



Steering Committee Meeting Minutes

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Date: September 19, 2013
Time: 4:15 - 5:30 pm
Location: RUH Telehealth Suite Room 6625
Chair: Jackie Mann, VP Integrated Health Services (SHR)

Strategic Directions
Transform the care and service experience
Transform the work experience
Partner to improve health of the community

Attendees:
Members: Jackie Mann, VP Integrated Health Services (SHR)
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 (SHR)
Chris Arnold, Project Lead CHS Project (SHR)
Michele Bossaer, Communications Consultant (SHR)
Ken Unger, Manager of Finance, Capital and Corporate Services (SHR)
Valerie Quick, Communications Branch (HEO)
Jenna Mouck, Director Capital Asset Planning (HEO)
Andy Davalos, Senior Policy Analyst, Strategy & Innovation (HEO)
Louis Guilbeault, Exec. VP, ZW Project Management Inc.
Keith Henry, Prime Architect, HDHA/ZGF

Build a sustainable integrated system

Regrets: Max Hendricks, Assistant Deputy Minister (HEO)
Jim Rhode, Chairman (SRHA)
Maura Davies, President & CEO (SHR)
Nilesh Kavia, VP Finance & Corporate Services
Dr. Beth Horsburgh, Associate VP Research - Health (UofS)
Dr. Roy Chernoff, Dept. Head Family Medicine (SHR)
Geraldine Arcand, Vice Chief - Saskatoon Tribal Council
Charmaine Pyakutch, Member of the Public
Chris Bergen, Associate Director of Projects (UofS)
Carol Gregoryk (PAPHR)
Dr. Ayaz Ramji (PAPHR)
Dr. Hafid Essalah (RQHR)
Deborah Jordan, Exec. Director Acute & Emerg (HEO)
David Purdy, Health Facility Planner, Strategy & Innovation (HEO)
Phyllis Goertz, Planning Lead, Kaizen Promotion Office (SHR)
Robert Hawkins, Board Chairperson (CHFS)
Clint Diener, Architect, ZGF

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Guests: David Henselwood, ZW Project Management Inc.

1. Call to Order

Chair, Jackie Mann, VP of Integrated Health Services and Executive Project Sponsor, called the meeting to order.

1.1. Approval of Agenda

Craig Ayers requested the addition of CHS Project Management Resources under 1.3 Other Items. The Agenda was adopted as amended.

1.2. Approval of Minutes - August 22, 2013

The August 22, 2013, meeting minutes were approved as circulated.

1.3. Other Items - CHS Project Management Resources (Information)

Craig Ayers advised the CHS Steering Committee that Project Principal Louis Guilbeault is resigning from ZW Project Management. A proposal for re-assignment of this position has been received and reviewed. Effective Monday, September 23, 2013, David Henselwood will be the Project Principal. Louis Guilbeault was thanked for his significant contributions to the Project.

2. CHS Project Work (Update)

2.1. CHS Project Dashboard

- Saskatchewan Cancer Agency equipment transfers – The Project team has developed a detailed plan for having an elevator consultant determine the recommended scope of the replacement project. The architectural team will review in detail and a recommendation will be brought forward to the Steering Committee on or before the December meeting. Currently, the Agency uses the parkade when equipment is being transferred. This additional project is not within the approved budget and incremental funding will need to be identified.
- Medical Equipment, Furniture, and IT Planning – planning meetings will continue through the fall; the overall process in these areas are going well.
- Wayfinding, Signage and Interior Design – Sessions on September 12 gave the Interiors Committee, comprised of representatives from all service areas, patient family representatives and the Foundation, a second opportunity to review progress made on the interior and conceptual design. Creating a bigger differentiation between pediatric emergency and the adjacent adult emergency was flagged for further work. The next step will be to bring back a bigger group, involving more Emergency and Children's Services patient family representatives, to revisit this area. Dr. Givelichian pointed out that this is another opportunity to keep the focus on the children. Brynn Boback-Lane added that a true distinction is very important from a donor perspective. She also requested additional communication be released to the public that the emergency is a shared space.
- Operational Planning – The work for a revised and restructured Project Executive Team committee is underway as the committee is meeting on a monthly basis working on integrating key areas within the five strategic plans related to the CHS. Updates will be provided to the Steering Committee as work progresses.
- CHS Early Works – Finalization of the review for the scope of remediation work to be completed on the Level 3 slab of the 1984 parking structure is underway. Regarding the construction access road, Craig advised the Committee that issues flagged concerning how delivery vehicles are accessing the construction access route have been reviewed with the general contractor. Signage will be updated and the traffic management plan, and hours of access, will be adhered to as per the agreement with the University.
- CHS Schedule – The Project is still meeting the schedule that was updated and approved in June. The next key date will be the completion of 90% working drawings by the end of December. A package will be submitted to the Ministry of Health at that time which will include a check list. Discussions will take place sooner to avoid unexpected items. The Ministry will have 15 days to review, from the end of January to the middle of February.

2.1.1. Cost Estimate/Budget Validation Update

- Upon review of BTY's 66% cost estimate, the 1% variance to the budget is determined to be within a reasonable threshold. The next cost check is at 90% working drawings but checks will continue to the time of tender to ensure the Project is on track.
- In order to mitigate the risk of tenders coming in over budget, alternates will be identified within the tender package. Alternates will be priced separately by each contractor bidding.
- BTY Group has identified two potential alternates in material choices totaling approximately \$2 million. Keith Henry advised that the electrical engineer will review the proposed alternative to the copper bus duct that will have space and planning implications. Regarding the proposed alternate exterior cladding Keith indicated additional advice he received was that these systems are reasonably comparable and further work should be completed to understand estimated cost of systems. This will be a significant undertaking time-wise to create a second design complete with all construction details involved with the building envelope.

Action: More work needed to distinguish the Pediatric Emergency from the Adult, involving a larger working group with more representation from Emergency and Children's Services patient family council.

Action: Additional communication needed for educating the general public that Pediatric and Adult Emergency are shared spaces in the new facility.

Action: Project Management and architectural team to define potential pricing alternatives for 90% contract documents.

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2.2. Pediatric Catheterization Lab (Discussion)

- The CHS Project Team had received a request in the spring from clinical leaders and staff to re-consider including a pediatric catheterization lab for the CHS, located within the PICU. The architectural team made a preliminary drawing of the PICU Procedure Room accommodating planned equipment, additional equipment and the maximum number of personnel, as recommended by the core stakeholder group.
- After approval to continue exploring this option at the June Steering Committee meeting, a larger stakeholder group was brought together for a meeting on September 13, 2013, to test this recommended layout and review space and operational implications.
- A key finding by the architectural group was the height limitations of the PICU Procedure Room ceiling. Philips identified a ceiling height of at least 2900 mm to accommodate the pediatric catheterization equipment, but the maximum available height in this room is less than 2800 mm.
- Therefore, the recommendation from this meeting was to not pursue the PICU Procedure Room for consideration of a pediatric catheterization lab. However, there was overwhelming support from this larger stakeholder group to accommodate this lab within the CHS.
- The second option would be to re-consider and evaluate the potential to locate this lab on the ground floor within the Special Procedures Room, due to its proximity to OR. The option to do pediatric catheterization within this room was discussed at a special meeting held last fall when it was determined to not pursue this location.
- Dr. Givelichian highlighted the risks of maintaining this procedure at RUH after the CHS has opened, directly to the patient and also the risk of losing cardiologists necessitating sending patients out our province.
- The Steering Committee supports doing due diligence by re-evaluating both the ground floor Special Procedures Room and the Outpatient Procedure Room as potential locations for accommodating a pediatric catheterization lab.
- Brynn Boback-Lane acknowledged that they would look seriously at a request to cover the extra costs associated with specialized pediatric catheterization equipment.

Action: Re-evaluate the two locations identified as potentially suitable for accommodating a Pediatric Catheterization Lab.

2.3 CHFS Potential Donor Opportunity (Discussion)

- Specific location being proposed for a child-life program is on the main floor, adjacent to outpatients and therapies, by infilling an area on the roof over the ambulance bay.
- One-time cost of construction, design and impact of a two months schedule delay is in the range of \$2 million, not including FF&E.
- As reported at last month's meeting, the scenario will be to pursue alternate pricing at the time of tender in order to make a final decision at that time.
- Design costs in the range of \$100,000 to \$170,000 would need to be recovered if the program is not pursued.
- Developing as a shell space is quicker but will still have a potential impact of one month on the design schedule, with no additional design costs.
- Rena DeCoursey indicated it is important that there is no loss of privacy for therapies patients.
- Redesign of entrances to this space and to therapies is required, as well as defining the separation of these areas. This may have an impact the therapies area that will require consultation with that group and could also affect the schedule.
- There was consensus that the Project Team, along with the Foundation, meet with the potential donor to determine commitments, discuss space fit-up, furnishings and on-going operating costs, further define the program and pursue developing the proposed location as shell space in anticipation of a potential child-life program so as to not miss this opportunity or impact the scheduled tender date.

Action: Further this opportunity by creating shell space in the proposed location on the main floor, while furthering discussions with the potential donor.

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2.4 SHR Covered Population/Obstetrical Cases (Information)

- The functional program for the CHS was originally planned to a 15-year population horizon of 2006 to 2021. The projection at that time for 2021 was a population of 301,994.
- In 2006, the population covered by Saskatchewan Health in the SHR was 290,302.
- In 2009, the Ministry of Health reported a covered population of 300,638 and the 2021 projection was updated to 323,139. Projections were updated in 2010 and the population for 2019 is estimated to be 324,528.
- By 2012 the covered population grew to 323,938, or a growth of 11.5% over 2006, and is close to the 2019 projected population.
- Projections done by consultant Hay Group in 2011 for the number of obstetrical cases with the age cohort of birthing mothers, ages 17 to 29, were projected to decrease. As concern over the number of obstetrical beds is being expressed, and with the desire to be transparent to our constituents, the Project Team will be reviewing the Ministry of Health data from 2012, and updating the projected number of inpatient obstetric cases to determine if the projections have changed significantly and in particular, what has is happening with this cohort.

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3. Children's Hospital Foundation of SK Report (Update)

- Brynn Boback-Lane reported that a total website visit scan was recently done to gauge interest in the future Children's Hospital. This social media report showed that from August 1 to September 15 the Foundation website tracked 2,700 new visitors, or an average of approximately 60 hits daily. The data also shows that 65% are from Saskatoon and Regina and the rest are throughout the province.
- The Foundation has moved into phase two of their fundraising campaign "Be a part of it", focusing on new dates for ground breaking and the actual build of the Children's Hospital with emphasis moving from the design and planning to being a part of the building process.
- Brynn thanked the Project Team for the recent coloured floor plans and plates, as having the tools and visuals will grow the focus for naming opportunities for donors, along with a sense of urgency for this.
- The Foundation is almost finished identifying spaces from their perspective for donor recognition sites within the Children's Hospital.
- Brynn also reported that the Foundation is close to reaching their original goal of \$25 million – even before the shovel has started.
- New developments in Regina are planned to re-engage the southern part of the province.

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4. Communications Report (Update)

- Michele Bossaer reported that she is continues with Early Works by releasing some internal communications this week, and will roll it out in more detail in the next few weeks.

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5. Adjournment

5.1. Key Messages

- Jackie Mann acknowledged the considerable effort taken so far to address accommodating a pediatric catheterization lab within CHS, and that one more look to determine whether this can be located in the CHS is doing due diligence.
- Further meetings are required to determine programming, financial commitment for FF&E, and on-going operational costs for a child-life program. In the meantime, a proposed location will be developed as shell space.
- Congratulations were extended to the Children's Hospital Foundation on reaching a significant fundraising milestone.
- 2011 projections for the number of inpatient obstetric patients will be reviewed and checked using 2012 data from Saskatchewan Health.

Next meeting: October 17, 2013, 4:15 – 5:30 pm
RUH Telehealth Suite Room 6625