



Steering Committee Meeting Minutes

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Date: June 20, 2013
Time: 4:15 - 5:30 pm
Location: RUH Telehealth Suite Room 6625
Chair: Jackie Mann, VP Integrated Health Services (SHR)

Attendees:

Members:

Nilesh Kavia, VP Finance & Corporate Services
Bette Boechler, Director Children's Services (SHR)
Leanne Smith, Director Maternal Services (SHR)
Dr. Laurentiu Givelichian, Department Head Pediatrics (SHR)
Dr. Tom Mainprize, Dept. Head, Obs. & Gyne. (SHR)
Colin Tennent, Associate VP Fac.Mgt. (UofS)
Brynn Boback-Lane, President & CEO (CHFS)
Tara Turner, Métis Nation - Saskatchewan

Supports:

Craig Ayers, Director CHS Project (SHR)
Chris Arnold, Project Lead CHS Project (SHR)
Michele Bossaer, Communications Consultant (SHR)
Ken Unger, Manager of Finance, Capital and Corporate Services (SHR)
Jenna Mouck, Capital Director (HEO)
Louis Guilbeault, Exec. VP, ZW Project Management Inc.
Keith Henry, Prime Architect, HDHA
Jennifer Mountain, Architect, ZGF

Advisory Groups:

Sharon Garratt (RQHR)

Regrets:

Max Hendricks, Assistant Deputy Minister (HEO)
Jackie Mann, VP Integrated Health Services (SHR)
Jim Rhode, Chairman (SRHA)
Maura Davies, President & CEO (SHR)
Dr. Roy Chernoff, Dept. Head Family Medicine (SHR)
Dr. Jim Thornhill, Acting Associate VP Research - Health (UofS)
Geraldine Arcand, Vice Chief - Saskatchewan Tribal Council
Charmaine Pyakutch, Member of the Public
Rena DeCoursey, Member of the Public

Shirley Xie, Communications Branch (HEO)
Andy Davalos, Senior Policy Analyst, Strategy & Innovation (HEO)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
Dr. Ayaz Ramji (PAPHR)
Dr. Hafid Essalah (RQHR)
Carol Gregoryk (PAPHR)
Robert Hawkins, Board Chairperson (CHFS)
Chris Bergen, Associate Director of Projects (UofS)
Phyllis Goertz, Planning Lead, Kaizen Promotion Office (SHR)
Clint Diener, Architect, ZGF

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1. Call to Order

Craig Ayers, Director of CHS Project, chaired on behalf of Jackie Mann, and called the meeting to order.

1.1. Approval of Agenda

Update on CHS Project Executive Team will be covered under the Dashboard report as item 2.1.3 and new item, Physician Resource Planning, will take its place as agenda item 2.3. Another new item, Pediatric Catheterization Lab will be added to the agenda. The revised agenda was approved as amended.

1.2. Approval of Minutes - May 16, 2013

The minutes of May 16, 2013, were accepted as circulated.

2. CHS Project Work (Update)

2.1. CHS Project Dashboard

- A space variance report comparing Design Development to 2007 Functional Program prepared by HDH Architects and submitted on June 14, 2013, closes the Ministry of Health outstanding issues on Design Development.
- Work on the interior design component is being done in parallel with moving towards 66% completion of contract documents.
- On June 24, 2013, Craig Ayers will make a presentation to the U of S Land and Facilities Committee meeting ahead of their submission for Board 2 approval at the Board of Governors meeting on June 25.
- Potential solutions for bringing equipment into the Saskatchewan Cancer Agency facility, further to the option of an additional ramp into the parking structure, are being investigated.
- Medical equipment, information technology, and furniture planning is continuing through working drawings. With committees established for on-going meetings, the work in these areas is on schedule.
- FF&E procurement team has established roles and responsibilities. Cash flow and detailed FF&E list and costs were provided to the CHFS on Monday of this week. This updated estimate is in line with the target provided in May of last year.
- The commissioning group has been established and is working with RUH Facilities Management to ensure the requirements are being incorporated into the drawings. The commissioning agent is reviewing drawings and will provide feedback through this phase of work. A detailed commissioning plan will be developed prior to going to construction.
- Planning meetings for Wayfinding and Signage are taking place and this component is progressing on schedule.

2.1.1 CHS Cost Estimate (Decision)

- Project cost estimates are performed at key milestones in the project schedule as more detailed design information is available. The most recent was at 33% construction drawings completion, the next will be at 66% completion and a final pre-tender cost estimate will be completed. The cost estimates are utilized to compare the anticipated total project cost to the approved project budget.
- The project team has reviewed the cost estimate assumptions and have reduced the initial 33% cost estimate by approximately \$5M. However, including these identified cost reductions, a remaining variance of 1.2% has been identified, or \$2.1 million in projected construction costs.
- The 33% cost estimate also includes a design contingency of 5% (\$8,170,000) to cover modifications to the program, drawings and specifications during design phase. This contingency will decrease as design progresses and ultimately will be reduced to zero at the tender stage.
- Further analysis of design specifications and cost estimate assumptions is required to further influence design decisions to manage anticipated costs within the approved budget. It is anticipated the required reduction in construction cost can be achieved through detailed review and recommendations on final mechanical and electrical equipment selection, details and specifications, exterior and interior specifications and finishes. Ongoing work with the design team will continue to influence recommendations in these areas.
- There also is an escalation reserve of 6% included in the cost estimate as an allowance for increases in anticipated prices from the time the cost estimate was completed to the forecasted time of tender.
- Louis Guilbeault noted that it is anticipated there will be a number of commercial and industrial projects going to market in the next 12 months.
- Craig Ayers added that part of the tendering strategy will be to identify areas of the project design where alternative pricing can be requested at the time of tender to allow flexibility in making final selections/recommendations within the approved project budget.

The Committee was polled for consensus in support of recommended strategy to monitor and further reduce anticipated construction costs from now to time of next cost estimate at 66% construction drawing completion.

No one opposed; all in favour.

2.1.2 CHS Master Schedule (Decision)

- In preparation for the tender phase, the master schedule has been reviewed in detail and in particular the impact of completing the integrated drawings through REVIT and BIM software. The Project team has concluded this will cause a one-month adjustment to the schedule during 66% drawings to the time of tender.
- While target dates have been identified and adjusted, the key milestone of substantial construction completion remains November 2016. The revised schedule will see the Project at the 66% target in August, 99% in November and submissions for approval in early 2014, moving forward to tender in February 2014 in order to award construction contract in the spring, and the substantial construction completion date remaining November 2016.
- Benefits of this new model of working drawings, which is an industry evolution, will be improved construction drawings in 3D, and minimizing of design coordinate conflicts, or interference, through automated clash detection. As well, REVIT enables six different models to be linked together to act as one that can be easily shared. Further, there is more discipline built within the program that requires check-ins and audits, and the architectural team has hired a consultant specifically to oversee that aspect. As this process will also assist to reduce some risks, it will be time well spent.

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The Committee was polled for support in adjusting target milestones within the construction drawings phase, without affecting Project construction completion date, in favour of achieving optimal drawings for tender and construction of the CHS.

No one opposed; all in favour.

2.1.3 CHS Project Executive Team/Operational Planning (Update)

- In 2012/13, the primary focus of SHR Hoshin work for the CHS was on CHS Design. The other important areas of planning that will advance the overall CHS project includes information technology, supply chain, CHS operational planning which includes the model of care, and regionally-based electronic health records.
- In order to accomplish this mandate the Project will re-engage the Project Executive Team, adding vice presidents and operational leads of these additional strategic areas of the project to plan and work together in an organized effort toward the overall goals of the project.
- The new goal of the restructured Project Executive Team will be to track these work areas through the current fiscal year, coordinate information and report up to the Steering Committee.
- Reporting will occur regularly through the Dashboard report and other specific information updates.

2.2. CHFS Potential Donor Opportunity (Decision)

- The design team studied potential locations and determined the option most suitable for a child-life therapy space would be to develop an enclosed area on the main level, adjacent to Therapies, within the Outpatient Clinic, on the roof of the Emergency ambulance entrance. This main floor plan would have the least architectural and electrical impact, has opportunity to enhance the design and was determined most appropriate as an in-fill solution.
- A high-level capital cost construction estimate was also provided to the Committee.
- Brynn Boback-Lane, Bette Boechler and Craig Ayers met to get a better understanding of the potential programming changes. It is understood that it will help in preparing children for surgery, so will benefit inpatients, but can be also useful for outpatients.
- Dr. Givelichian added that the specialist hired to run this can be mobile and actually provide this programming within patient rooms, and at those times this new space can serve as much-needed additional space for families to enjoy.
- This opportunity has the potential to enhance the original design. Consideration of meeting the on-going needs of our provincial population need to remain in the equation. Bette reported for Rena DeCoursey that she is in full support of this program and space.
- At this point in time it is understood that the donor would provide funding to cover costs for the design and construction of the space, in addition to fit-up costs related to equipment and furnishings in the space.
- Brynn believes that it is anticipated this donor may also provide funding to support the on-going operational costs of this new space and programming with their all-

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encompassing gift to outfit this area and then sustain this program with grants made possible through their fundraising. She reported this donor normally makes a 10-year commitment for programming based on their mandate that programming be properly funded and is in place for the long term. Brynn felt confident with moving forward in negotiations with this donor to explore the operational aspect.

- Jenna Mouck reported that from the Ministry of Health's perspective, a two-month delay in completing tender documents is a serious matter. Louis Guilbeault added that the actual delay cannot be determined until the child-life area expansion is better understood. The Ministry will need more information on the timing and the value of the program as well as a better picture of its impact on the exterior design before approval in principle can be reached. Jenna advised she would speak with Pauline Rousseau about this.
- Colin Tennent suggested that the team examine whether the delay could be isolated to that portion of the building, and as well cautioned that there is a risk inherent in not exploring this opportunity.
- Craig advised that as the Project is nearing 66% working drawings, these issues must be resolved and approved by the Steering Committee as soon as possible if this area is to be included within the scope of design by early fall.

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Motion:

That the CHS Steering Committee approve advancement of further planning to get additional information in areas of the concept plan, potential schedule delay and better understanding of the capital and operational funding requirements.

Moved by: Bette Boechler

Seconded by: Brynn Boback-Lane

All in favour – **Carried.**

2.3. Physician Resource Planning (Update)

- In consideration of the need for provincial manpower planning and in particular for ensuring a successful Children's Hospital, Dr. Givelichian met last week with the Ministry of Health and has been tasked with creating a three-year priority plan for the recruitment of necessary physicians that will also encompass necessary programming. This plan will be developed in collaboration with the Department of Pediatrics, Bette Boechler from Children's Services, and the Ministry.
- The timeline to have this drawn up is the end of July for submission to the Treasury in August, 2013.

3. Pediatric Catheterization Lab (Decision)

- Dr. Givelichian and Jackie Mann received a request to reconsider an area for a pediatric catheterization lab in the CHS. Even though interventional procedures, either medical imaging or cardiac, were not in the original scope of services for the Children's Hospital, meetings specifically to review the number of procedures being done in CHS were held during Design Development phase. Key stakeholders met and reviewed the number of procedures currently being done and discussed all aspects of procedures planned for the facility, both operational impacts and space impacts. The decision made at that time was to remain true to the original functional programming that did not provide for interventional procedures, and to focus on operational protocol for those situations requiring patients to be transferred from CHS to RUH. This recommendation was brought forward last fall to the Steering Committee and approved.
- Dr. Givelichian informed the Committee that the number of pediatric patients presenting with congenital cardiac problems is increasing steadily. While surgical procedures are saving lives, these children need to be monitored through catheterization.
- Currently this procedure is being provided for children in the RUH adult lab on a shared basis. One of the issues with this arrangement is that Pediatrics is allotted Fridays for the catheterization lab while clinical staff is limited over the weekend when the child is more vulnerable.
- In addition, the pediatric cardiology and pediatric anesthesiology groups are very concerned regarding the increased distance the code blue team will have in reaching Pediatrics in the new CHS site.

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- A potential area for this has been identified on the Pediatric level in the vicinity of PICU within the currently planned procedure room but also including footprint of adjoining staff and family washrooms. The approximate size being considered is being reviewed by the equipment vendor to determine if it would be sufficient to house fluoroscopy equipment required for pediatric catheterization.
- The procedure room alone has been designed to house fluoroscopy equipment, but pediatric catheterization requires more advanced fluoroscopy equipment, allowing the catheterization staff to develop and maintain these skills.
- The proposal from these groups, pediatric cardiology, pediatric anesthesiology, and adult cardiology divisions, is to determine whether this fluoroscopy equipment can be accommodated by combining the cluster of three rooms.
- Operational considerations will also have to be reviewed.
- Additionally, the space in the PICU must be assessed to ensure it is sufficient for pediatric patients to recover after this procedure.

The Committee was polled for consensus to support the Project Team in revisiting the addition of a Pediatric Catheter Lab. **No one opposed; all in favour.**

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Action: Re-examine expanding the PICU level procedure room to accommodate advanced fluoroscopy equipment for a pediatric catheterization lab, analyzing the space and operating costs for this new CHS program.

4. CHFS (Update)

- Brynn Boback-Lane reported that the Foundation, along with the Board of Directors, is prepared to move forward in support of the Department of Pediatrics and have made the first installment of \$100,000 towards a several million dollar endowment for Pediatric Chairs in support of pediatric health care for children in the province.
- Dr. Givelichian added that steps are being taken to make the Children's Hospital the site for necessary research specific to Saskatchewan.

5. Communications (Update)

No changes to report this month.

6. Adjournment

Craig Ayers thanked the Committee members for their time, adding that plans are to continue monthly meetings over the summer.

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6.1. Key Messages

- **Support from the Steering Committee for the cost reduction strategy between now and 66% cost estimate.**
- **Support for the schedule adjustment for the tender date and the building information modeling process.**
- **Support for further planning to get additional information on the potential donor opportunity from CHFS.**
- **Support for the Project Team and key stakeholders to revisit the addition of a pediatric catheterization lab.**
- **The Steering Committee appreciates the ongoing work of the Children's Hospital Foundation of Saskatchewan.**

Next meeting:

**July 18, 2013, 4:15 pm-5:30 pm
RUH Telehealth Suite Room 6625**