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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.

Steering Committee Meeting Minutes

Date: October 20, 2016
Time: 4:15 – 5:30 pm
Location: RUH Boardroom (room 6607)
Chair: Jackie Mann, VP Integrated Health Services (SHR)

Attendees: Members: Jackie Mann, VP Integrated Health Services (SHR)
Mike Stensrud, Chairperson (SRHA)
Bette Boechler, Director Children's Services (SHR)
Dr. Jocelyne Martel, Physician Dyad/Department Head – Maternal Services (SHR)
Brynn Boback-Lane, President & CEO (CHFS)

Advisory Groups: Carol Gregoryk (PAPHR)

Supports: Craig Ayers, Director CHS Planning (SHR)
Chris Arnold, Project Lead CHS Project (SHR)
Michele Bossaer, Communications Consultant (SHR)
Sandy Gibson, Director Operational Readiness & Transitions (SHR)
Ken Unger, Interim Director of Financial Planning and Advisory Services (SHR)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
Brad Williams, Director Capital Asset Planning (HEO)
Andy Davalos, Senior Policy Analyst, Strategy & Innovation (HEO)
Julianne Jack, Director Regional Services, Communications Br. (HEO)
David Henselwood, Project Principal (ZW Project)

Regrets: Karen Lautsch, Assistant Deputy Minister (HEO)
Dan Florizone, Interim President & CEO (SHR)
Nilesh Kavia, VP Finance & Corporate Services (SHR)
Leanne Smith, Director Maternal Services (SHR)
Dr. Laurentiu Givelichian, Department Head Pediatrics (SHR)
Dr. Roy Chernoff, Dept. Head Family Medicine (SHR)
Colin Tennent, Associate VP Fac. Mgt. (UoFS)
Charmaine Pyakutch, Member of the Public (UoFS)
Dr. Beth Horsburgh, Associate VP Research – Health (UoFS)
Dr. Ayaz Ramji (PAPHR)
Sharon Garratt (RQHR)
Dr. Juliet Soper (RQHR)
Greg Yuel, Board Chairperson (CHFS)
Pauline Rousseau, Executive Director Strategy & Innovation (HEO)
David Purdy, Health Facility Planner, Strategy & Innovation (HEO)
Michelle Mula, Director eHealth Programs (eHealth SK)
Wilbour Craddock, Vice President Information Technology (eHealth SK)
Lynn Redl-Huntington, Communications and Stewardship Director (CHFS)
Keith Henry, Prime Architect (HDHA/ZGF)
Clint Diener, Architect (ZGF)

Guest: Myong Younghusband, Director Supply Chain Management

1. Call to Order

1.1. Approval of Agenda

Agenda was adopted as circulated/or adopted as amended.

1.2. Approval of Minutes – September 15, 2016

The minutes of September 15, 2016 were approved with correction to fourth bullet under Cost Management, and the removal of the second action item.

2. CHS Project Dashboard

2.1. Project Status

- Safety: Two minor first aid incidents occurred over the last month requiring review and additional safety measures. The first incident involved a small piece of wood falling and after a review of the safety

perimeter outline the decision was made to install safety netting along the east façade along the pedestrian walkway that will be raised as the building height advances. The second incident involved a burst of the concrete pipe at the end of the boom resulting in a spray of concrete; a protective sock has been installed around the associated joint on the concrete pump. The construction fence will also be moved out substantially for an improved buffer zone along the parking upper deck and will mitigate these types of incidences.

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- **Site Works:** electrical duct bank works continue and a good portion is in place; work be shut down for the winter and completed in the spring. Excavation for the support structure of the new parkade ramp and building overhang continues.
- **Existing Parkade:** Work is in progress for the controls for the new parkade ventilation ductwork. Entrance into the parkade will be shifted on Monday morning, October 24, to enter into the Level P1 and then circulate up through the parkade utilizing the helix ramp, making a safe route for the public to continuing entering the parkade. This route will be in place at least a year or longer.
- **Structural:** Basement exterior work is completed and interior backfilling continues. Initial slab pour for fifth floor is targeted to commence early November. Significant progress is being made in the construction form work and structural work.
- **Building Envelop:** Support steel and interior steel has started; temporary close-in tarping for heat during winter has commenced.
- **Rough-in:** Rough-ins for electrical are continuing on schedule and a large amount of switchgear equipment has been placed in the sub-basement level. Emergency generators have been delivered and should be in place in the next few weeks. Interior work is well underway and progressing according to schedule.
- **Schedule:** Progress to align the schedule and make up for lost time has seen a significant improvement with the contractor enacting a second night shift for crane operation, and it is projected construction will be back on schedule by December.
- **Change Management:** Design team response has been excellent with 276 price requests issued and 85 change orders signed.
- **Cost Management:** The current contract value has increased by \$1.7 million, and a good portion of remaining potential credits of \$500,000 are expected to be realized. Forecasted change commitments are at \$3.3 million, comprised of \$1.8 million for fit-up of the Child Life centre, and other improvements such as patient entertainment and unforeseen design expenses. The forecasted remaining contingency is \$4.8 million out of the original \$9.4 million. An average monthly burn rate of \$130,000 for normal design coordination changes puts the contingency in good shape for the life of the project.
- **Interior Design:** Mid-October Interior Design meetings were held to wrap up outstanding graphics and furniture issues with the stakeholders.
- **Medical Equipment Planning:** The medical equipment consultant has updated equipment listings and cost estimates and a comprehensive cost estimate will be issued by the end of October.
- **IT Planning:** IT equipment lists and cost estimate is complete, and the electrical engineer is providing ongoing design coordination.
- **Furniture, Fixtures and Equipment Procurement:** (addressed further in Item 3) Supply Chain Management and the CHS Project Team have finalized the procurement plan and necessary resources, and continue to have meetings with GRAHAM to align that plan with the construction schedule. Early procurement for the first significant equipment packages have commenced. In reply to Mike Stensrud's question about whether procurement is holding up any aspect of construction, Dave replied that the plan has placeholder vendors for now, with fine tuning occurring later.
- **GRAHAM Project Schedule Summary:** Graham issues a revised summary of construction milestones, with the same end date, every three months and the current summary was issued on September 27, 2016. Some significant milestones have been completed earlier because vehicle traffic could be diverted into the new tunnel and, therefore, completion of various floors will be taking place in May 2017 instead of March 2018.

2.2. CHS Strategic Project Workplan Updates

- A significant amount of work has been done around the financial piece facilitated with a video conference with Ministry of Health members, where the majority of Directors involved had the opportunity to talk through their submitted costs. The result is SHR will do deeper dives into four service areas and further analysis of what resources are required by when. However, delays put operational planning at risk.

- Last month it was reported that IT/eHealth work had paused but we are now happy to report that some projects have resumed since partial funding has been received from eHS. In early November the CHS IT Subcommittee will meet and hopefully a timeline will be set for receiving the remainder of funds.
- Children's Services held a major design event to look at patient flow on the new NICU floor plate; how patients would be placed on the floor has been verified, and placement principles were developed.
- The completion status of 2016/17 workplan milestones shows that 22% of the 88 milestones are complete as of September, 2016, while the target was for 34%. Of those active milestones, 84% are green and the 16% that are red are mostly related to budget work which can hopefully move forward soon.
- Tactical Framework Analysis shows 4% complete and 21% currently in progress.

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2.3. Critical Risk Update

- The Risk Management group meets monthly to analyze the severity of identified risks on the register, furthering understanding of impacts and putting mitigation plans in place.
- Critical Risk #50 – Operational Funding: acknowledgement of the recent video conference with the Ministry of Health on October 12 to review details of the submission; subsequent next steps and actions were identified.
- Critical Risk #68A and B – Capital Funding: Addresses IT equipment and applications; now broadened to include FF&E since work to develop a sustainable funding plan has elevated this to the critical risk register.
- Critical Risk 27A, B and C – Project Resources: Necessary funding for FF&E procurement resources has elevated this item to critical.
- Critical Risk #58 – Model of Care/Work Flow: Funding to implement the new model of care has elevated this risk to critical; Operational Clinical Directors will be identifying more specifically the areas in their work flows that are at risk.

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3. CHS FF&E Procurement Resources

- Material distributed with the meeting package provides a lot of information to help understand the core resources projected to be required for the CHS FF&E procurement process. This information and procurement resources plan have been recently reviewed by the CHS Project Executive Team and the SHR Senior Leadership Team.
- The scope of the FF&E procurement plan covers a broad portfolio of medical equipment, furnishings, supplemental equipment, IT equipment plus wayfinding and signage. There are approximately 275 procurement packages for a total of approximately 15,000 items.
- Medical equipment planners have been involved since the design phase of the building, and have recently completed a final review of all equipment lists.
- Detailed workflow was analyzed and assessed to identify resource gaps needed to meet equipment procurement milestones, and a resources-needed forecast to support current fiscal year's work through to building occupancy in 2019 was completed.
- The volume of procurement identified through this extensive review cannot be met by the existing resources, especially considering on-going activities of the Supply Chain team.
- Further, the construction schedule and FF&E schedule have been aligned and reviewed in detail to inform timing and prioritization of procurement packages.
- Other jurisdictions were consulted, such as Alberta Health Services and Halton Healthcare in Oakville ON regarding their approach to procurement team resources.
- Under the phased in approach that is recommended, additional resources are needed immediately to support the 2016/17 procurement activities in order to catch up and maintain construction milestones. In the short term, the teams could consist of a mix of external resources with a leveraging of internal resources.
- Two core procurement teams are recommended, each consisting of a project manager, project coordinator and purchasing agent. Forecasted costs of two procurement teams have been identified at just under \$300,000 for this fiscal year. Further assessment of resource needs will be completed in 2017 to understand resources required for peak purchasing times anticipated for late 2017 to early 2018, but an estimated cost for 2017/18 and 2018/19 is \$1.2 million for each year. After the arrival and placement of equipment, a smaller team will remain for a forecasted 2019/20 cost of \$177,600.
- This resource plan forecast has been submitted to the Ministry of Health as part of the CHS Transitional Funding budget development.
- Mike Stensrud enquired about oversight precautions in place for getting best value when procuring equipment. Craig replied that efforts will be made to optimize value by laying out the 275 packages in a way

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that will bundle equipment items together and further utilize the competitive market place. Deb Jordan commented that the usual rigor that SHR Materials Management uses will be applied here. She further pointed out that the sheer volume can't be reasonably managed by existing staff and dedicated resources are required to put these packages together. Myong added that the normal governance structure is transparent and reporting will be made for timelines, milestones and resources.

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- Identification of a bridging funding source to carry the forecasted resource requirement for this fiscal year is urgently needed. The potential option of bridging through the contingency until an overall funding strategy is worked out was not supported by the Committee. Ministry members advised that further discussions on funding are needed within the Ministry and with SHR colleagues.
- A delay in funding for procurement resources can impact the project scheduling and delay opening of the facility.
- Brynn Boback-Lane pointed out that the Children's Hospital Foundation of Saskatchewan will also be impacted by any delay, and advising her promptly of any changes to schedule is imperative as they fund on equipment needs for this facility and donor expectations need to be taken into consideration. SHR and CHFS would have to collaborate on public messaging.

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4. CHFS Update

- Brynn thanked the CHS Project Team for the opportunity to take part in last week's Interior Design Committee meetings.
- The Children's Hospital Foundation of Saskatchewan is in preliminary stages of forming a Scientific Research Advisory Committee involving RQHF and SHR with Maternal and Pediatric representation; the first meeting was held recently, and the CHS Steering Committee will be kept posted on those developments. This initiative will help ensure the Foundation has the pulse of the province.
- Brynn extended thanks to Mike, Dan, Jackie and Bette for their assistance in major gifts as the Foundation seeks to meet their high goals.
- Brynn and Greg were invited to meet last week with Minister Jim Reiter to give a financial status overview.
- Brynn will be attending the Canadian Association of Pediatric Hospitals conference this weekend in Halifax, as well as a prior meeting for the fundraising arm, Canadian Children's Hospital Executive Directors, to create a new fundraising opportunity for national sponsors in Canada. This will be a vehicle to implement national partnerships over and above CMN which traditionally targets fundraising in the US. It will have its own brand and will be the national voice for children's health in Canada and advocate for additional funding from the Federal government based on grants applicable to each province. It will also maintain our Globe & Mail national ad in order to build collective capacity of learning and leveraging from each other.
- Brynn and Greg will travel to Calgary next week to attend a Fraser Institute award function where our Premier will be honored; they also have several meetings arranged with Saskatchewan expats and potential major donors.
- Grants Committee met recently and despite economic challenges approved the first round of grants at just under \$500,000 for Maternal and Pediatric capital needs; this recommendation will be made to the Board of Directors at their next meeting.
- Regina Radiothon event is coming up quickly on November 2 - 3; approximately \$500,000 is anticipated through this initiative; RQHR and SHR will be represented.
- Brynn thanked Craig and Ken for recent discussions on the procurement processes and schedule.
- Foundation representatives were in Swift Current recently where they were inspired by some significant responses.
- Lastly, the Foundation is finishing up their application for Imagine Canada certification, the gold standard for not-for-profit organizations.

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5. Communication Update

- Michele has been working on communication for the tunnel road change turn over, expected on Monday.
- On the operational side, she has been involved with the RPIW in NICU and found it was inspiring and energizing to watch and see everyone work together in transforming how we deliver care. Michele expects to produce some communication pieces out of that work.

6. Adjournment

- 6.1. Key Messages
- Incredible progress reported on construction.
 - Still tracking four significant critical risks, but working to mitigate them.
 - Good discussion around procurement needs related to being able to deliver on FF&E.
 - Great report from Children's Hospital Foundation of Saskatchewan, and their decision to support \$500,000 in grants!
 - CHS Steering Committee meetings will no longer meet through Telehealth, but will continue by regular teleconference.

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Next meeting:

November 17, 2016, 4:15 pm – 5:30 pm
RUH Boardroom (Room 6607)

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