



Steering Committee Meeting Minutes

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Date: October 24, 2013
Time: 4:15 - 5:30 pm
Location: SCH Cafeteria Side room
Chair: Jackie Mann, VP Integrated Health Services (SHR)
Attendees: Members: Jackie Mann, VP Integrated Health Services (SHR)
Jim Rhode, Chairman (SRHA)
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)
Rena DeCoursey, Member of the Public
Supports: Craig Ayers, Director CHS Project
Chris Arnold, CHS Project Lead (SHR)
Michele Bossaer, Communications Consultant (SHR)
Ken Unger, Manager of Finance, Capital and Corporate Services (SHR)
Jenna Mouck, Capital Director (HEO)
Andy Davalos, Senior Policy Analyst, Strategy & Innovation (HEO)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
David Henselwood, ZW Project Management Inc.
Keith Henry, Prime Architect, HDHA/ZGF

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.

Advisory Groups: Carol Gregoryk (PAPHR)
Sharon Garratt (RQHR)
Regrets: Max Hendricks, Assistant Deputy Minister (HEO)
Dr. Roy Chernoff, Dept. Head Family Medicine (SHR)
Geraldine Arcand, Vice Chief - Saskatoon Tribal Council
Maura Davies, President & CEO (SHR)
Dr. Beth Horsburth, Associate VP Research - Health (U of S)
Tara Turner, Metis Nation - Saskatchewan
Charmaine Pyakutch, Member of the Public
Chris Bergen, Associate Director of Projects (UofS)
Dr. Ayaz Ramji (PAPHR)
Dr. Hafid Essalah (RQHR)
Phyllis Goertz, Planning Lead, Kaizen Promotion Office (SHR)
Robert Hawkins, Board Chairperson (CHFS)
Valerie Quick, Communications Branch (HEO)
David Purdy, Health Facility Planner, Strategy & Innovation (HEO)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
Clint Diener, Architect, ZGF

1. Call to Order

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

1.2. Approval of Minutes - September 19, 2013
The September 19, 2013, meeting minutes were approved as circulated.

1.3. Other Items
No other items were brought forward.

2. CHS Project Work:

2.1. CHS Project Dashboard
Planning and design - presentation to Interiors Committee on September 12. A further presentation is scheduled for early November with ED clinical staff, ED Family Council and

CHS Foundation regarding Pediatric emergency department with a focus on visual distinction between pediatric and adult emergency departments

- Contract documents/Budget Validation – 66% budget validation is complete with positive results. Will be moving on to Risk Mitigation to identify a list of possible alternates - including exterior cladding, electrical infrastructure, structural design refinement may give savings on perimeter of building. Looking at the heating and cooling plant, with the possibility that changes to RUH physical plant may provide heating and cooling system options to support CHS requirements.

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- Cancer agency equipment routing through the garage – developing a cost and work plan for replacement of freight elevator in RUH. Formal meeting with the Cancer Agency and Ministry is scheduled for next week to begin work to finalize recommendation on this to CHSSC/SCA/Ministry.
- Medical equipment planning – Education sessions in regard to operating room integration were held on Sept 25. The degree of integration is being considered by surgery department – will receive direction in November. Mock-up of recessed maternal birthing light will remain in place at RUH for another month. Feedback has been very positive.
- Information Technology planning – review of 66% design package by the ITS representative. An ITS Planning meeting was held Sept 3 to discuss review of technical requirements, overview of strategic work plan and status and next steps, and areas for improved integration. Information on workflow identified. Existing inventory is complete and updates have commenced.

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- Furniture planning – existing inventory has been completed, tracking process has been refined. A mock-up will be set up in Room G901 at RUH for testing of the horizontal surfaces which will be located in the patient room and hallway, not at main nursing flow stations.
- Commissioning – plan is complete for Early Works project. Main project - Stantec has completed review of 66% contract documents.
- Way finding and signage – presentation made to Interiors Committee on Sept 12, received positive feedback.
- Foundation donor opportunity for Child Life Program. (see 2.3)
- Pediatric Catheterization Lab: (see 2.2)
- Operational Planning – A planning session with newly re-populated Project Executive Team has been scheduled for November 14.
- CHS Early works – Final reports from the structural engineering assessment of the 1984 parking structure are due by the end of October. Work is taking place on priority repairs. Construction Access Route – additional signage and hours of access identified to rectify issues. Exterior cladding on RUH facility – some of the Early Works adjacent to RUH within the identified safety zone has been put on hold. Should be receiving notice on when work can resume and the impact of this delay.

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- Schedule – design team continues to proceed on schedule towards completion of 90% of working drawings complete by November 22. ZW in process of having pre-qualification evaluation documents to general contractors in mid-November for completion in early January. Milestones schedule - Final budget validation check to be completed January 7 with submission to the Ministry on January 24 and for tender mid-February.

2.2. Pediatric Catheterization Lab – October 22 meeting update:

- At the October 22nd stakeholder session, the consensus was to pursue Ground Floor Option A (repurposing of Special Procedure Room) for the Pediatric Catheterization Lab.
- Next steps – Because this will be affecting scope, budget and timeline, need to bring forward as a formal decision item. Further details needed about bronchoscopies - will a negative pressure room be required? If so, may need to be located in PICU; however, that space is very tight. Operating costs – need to determine.

Action: Craig Ayers and Dr. Givelichian requested to make presentation to the Foundation board.

Action: Will bring forward to next meeting as a decision item

2.3 CHFS Potential Donor Opportunity – Next steps:

The donor has agreed to a \$3M one time donation; \$2M for securing space, 1M (\$100,000/year for 10 years) to support ongoing operations and delivery of service. Thought further research is required

about this kind of program. Suggested to look at Halifax hospital – their program size would be comparable to Saskatoon. Need to have operational information re: design and cost and a timeline to give to the donor. Request was made that this information be sent to the Ministry as soon as possible.

Action: Will be brought back to the next steering committee meeting as a decision item.

2.4 Updated Population/Service Projections

Hay Group performed an updated inpatient case projection based on the 2012 SK Ministry of Health population projections.

Maternal – 16% increase in cases from 2011 projections
Pediatric – 23% increase in cases from 2011 projections
Neonatal – 30% increase in cases from 2011 projections

Committee asked to keep this data confidential at this time.

Next steps:

- Work with dyad leaders in the service lines to incorporate the new case numbers using 3P methodology to establish a comparative bed number.
- Review surge capacity options and review efficiency targets.
- Consider any new information or alternative options for services.
- Report back to the next CHSSC meeting.

3. CHFS Update:

- Secured \$2.25 M gift for outdoor patient area off the pediatric inpatient floor.
- Partnering with SHR about branding and identification of CHS and Foundation.
- Working with the design team and Sue Major, with SHR procurement and RFP's. Donor recognition sites high on priority list.
- CHSF CEO's from across Canada – developing a national brand to have a stronger influence in national fundraising.

A concern was again raised about the need to maintain privacy with the therapy and child life clients and ask that there be assurance that this will be a key criterion in decision making. Keith noted that they are aware of this importance and plans will be revised to ensure there are two separate areas, not one shared space.

4. Communications Update:

A RUH townhall was held and internal and external communications were sent regarding changes to the entry and exit lanes in the parkade in order to cordon off the area for the CHS construction. Have been working with parking services regarding these impacts on their operations. Working with wayfinding and donor signage. Next week an article will be issued which will give an overview of interior designer process.

5. Adjournment

5.1. Key Messages

- Project dashboard – no major concerns other than key items discussed
- Pediatric catheterization lab – decision item to coming forward to next meeting

Three key areas to be addressed

- impacts on other departments and within the OR area
- CHS Foundation supporting cost of equipment

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- operational costs need to be finalized
- Potential donor opportunity – need decision item. Need to be assured of costs. Bette Boechler and Ken Unger will work with Brynn Boback-Lane on this.
- Population projections – briefing note accepted with strategy outlined.
- Foundation - Capital campaign going well.
- Communications update.

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**Next meeting: November 21, 2013 4:15-5:30 pm
RUH Telehealth Suite Room 6625**

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