

1. How many patient rooms will be in Children's Hospital of Saskatchewan?

There will be 176 private in-patient beds. All inpatient rooms are private. The following are the numbers within each area.

CHS Service Area	
Adult Emergency	35 stretchers
Pediatric Emergency	10 stretchers
Pediatric Surgery Services	3 operating rooms 1 special procedure room/catheterization lab
Pediatric Outpatient Clinic	28 private exam rooms
Pediatric Intensive Care Unit (PICU) Observation Unit (<i>rooms design to flex between Observation and PICU</i>)	8 10
Acute Care Pediatrics	45
Maternal Patient Rooms	65
Maternal Outpatient Clinic (<i>including Fetal Assessment Unit</i>)	8
Maternal Operating Rooms	3
Neonatal Intensive Care Unit (NICU)	48 bassinets (<i>including 5 twin rooms</i>)

2. Do these numbers consider Saskatchewan's growing population?

They do. When the early design of the hospital was created in 2011, the bed numbers were based on the province's latest population projections available at that time. However, since the creation of the hospital's early design, staff and physicians in Saskatoon Health Region noticed a marked increase in demand for their services today. With this growing demand and as the blueprints for the hospital were nearing completion, staff and physicians asked the project team to verify the bed numbers before the blueprints were completed and hospital construction started.

Working with the Ministry of Health, a comprehensive bed review began in fall 2013 using updated ministerial provincial population projections. Through the in-depth analysis, that review identified that 24 more patient rooms would be needed in the new hospital to handle the new future projected demand. This request was brought forward to the provincial government. And in April 2014, the province announced it was providing an additional \$20 million in funding to support the increase in 24 patient rooms for the new maternal and children's hospital.

3. What changed in Saskatchewan's population to have the hospital add more patient beds during the blueprint phase?

According to Statistics Canada, Saskatchewan's population has grown by more than 100,000 people in the past six years, to an all-time high of over 1.1 million people at the end of 2013. Our province also had the second-highest growth rate among the 10 provinces in 2013, behind only Alberta.

Saskatoon Health Region staff and physicians were seeing daily the effect of this growth on demand for their services. They requested the project team verify the bed numbers and take into account this new information. This resulted in recommendations to add 24 additional patient beds. This will increase the overall size of the hospital by 11 per cent or approximately 38,000 square feet.

4. How do the new hospital's bed numbers compare to what exists today for children's and maternal services in Saskatoon?

It is difficult to make direct comparisons of today to the future. It is like comparing apples to oranges. The Health Region has worked hard using Lean to create a facility that will function very differently than what exists in Saskatoon today with the ultimate goal to provide better and safer care for patients. Here is a brief overview of what will change for the future.

Children's Services

• **Pediatrics**

- Today, in Royal University Hospital, we have 42 beds that are a combination of private, semi-private and four bed rooms. There is one family space, three small parent sleep rooms and one play room.
- In CHS, there will be multiple dedicated family areas throughout the unit with 45 private patient rooms in pediatrics. Each private room will have natural light with dedicated sleep space for parents or caregivers with special amenities to help a child feel a little more at home while in hospital.

• **Pediatric Intensive Care Unit (PICU) and Observation Unit**

- Today, there are nine PICU rooms; some having natural light and some not. There is also no ability to increase in the number of PICU beds if there is an unexpected surge in demand. Three of these nine beds are "step-down" beds but can be used as critical care beds as well. Today, the observation unit has eight rooms, not all private, and located within the acute care pediatrics unit. There is no procedure room within PICU today.
- In CHS, there will be eight PICU private rooms. All PICU rooms will have dedicated sleep space for parents or caregivers and natural light. The design team moved the Observation Unit so it is directly adjacent to PICU within the new hospital. The rooms are designed to be the same as PICU rooms so they can become flex into intensive care rooms if there is a surge in demand. There will be 10 observation rooms, all private with natural light. There will also be a dedicated procedure room within PICU so children, if required, can receive special procedures outside their room, but without having to be moved to a different area of the hospital.

• **Neonatal Intensive Care Unit (NICU)**

- Today, the NICU is an open bay concept where there are 32 bassinets with plans to expand to 38 in the fall of 2014, but with no room for parents or caregivers to stay.
- In CHS, there will be 48 NICU bassinets within private patient rooms that also has dedicated sleep space for parents or caregivers. There are also five private rooms designed for twins.

Maternal Services

This area will look very different from what exists today at Royal University Hospital. The CHS maternal floor was designed to minimize the movement of patients while creating flexibility between rooms to handle peak times and care needs in a way that doesn't exist today.

Today - Path of a Maternal Patient

A pregnant woman comes to the hospital where she will be cared for in two areas in separate buildings with 14 labour and delivery rooms in one building and 30 post-partum beds made up of private, semi-private and four bed rooms. These units are not on the same floor either and require further transport by elevator.

When a pregnant woman comes to hospital, her doctor may decide she requires hospital care for the part of or the remainder of her pregnancy. She would have to stay in one of 14 antepartum rooms where there is no dedicated sleep space for supportive partners. In case emergency surgical care is needed, these rooms are located in a different wing, but on the same floor as three different-sized dedicate maternal operating rooms.

A pregnant woman coming to hospital in labour may be examined to see if she is in active labour in one of three rooms where we have 2 labour assessment stretchers separated by curtains within each room.

If she is in active labour, she would be moved to one of 14 private labour and delivery rooms on the same floor as assessment and the maternal operating rooms. After baby is born, she will be moved from this room, along with baby, to a different building and a different floor within Royal University Hospital. On this unit, she will recover until she is ready to leave the hospital. She will stay in a private, semi-private or four-bed patient room with a sleep mat brought in for her supportive partner.

If baby requires intensive care, baby will be moved to a different building in Royal University Hospital where NICU is located.

Tomorrow in CHS - Path of Maternal Patient

A pregnant woman comes to hospital and will go to the maternal floor where there are 65 all private patient rooms, including assessment and antepartum.

In CHS, there are 8 antepartum private rooms and 8 labour assessment private rooms that are identically sized and equipped to form a cluster of 16 private rooms allowing for flexibility in this area for the rooms to be what care providers need them to be, depending on demand.

If a pregnant woman requires hospital care for part of or the remainder of her pregnancy, she will stay in one the antepartum hospital rooms. Each private room has been designed with dedicated space for a supportive partner to stay with her. These antepartum hospital rooms are located in close proximity to three dedicated maternal operating rooms in case she needs emergency surgical care.

If a pregnant woman is in active labour, she would be moved to one of the private maternal care rooms on the same floor. Here, she will stay before, during and after delivery until leaving hospital. There will be a dedicated sleep area within the private room for her supportive partner to stay with her and baby.

If she is determined have a high-risk delivery, she will be in a maternal care room located as close as possible to the dedicated maternal operating rooms.

If baby requires intensive care, baby will be moved to NICU which is located one floor above by a dedicated elevator.

5. Will there be any new programs within Children's Hospital of Saskatchewan?

There are two new program areas currently with dedicated space within CHS that do not have space today. The building will include a room for the new pediatric hemodialysis program and will include a new pediatric sleep lab.

As well, when designing the entire hospital, plans for physician recruitment in other existing areas were considered when planning bed numbers, particularly the number of pediatric outpatient exam rooms.

6. How can the Lean methodology improve patient care?

The Lean methodology known as 3P (Production Preparation Process) was adopted by the CHS project in September 2011. Lean weaves ideal, efficient and waste-free flows into the design of facilities. The CHS 3P events resulted in a new design concept with significant reduction in space (by 15.6%), capital costs and identified care delivery improvements needed to support the new hospital design.

There are multiple examples throughout Children's Hospital of Saskatchewan where Lean has greatly influenced the design and improved patient care.

- Within NICU, teams created a critical vertical adjacency with well-placed stairwells for NICU staff and physicians, along with a patient elevator directly next to the maternal operating rooms, with the maternal floor located just one floor below NICU. This will decrease the distance travelled by staff and critically ill newborns, putting the patients and their care givers together faster.
- The maternal floor will look very different from labour and delivery and postpartum services today. Currently, these two units are in separate buildings connected by a pedway. The units themselves are not on the same floor requiring further transport by elevator. In CHS, many pregnant women will labour, have their baby and stay with their newborn in the same room – a private room where there will be sleep space for their spouse or supportive partner.

The CHS design has propelled Saskatoon Health Region into a journey that has hundreds of employees, physicians, and patients working together to change the way care and support services are delivered. The intent is to ensure we eliminate waits for patients and families and create an environment where employees and physicians can spend their time doing what they do best – caring for patients.

7. I thought it was going to be just a children's hospital – why are we adding maternal?

Maternal services have always been part of the plan for this new hospital, even though it is not part of the name of the hospital. We needed to have maternal services with children's services to ensure safe care of women during pregnancy and through delivery and for newborns from the moment of their birth. This care can involve different health care providers at different times. By existing together, we are ensuring pregnant women, new mothers and newborn babies have access to the care they need when they need it.

8. I think this hospital should have been at Saskatoon City Hospital. Why wasn't it?

This very question was re-examined in the spring of 2010 despite the years of planning that had occurred since the Royal University Hospital site being chosen in 2007 and announced by the provincial government.

In spring 2010, a site validation panel was established. Members included staff, physicians, public, University of Saskatchewan, along with operational, administrative and government leaders. The panel reviewed four site options, scoring each of them independently against a pre-established set of criteria. Some of the criteria included patient safety, quality, and capital

and operating costs. External experts were brought in to assist in the panel's deliberations. Members of the public were also invited to share their thoughts on what they thought was most important in determining the site of the new hospital through the panel's website.

Out of the four options the panel reviewed, the Royal University Hospital option ranked highest on 8 of 10 criteria. Most importantly, Royal University Hospital was determined to be the safest location for patient care. By locating CHS at RUH, this ensured the critical co-location of specialists and employees who care for both adults and children. Keeping CHS and RUH together ensured the teams stayed in one location and can quickly care for a critically ill child or an adult when needed.

9. Why an emergency department for adults in a maternal and children's hospital?

We operate both a children's emergency and adults emergency department today at Royal University Hospital. We share nurses, doctors and other health care team members such as laboratory and x-ray with adult emergency. We also share trauma specialists. For example, if there is a car accident involving children and adults, both are brought to the same emergency department and cared for by our trauma team. We will continue to rely on this team, as well as other specialists and clinical support staff with CHS. Many of these individuals care for both adults and children. So, that is why it is really important we keep these specialists in one location so they are there when you need them, whether you are an adult or a child.

But, we also know that a child who is sick in emergency doesn't want to be in the same area as an adult, and vice versa. So, in the new emergency department, you will notice some BIG differences.

- When you walk in the doors, you will either walk in one direction to the adult emergency **OR** you will walk in a completely different direction for children's emergency. Our design team, which included patients and parents, worked hard to separate the two areas right from the front door.
- Ambulances will come in a completely separate area and door from those walking into an emergency.
- Children and teenagers (up to 17 years old) will be cared for in an area that was specifically designed for them and their needs.
- Adults will be cared for in a separate area that was specifically designed for them and their needs, too.
- Every exam room, adult and child, is private.

10. Given this hospital is in Saskatoon and operated by Saskatoon Health Region, what makes it a provincial maternal and children's hospital?

Children's Hospital of Saskatchewan will be a provincial hospital the same as the three other hospitals in Saskatoon. This means Children's Hospital of Saskatchewan will be a tertiary care centre similar to Royal University Hospital. Patients will come to CHS for specialized consultative care from across the province, usually on referral from physicians.

In addition, some of the provincial programs currently operated by Saskatoon Health Region will continue to exist within the new maternal and children's hospital. These include the provincial referral centre for advanced fetal diagnosis and intervention, pediatric cardiology, pediatric rheumatology and pediatric audiology.

As determined by the provincial government, Saskatoon Health Region will be the owner and operator of Children's Hospital of Saskatchewan. Given that, Saskatoon Health Region has been asked to lead planning, designing and building of this hospital.

However, this all being said, current pediatric and maternal services in other health regions will continue to be offered by those health regions. Saskatoon Health Region will continue to work collaboratively with other health regions to provide exceptional patient and family care for our entire province.

11. Have you been getting input from patients and families throughout this project?

Saskatoon Health Region has had an active Patient and Family Advisory Council in both Maternal and Children's Health Services for a number of years. This council has proven to be extremely valuable and has been very involved in many operational and design decisions for the new hospital.

In addition, we had established a Patient and Family Working Group to further involve patients and families in the design phase of CHS. Input from our province's children and teenagers has also been instrumental.

12. Have staff and physicians been involved in planning this hospital?

Staff and physician input into the development of the maternal and children's hospital has been critical. They have been involved since the very first design session. Participants were chosen or assigned by the various departments, and in some cases, an invitation was extended to an entire area for participation. They, along with patients and families, will continue to be involved as we get closer in making this hospital a reality.

13. Will children have to travel out-of-province once the hospital opens?

Children's Hospital of Saskatchewan **will not eliminate out-of-province travel** for children with rare conditions or for those requiring highly specialized care. In order to provide the best care possible, the entire health care team needs to see a large number of patients each year to achieve and maintain specialized skills and expertise. In some instances, Saskatchewan does not have the population to allow for that to happen. Some children will continue to be best served in larger centres. For example, Stollery Children's Hospital in Edmonton will continue to be Western Canada's referral centre for pediatric cardiac surgery.

What Children's Hospital of Saskatchewan will do is make our current Saskatoon Health Region and provincial services and programs stronger through modern, purpose built space and will create the best experience for the entire family.