special session on February 14th supported including negative pressure capacity in the CHS and identified Pediatric Outpatients Procedure room, main floor, as the preferred location.
- This planning session also gave opportunity for the pediatric catheterization potential vendor to provide information on the full scope of special procedures that can be accommodated with this equipment, and for the stakeholders to review proposed equipment layouts.
- Outcome of this discussion was participants were confident that additional procedures could be accommodated. Further work will be required with a core team involving clinical leaders and surgeons to look at options for an equipment table for use in a 'hybrid' environment.
- Operational Funding – no net incremental staffing costs will be required relative to this program as the RUH Catheterization Lab Manager has confirmed that staff will go to the Children's Hospital to conduct these procedures when scheduled. Net operational funding requirements are minimal.
- Capital Equipment Funding – Planned equipment for Pediatric Surgery Special Procedures room was \$300,000. Incremental cost increase for pediatric catheterization equipment is expected to range from \$1.75 million to \$2.5 million. Planning is underway in conjunction with CHFS for the CHS Project Team representatives to attend the Foundation Board of Directors' meeting on March 20 to present an overview on the rationale and equipment needs in order to gain support for inclusion within the CHFS capital fundraising campaign. Work will continue with CHFS to confirm support and timing for this funding.
- Project Costs and Schedule Impact – Total incremental Project costs, excluding equipment, is estimated as a stand-alone item to be \$409,000. The caveat note is that impact of including this program and equipment on the overall scope, schedule, and budget is pending the decision on service/population projection review. Incorporation of projected service requirements

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recommendation will cause the escalation from this decision to be eaten up, and \$1 million to be absorbed by the overall design contingency.

MOTION:

To endorse the inclusion of Pediatric Catheterization program and equipment within CHS on the ground floor within the surgical suite area.

Moved by: Bette Boechler

All members present in the room in favour in principle.

All members present by phone in favour in principle.

Ministry members supportive in principle. **CARRIED**

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2.4 EOS Medical Imaging in CHS (Decision)

- Craig Ayers reviewed highlights of the background to this decision item, as distributed to the Committee in the meeting package.
- In preparation of the February Committee meeting, representatives of Pediatric Outpatients, Medical Imaging, and architects met with the Project team to discuss and review alternative options for potentially accommodating EOS within Pediatric Outpatients main floor area.
- All options presented from the architectural team were based on vendor planning information and specifications, optimizing circulation, impact of potentially re-planning the procedure room to accommodate a negative pressure environment and the maintenance of all other programs.
- Option 6 was identified as the preferred option as it has the least design and project cost impact, and reconfiguration is minimal.
- Approval in principle was reached by the key stakeholders for support to include EOS within Pediatric Outpatients.
- Operational Funding – Determined by SHR Medical Imaging that no incremental staffing would be required to deliver this service within CHS, as staff will go to CHS to support this procedure when scheduled.
- Capital Equipment Funding – The range for this potential equipment is \$750,000 to \$1 million, including additional minor equipment needs for fit-out of the room. This item will also be presented at the CHFS Board of Directors' March meeting to provide an overview of the benefits, rationale and equipment costs for this enhanced imaging service. Feedback is expected regarding potentially including EOS medical imaging equipment within the capital campaign and timing of the receipt of funds.
- Project Costs and Schedule Impact – As a stand-alone item, inclusion of EOS would impact the schedule with a 2-week delay and a total incremental cost of \$450,000. As escalation of this project could be absorbed pending the decision on service/population projection review, it is recommended that the contingency is sufficient to contain this net increase.
- The Committee discussed equipment prioritization, the impact on contingency funds, existing equipment needs, donor fatigue, and scope creep. Brynn Boback-Lane reported that all new requests have been flagged for the Foundation Board and they will be considering an updated commitment schedule to ensure funding projections, annual distributions and future budget can accommodate these requests. The information presented to the Board at their next meeting specific to additional equipment will provide insight for this process. The mission of the Foundation is to enhance health care treatments and provide equipment for this facility that will benefit patients and families; as well, they will continue being transparent with their donors.
- It was confirmed for the Committee that endorsement is being sought to build capacity in the facility for these additional pieces of equipment, on top of equipment already planned for. The timeline for delivery of equipment is dependent on funding as it becomes available, and procurement will continue to be coordinated with the Foundation with an understanding of items requiring long-lead delivery.

MOTION:

To endorse the inclusion of EOS medical imaging program and equipment within CHS Pediatric Outpatients using preferred Option 6.

Moved by: Bette Boechler

All members present in the room in favour in principle.

All members present by phone in favour in principle.

Ministry members supportive in principle. **CARRIED**

2.5 Child-Life Program Donor Opportunity (Decision)

- Craig Ayers reviewed highlights of the background to this decision item, as distributed to the Committee in the meeting package.
- Since the fall of last year the Committee has supported continued planning and study on this significant opportunity for the CHS and creation of shell space on the main floor to accommodate this program.
- Ideally the operational details of the final interior layout would progress in time for incorporation in the tender documents. If not, design fit-up can then be added during early construction through issue of a change order.
- Children's Services recently applied for and received a grant from CHFS to second the current recreational therapist, independent of the donor opportunity, for a three-month period to study how to develop a made-in-Saskatchewan child life program. This work will also help the Project team better understand the operational plan, functional and equipment needs for finalization of interior details of the child life area.
- Operational Funding – November, 2013, CHFS Board of Directors confirmed their commitment in conjunction with the potential donor to support in principle on-going operating costs consisting of a \$1 million provision over 10 years.
- Capital Funding – November, 2013, CHFS Board of Directors confirmed their commitment in conjunction with the potential donor to support, in principle, a one-time capital funding of \$2 million.
- Project Costs and Schedule Impact – Impact on schedule is minimized by including shell space option in tender documents, and will not incur escalation costs. Design, construction, allowance and contingencies estimated at \$2 million. Costs of furnishings and equipment to be confirmed once operational planning is completed. Work will continue with the CHFS with respect to timing of funding for these requirements.
- The Committee discussed future operating costs, which will likely entail two staff members. Bette Boechler advised that this program will be built into the model of care as the budget for the entire facility is developed. Brynn Boback-Lane added that she believes future grant submissions for this program would be supported by the Foundation Board, similar to other children's hospital foundations across Canada.

MOTION:

To endorse the inclusion of a Child Life area in design documents to be ready at the time of tender and support of the program within CHS.

Moved by: Bette Boechler

All members present in the room in favour in principle.

All members present by phone in favour in principle.

Ministry members will not endorse at this point as future operating cost implications are not known. **CARRIED**

3. CHFS Update

- The RFP is complete for the donor wall and the Foundation Board of Directors will receive a recommendation to approve in principle the selected candidate for this work. The Foundation Board must approve the commission but it is identified that this wall will be the major recognition for all donors. The proposed design features a significant IT component making this unique from existing donor walls. Brynn Boback-Lane thanked Craig Ayers, Susan Major of ZW Group, and George Dellezay in the SHR procurement office for help with this process.
- Brynn was pleased to report a successful Saskatoon Radiothon that raised \$710,000 in new monies and is reflective of the great support for this project on a continuous basis from around the province. John and Sonja Remai made a matching donation of \$250,000 over and above a previous gift of \$1 million.
- The branding committee continues to meet on the important aspect of branding of the Children's Hospital. Brynn is looking forward to this on-going dialogue on branding and its impact on fundraising in the future.
- Regarding additional capital equipment asks, the Board of Directors have been flagged on all new requests, and Craig is working with her to bring the information necessary to educate the board members at their March 20th meeting so that the adequate funding for equipment can be approved.

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4. CHS Steering Committee – Métis Nation of Saskatchewan

- Craig advised the Steering Committee that Sandra Youngchief has taken the position of Director of Health Services for the Métis Nation of Saskatchewan. An orientation to the Steering Committee is scheduled for Sandra on February 25th and she will then join the CHS Steering Committee.

5. Communications Update

- Michele Bossaer reported she is continuing to work with Early Works on site preparation work underway in the parkade.
- A new platform is being created for the SHR website to be ready for launch at the end of March, and as the CHS website is housed within that, it is also being redesigned to have a new look and feel.

6. Adjournment

6.1. Key Messages

- Jackie Mann thanked the Project team for their work in moving these three major decision items forward.
- The CHS Project Team is thankful the CHFS Board of Directors has extended an invitation to present these additional capital equipment funding requests at their March 20th meeting.

Next meeting:

March 20, 2014, 4:15-5:30 pm
RUH Telehealth Suite Room 6625 / TCD Staff Development Centre

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