Saskatoon Health Region | Children's Hospital of Saskatchewan

Steering Committee Meeting
Minutes

Our Values

Respect
Compassion
Excellence
Stewardship
Collaboration

Strategic Directions

Transform the care and service experience

Transform the work experience

Partner to improve health of the community

Build a sustainable integrated system

Our Mission

We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Date:	January 30, 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. Laurentiu Givelichian, Department Head Pediatrics (SHR)
Colin Tennent, Associate VP Fac. Mgt. (UofS)
Dr. Beth Horsburgh, Associate VP Research - Health (UofS)

Supports:
Craig Ayers, Director CHS Planning (SHR)
Chris Arnold, Project Lead CHS Project (SHR)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
Jenna Mouck, Capital Director (HEO)
David Purdy, Health Facility Planner, Strat. & Innov. (HEO)
Leanna Korevaar, Communications Branch (HEO)
David Henselwood, ZW Project Management Inc.
Keith Henry, Prime Architect, HDHA/ZGF
Clint Diener, Architect, ZGF

Advisory Groups:
Carol Gregoryk (PAPHR)

Regrets:
Max Hendricks, Acting Deputy Minister (HEO)
Maura Davies, President & CEO (SHR)
Nilesh Kavia, VP Finance & Corporate Services (SHR)
Brynn Boback-Lane, President & CEO (CHFS)
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)
Sharon Garratt (RQHR)
Michele Bossaer, Communications Consultant (SHR)
Ken Unger, Manager of Finance, Capital and Corporate Services (SHR)
Andy Davalos, Senior Policy Analyst, Strat. & Innov. (HEO)
Chris Bergen, Associate Director of Projects (UofS)
Phyllis Goertz, Planning Lead, Kaizen Promotion Office (SHR)
Robert Hawkins, Board Chairperson (CHFS)

Guests:
Lisa Sands, Philanthropy Director (CHFS)
Pauline Rousseau, Exec. Director Strat. & Innov. (HEO)
Darby Semeniuk, Director Communications (SHR)

1. Call to Order

1.1. Approval of Agenda
The agenda was adopted as distributed.

1.2. Approval of Minutes – December 19, 2013
The minutes of the December 19, 2013, meeting were approved as distributed.

2. CHS Project Work

2.1. Dashboard Report (Update)
- Medical, Furniture and IT Planning – 90% progress medical equipment planning is all but complete; final equipment lists and placement drawings are complete and have been reviewed. Furniture planning and inventories have been updated. Information technology planning continues, and IT is working through resourcing issues and completing a list of business applications from the CHS business groups.
- Commissioning – is underway and the consultant has reviewed documentation up to the 66% level. Review of the 90% package is currently being delayed while a complete mechanical package is prepared reflecting Energy Performance Contracting recommendations.

- Wayfinding and Signage – is complete from a concept design perspective.
- Additional Child-Life Program/Space – Initial concepts have been reviewed and tested by SHR Therapies group and the next step is to further work with Pediatric Outpatients/Therapies/CHFS in order to optimize the layout and reach a consensus, with support of the CHFS Board of Directors. Craig Ayers confirmed for the Ministry that when this is brought to the February Steering Committee meeting for review and decision it will include all necessary elements concerning design and operating implications. Craig added that the Foundation has formally confirmed support for one-time costs and some on-going operation funding.
- Pediatric Catheterization Lab – One more session with clinical users is needed to understand the scope of the procedures planned for the Pediatric Surgery Special Procedures room. Secondly, consideration and decision by the CHFS Board of Directors on a funding proposal in support of additional incremental capital equipment funding is needed and formal inclusion of this equipment in their fundraising activities. This matter will be brought back to the Steering Committee in February for final review and decision.
- EOS Medical Imaging in Pediatric Outpatients – This piece of diagnostic imaging equipment was not recommended previously for inclusion in the scope of the Project, but the Project Team thought it was prudent to again review this matter while the facility capacity is being reconsidered since this issue has received on-going questions from clinicians and written letters from the public. A meeting will be convened involving Pediatric Outpatients and Medical Imaging to review whether this has merit for inclusion in the Project. The Ministry of Health is aware of the public interest for this equipment. This item is also expected for a decision at the February Steering Committee meeting.
- Saskatchewan Cancer Agency Planning – Transfer Route: Scope of work for anticipated cost and schedule for routing of heavy equipment involving the RUH freight elevator upgrade is complete. Feasibility analysis is also being undertaken with the SHR Supply Chain Management to determine whether this work can be accommodated during the required time frame. The MOH, SCA, and SHR will then make a decision on whether to proceed with this project and identify the capital funding source. Pediatric Oncology Services: The Project Team recently held an information-sharing meeting with the SCA on issues requiring joint planning; subsequent meetings will monitor these issues. As well, a recent session was held with SCA and SHR representatives to discuss the impact of revised population projections on the planned medical Pediatric Oncology services at CHS; this will be reviewed furthered in order to confirm whether anticipated volumes will be manageable.
- Schedule – The current approved master schedule indicates that the final construction documents were to be 100% complete this month; however, delays caused by recent significant developments have impacted the schedule and put it at risk. A revised master schedule will be published pending MOH and SLT decision on recommendations from service/population projections design review.
- CHS Early Works/Parkade – Two unfortunate incidents occurred recently. One involved a power-operated equipment boom that went through a window of the Ellis Hall/RUH skywalk; fortunately no one was injured. This is being fully investigated and, if necessary, adjustments to the traffic management plan or safety processes will be implemented. The second incident was the freezing of a domestic water line in the outside wall of the Pediatric Outpatient area of RUH, within the construction zone, where the heating and temporary hoarding system failed. The burst pipe had significant impact on Pediatric Outpatients, OR, Recovery, and CCU, necessitating Incident Command. A thorough review is being conducted to determine whether mitigation strategies need to be put in place. The site has been stabilized and additional heaters are in place.

2.1.1. 90% Cost Estimate Update (Inform)

- The Project has reached the 90% milestone with the contract documents and budget validation and the budget cost estimate puts the Project within $340,000 of the approved budget, or .5%, which is good news. Of note, a $2 million anticipated reduction has been captured due to EPC recommendations for the CHS heating and cooling systems to be provided from RUH. This is a conservative estimate and does include a penalty for a design delay. The architectural team continues to list possible savings and alternatives that could mitigate final tender overages. As well, a $1.2 million contribution to the U of S boiler upgrade system is under review.

2.2. Service/Population Projections Review – *Confidential* – (Endorsement Decision)

Prior to the January 30, 2014, CHS Steering Committee meeting, committee member Rena DeCoursey provided a written submission on this item contained in these minutes as an addendum.

- Since the Steering Committee's endorsement at the last meeting, discussions have been on-going between SHR and Ministry colleagues in an effort to bring rigor to the analysis of the updated population projections. They are near to reaching some consensus on recommended bed numbers which will result in a change to service projections. The most recent discussion was this afternoon where another updated package of materials was shared. On-going joint work will continue in an effort to reach a consensus.
- Concurrently, the second stage of service projection review was embarked on for Level 2 Pediatrics/PICU, Level 3 Maternal and Level 4 NICU with Design Review sessions held over January 16 and 17 with key design team representatives including clinical and patient family members to review conceptual design options, discuss alternatives and reach a preferred option for each floor that will support projected service needs for the Children's Hospital and be the basis for further planning.
- Overarching principals that guided this process of achieving the endorsed bed count: where new inpatient units are created, create equivalent space for all required support services; where floor plate is enlarged significantly, ensure that equivalent family and staff space is allowed; to not remove functions currently planned for; elevator, stair, mechanical shafts which are fixed elements in design to remain as planned in order to minimize impacts on other floors; and to not affect current structural grids in order to minimize the impact on floors above and below.
- A summary was provided from the Design Review sessions of general comments, the preferred option for each floor with supporting reasoning, and alternatives discussed, as detailed in the distributed presentation.
- Maternal Floor – Confirmation at the Design Review session that the conceptual design options were able to support the recommended nine additional maternal beds and Option 2 was identified as the preferred option. Leanne Smith confirmed for the Committee that rooms at the top end of the floor plan, close to the elevators, are currently planned for high-risk pregnancies, including associated family space for people experiencing loss, and have not been changed or compromised in the proposed design option.
- NICU Floor – Confirmation at the Design Review session that the conceptual design options were able to support the recommended five additional NICU beds and Option 2 was identified as the preferred option. Craig Ayers pointed out that a solid part of the plan is a dedicated area for families experiencing loss, and was the basis for approval by the design team. Jackie Mann added that NICU staff have given the private room model a lot of thought since design planning and have identified that even a partial model would cause more concerns in a situation where only a few families have access to private rooms. Integration of staff-to-staff communications (vocera) is vital and will alleviate fears and concerns about moving to a private room model. As well, infection control and confidentiality needs trump this model. Dr. Givelichian expressed that all will need to learn to do business in a new environment.
- Pediatrics/PICU Floor – Confirmation at the Design Review session that the conceptual design options were able to support the recommended 10 additional Peds/PICU/Obs beds. This was the most complex design session, requiring further design work by the architectural team. Further to that session, architects have reorganized the layout to keep isolation rooms at the end of the unit; re-worked a corner for room allowance clearances, shifted some rooms to create the family quiet room at the perimeter for natural light; and explored the route for the RUH connection to the Observation area to allow visitors and families better access resulting in revised Option 5.
- In answer to Colin Tennent's question on the net increase in service area, Craig replied that based on the extent of build-out recommended, there is an approximate 10% increase in total building area including approximately 3,000 square meters of clinical inpatient floor space and minimal growth required for mechanical support.
- Craig asked for consensus support on the identified preferred options presented to form the basis for further planning and moving the service projection review forward. The Ministry of Health representatives advised they would be abstaining from a vote on this matter.
- Jim Rhode pointed out that everyone is a member of this Committee, and it is important that positions be stated when recommendations are presented.

Motion:
Preferred Option 2 is recommended for the 4th Level NICU floor and revised Option 5 is recommended for the 2nd Level Pediatrics/PICU/Obs floor.
Moved by: Bette Boechler
Seconded by: Leanne Smith
Ministry of Health support members abstained.
All members present in favour. **CARRIED**.

Our Values

Respect
Compassion
Excellence
Stewardship
Collaboration

Motion:
Preferred Option 2 is recommended for the 3rd Level Maternal floor.
Moved by: Leanne Smith
Seconded by: Bette Boechler
Ministry of Health support members abstained.
All members present in favour. **CARRIED**.

3. CHFS (Update)

Strategic Directions

Transform the care and service experience

Transform the work experience

Partner to improve health of the community

Build a sustainable integrated system

- Lisa Sands reported that the potential donor for the additional child-life program is looking for more information and whether to proceed further. She will update her team that this item is expected to be addressed in more detail at the February Steering Committee meeting.
- The CHFS is proud to support the Pediatric ED in CHS, but Lisa expressed their desire to have a clear distinguishing of Pediatric and Adult emergency spaces. In addition, the Foundation has encountered public confusion as to why the two emergency spaces are housed together, and the CHFS would like to see more information made public to alleviate this confusion.
- The Foundation Board of Directors requests information as it becomes available in order to make a decision on supporting additional capital equipment for a Pediatric catheterization lab. Lisa will confirm the date of the Board's next meeting for the Project team.
- Lisa announced that the Foundation has a $450,000 new donor from Prince Albert on account of the Barrett Jackson Auction and hard work from hundreds of volunteers from across Saskatchewan that took the vehicle to the auction. This event gained significant media exposure and they were very pleased with the Premier's support and attendance.
- CHFS Saskatoon Radiothon kicks off next Wednesday, February 5th, at the Circle Centre Mall broadcast live on three local stations, CJWW, The Bull, and 98 Cool FM, from 6:00 am to 6:00 pm.

Action: Clarity of both adult and pediatric emergency departments within CHS with focused information on the CHS website and a review of key messages.

4. Communications (Update)

Our Mission

We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

- Darby Semeniuk reported for Michele Bossaer and informed the Committee that work is underway on a visual entity for Children's Hospital of Saskatchewan, as endorsed last year by the Region's SLT, with the initial meeting of the branding committee to be held later today.

5. Adjournment

5.1. Key Messages

- Jackie Mann thanked the planning team and Design groups for their involvement and meaningful discussions, commenting on the large turnout for the design review sessions.
- Congratulations to the CHFS on the great success of the Barrett Jackson Auction event where 100% of the $450,000 bid will be received by the Foundation. These results are totally amazing!
- The CHS Project is now awaiting further direction from the Ministry of Health for the next steps regarding the projected service requirements for Children's Hospital of Saskatchewan in order to move ahead.

Next meeting:

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

Addendum to Agenda Item 2.2 Service/Population Projection Review
Received January 29, 2014

To members of the CHS Steering Committee,

I'm sorry that I can't attend the meeting tomorrow, but I thank Craig for inviting me to provide written comments for agenda item 2.2.

Our Values

Respect
Compassion
Excellence
Stewardship
Collaboration

I appreciate that a great deal of work has gone into these recommendations. At the same time, I've considered these matters carefully, and so I respectfully offer these comments now.

With reference to "Level 3 – Maternal – Option 2," I am in favour of this option _only_ if it offers an appreciable measure of separation between (1) families experiencing very difficult pregnancies and/or delivering very sick babies and (2) families experiencing normal joyful births. The contrast in circumstances is simply too much to ask families in crisis to endure in close quarters.

Strategic Directions

Transform the care and service experience

Transform the work experience

Partner to improve health of the community

Build a sustainable integrated system

With reference to "Level 4 – NICU - Option 2," I cannot endorse the single-room model. As a representative of the general public on the CHS steering committee, I believe that it's relevant to the discussion to offer this background: My own child had a long and difficult course in NICU. As a result, I am worried about future families of NICU babies on very long stays, particularly if babies are monitored remotely. Although I accept that such a setup may be acceptable in clinical terms, I have a compelling sense that many parents in such a situation would not feel safe enough to leave their babies in private rooms.

I don't believe that a parent could rest adequately in an NICU room for days or weeks on end. On the site visits to the U.S. and Calgary, I carefully examined the provisions made for parents to sleep alongside their children. In those locations, I felt that such accommodations were problematic for stays of more than just a few days. On a long stay, when a parent does not feel that a sick baby can be largely alone in a hospital room but monitored remotely, the private-room model could contribute to a terribly miserable and exhausting experience for family members.

If parents must work or attend to older siblings, the private-room model could present even greater stress to families in crisis.

Our Mission

We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

It's my understanding that the Lean planning has paid careful attention to the experiences of the majority of patients and families. However, as a quaternary level facility, the new Children's Hospital must be able to fully support the complete range of families' challenges, including the small percentage of families facing the greatest medical struggles.

My global concern here is that families of children with complex health issues need to develop the deepest possible level of confidence and trust in healthcare from experiences early on in hospital if they are to shepherd their vulnerable children's healthcare effectively in the months and years afterwards.

To me, the more frustration there is for families with children with health difficulties, the less likely families are to have the endurance to sustain vital active participation in ongoing, and sometimes demanding, care. The result may be an increase in the long-term costs to the patient, to the family, and to the community in general.

I regret that I cannot attend the meeting tomorrow, but I hope that my comments will receive consideration.

Rena DeCoursey