

# ***Capital District Health Authority Acute Care Master Plan***

***Presentation to Treasury and Policy Board***

April 22, 2009



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# ***Presentation Objectives***

- To demonstrate CDHA's response to the government's and the public's concern regarding the condition of the Centennial Building
- To increase awareness of the long-term capital plan, the timelines and estimated investments, along with SIP opportunities
- To provide options to begin functional planning – manageable investments



# ***Presentation Overview***

- Acute Care & Mental Health Master Plans [REDACTED]
- Population Needs and a Sustainable Future
- Our Strategy – Physical Assessment and Condition Analysis
- The Demolition of the VGH in 2018 and [REDACTED] to get started on design and functional planning
- Phase 2 Planning and Focus on Wellness
- Your Advice and Feedback

# ***CDHA Real Properties Program***

## **Mental Health Sector Master Plan - Progress**

- Submitted to DoH January 2006, updated October 2007
- Funding approved by DoH:
  - Simpson Hall exit and demolition
  - Community Focused Living Bungalows
  - Acute Inpatient and Short Stay consolidation at Abbie J. Lane – detailed functional planning
- Outstanding
  - Acute Inpatient and Short Stay consolidation at AJL
    - Estimated project scope: [REDACTED]
  - Addiction Prevention and Treatment Services (APTS) Building
    - Estimated project scope: [REDACTED]



# ***CDHA Real Properties Program***

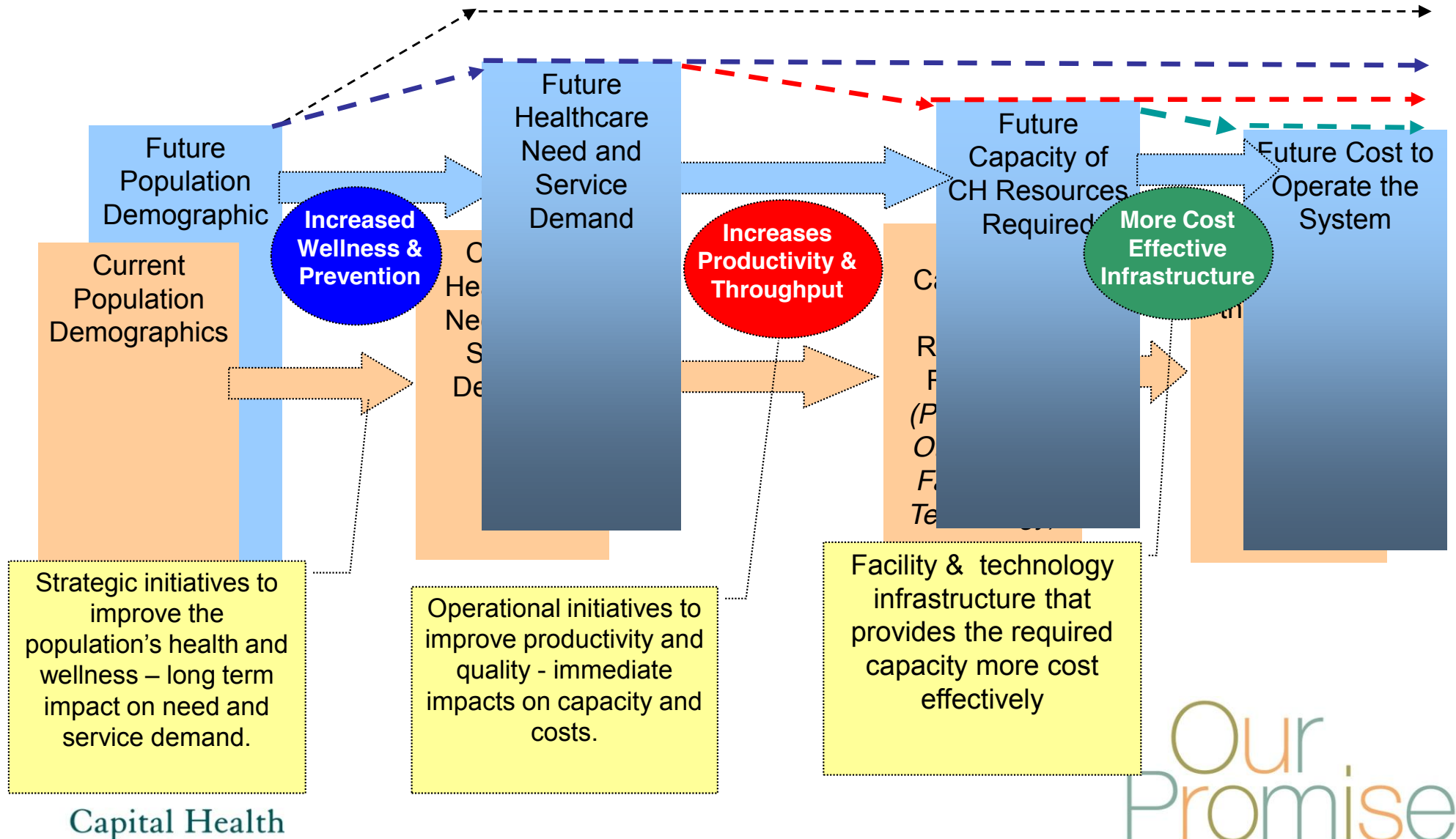
## **Acute Care Sector Master Plan**

A [REDACTED] plan to replace/refurbish deficient buildings (**Phase 1**) and build community-based capacity to meet future health needs of HRM, NS and Atlantic Canada (**Phase 2**)

- Phase 1: 2009 to 2015\*
- Phase 2: 2015 to 2026

\*Timeline is dependent on Project Sequencing Options

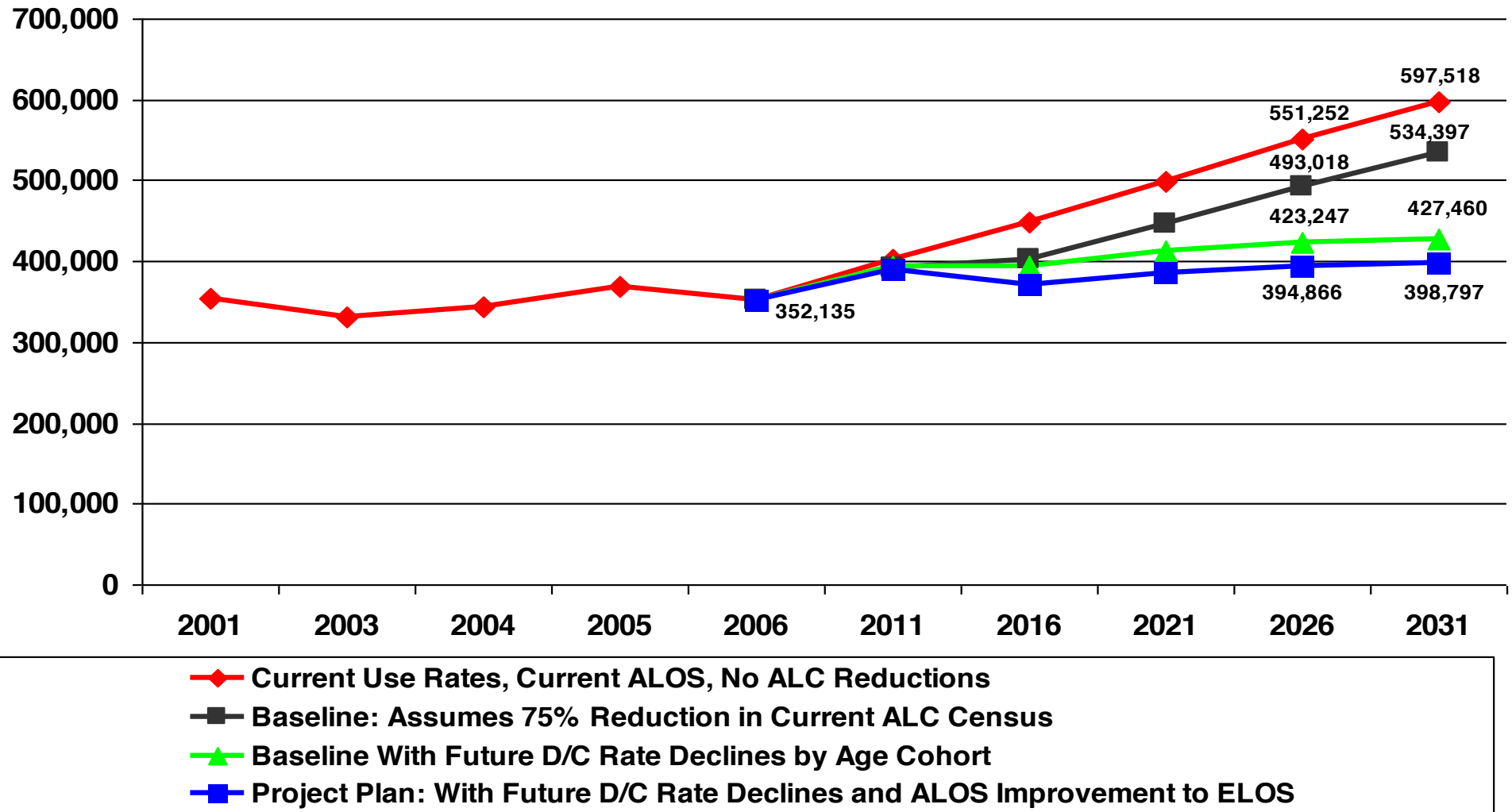
# Sustainability for Today and Tomorrow





# Comparison of Future Acute Inpatient Demand Scenarios

## Capital Health Acute Inpatient Days by Scenario



# ***Our Strategy***

***Concentrate all acute Inpatient beds at  
Halifax Infirmary***

***Redevelop VG campus as a “healthcare  
village” with outpatient focus***



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# ***Facility Condition Assessments***

## **Physical Assessment**

### **Purpose of Evaluations**

- Evaluate and report on the current physical condition – value for renovation or replacement
- Provide commentary and costing of work required to bring the building's technical systems up to current codes and standards
- Review accessibility compliance
- Review health and life safety issues
- Performed in conjunction with functional performance review
- Identify a long-term direction for each facility which addresses it's ability to meet current and future service delivery needs.
- Comment on direction to be pursued in addressing facility's potential long-term value
- Comment on resultant building quality should upgrading be carried out compared to quality resulting from new construction

FACILITY CONDITION ASSESSMENT	Site & Grounds			Structural				Envelope			Interiors			Fire & Life Safety	Occupational Health & Safety	Barrier-free Compliance
	Circulation	Grading	Landscaping	Foundations	Frame	Cladding	Loads	Roofing	Cladding	Openings	Partitions / Doors	Finishes	Millwork			
<b>VG Site</b>																
Bethune	●	●	●	●	●	●	●	●	○	○	○	○	●	●	●	○
Centennial	○	●	●	●	●	●	●	●	●	●	●	○	●	○	●	○
Centre for Clinical Research	○	●	●	●	●	○	○	○	●	●	○	○	●	○	○	●
Dickson	○	●	●	●	●	●	●	●	●	●	○	●	○	●	●	●
Mackenzie	○	●	●	○	○	○	○	●	○	○	○	●	○	○	○	○
Rehab Centre	○	●	●	●	○	●	●	●	○	○	○	○	●	○	●	○
Victoria	●	○	●	○	●	○	●	○	●	○	●	●	●	●	●	●
<b>H-1 Site</b>																
Abbie J. Lane	○	●	●	○	○	○	●	○	●	○	●	●	○	●	○	○
Dartmouth General Hospital	○	○	○	●	●	○	●	●	○	○	○	○	●	○	○	○
VMB	○	○	●	●	●	○	●	○	●	○	○	●	●	●	●	○

● good

○ fair

● poor

○ very poor

● obsolete



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FACILITY CONDITION ASSESSMENT	Mechanical								Electrical												Functionality
	Heating	Ventilation	Cooling	Domestic Water	Storm/Sanitary Drainage	Sprinklers	Medical Gases	Controls	Service	Distribution	Power	Lighting	Emergency Lighting	Fire Detection/Alarm	P A	Telephone / Data	TV /	Nurse Call	Security / CCTV	Equipment Rooms	
<b>VG Site</b>																					
Bethune	○	●	●	○	○	○	-	●	○	○	○	○	●	●	-	○	-	-	○	●	
Centennial	●	●	○	○	○	●	●	●	●	○	○	○	●	●	●	●	●	●	●	●	
Centre for Clinical Research	○	○	●	○	○	●	-	●	●	○	○	○	●	●	-	○	-	-	●	○	
Dickson	●	○	●	○	●	●	○	●	○	●	●	○	●	●	●	●	●	○	●	○	
Mackenzie	●	●	●	●	●	○	●	○	●	●	○	●	●	●	-	●	-	-	●	○	
Rehab Centre	●	○	○	○	●	●	●	○	○	●	●	●	●	○	-	○	●	○	●	●	
Victoria	●	●	●	○	●	●	○	○	●	○	○	●	●	●	●	○	●	○	●	●	
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Abbie J. Lane	●	●	●	●	●	○	○	●	●	○	○	○	●	●		○	●	●	○	●	
Dartmouth General Hospital	●	○	●	○	●	○	●	○	●	○	●	●	●	●	●	○	-	○	-	-	
VMB	○	●	○	○	●	●	○	●	●	●	○	○	○	●	-	○	●	○	●	●	

● good

○ fair

● poor

○ very poor

● obsolete



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# ***Phase 1 – Upgrade Viable Buildings***

- Dickson Bldg – [REDACTED] – enhance as a cancer care centre
- Mackenzie Bldg – [REDACTED] – retain and upgrade for current use for labs
- NS Rehab Centre – [REDACTED] – retain for current use with upgrades
- Camp Hill Veterans Memorial – [REDACTED] – retain for current use with upgrades

# ***Phase 1 – Replace Deficient Buildings***

- Centennial, Victoria & Bethune Bldg – relocate occupants and demolish.
- Centre for Clinical Research – relocate occupants and demolish.



# ***Why Replace?***

- Available square footage does not support identified clinical programming needs
- Floor plate restrictive for efficient design for today's health service delivery needs
- Renovation of 45 year old occupied buildings
- No swing space will result in service reduction during relocations
- Prolonged, complicated renovations
- Lack of vertical service spines for mechanical systems
- Floor to ceiling height limits mechanical space in ceiling

# *Why Replace?*

Projected Refurbishment Cost for  
Centennial/Victoria/Bethune and CRC buildings:



(excluding service relocation costs, soft costs and  
professional fees, contingency and escalation allowances,  
and project costs)

Total refurbishment cost estimate:



# *Phase 1 Cost Summary* **\$714.1M**

██████████ for new  
construction and capital equipment  
(Construction costs ██████████ / Equipment cost ██████████

+

██████████ for VG and QEH demolitions

+

██████████ for provincial Cancer Care (Dickson Bldg)

+

██████████ for Mackenzie, VMB and NS Rehab  
building upgrades



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## *Phase One* – [REDACTED]

- Earliest possible timeline to vacate Centennial/Victoria Wings at VG is 2015.
- Careful sequencing of upgrades and construction needed in order to accommodate patients and services currently located at VG site.
- Sequencing has influence on timeline and cash flows.

## *Phase One* – [REDACTED]

- Funding request for FY 09/10 is [REDACTED]
- This will allow us to begin the Functional Planning for the bed tower at the HI campus (improve patient access and wait times) and plan for the demolition of the VGH in 2018.

# ***Project Sequencing Options***

Project Sequencing: Option 1					
QEH Demo					
VG 2					
VG 3					
HI 1,2 &4					
HI 3					
DGH 3					
DG4					

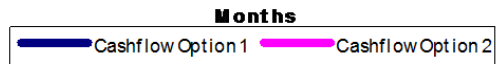


# ***Project Sequencing Options***

Project Sequencing: Option 2								
QEH Demolition								
VG 2								
VG 3								
HI 1,2 &4								
HI 3								
DGH 3								
DG4								



# Phase 1 Project Cashflow Sequencing



**Excludes:**

[Redacted text block containing three lines of blacked-out information]

## *Phase One* – [REDACTED]

- Strategic Infrastructure Partnerships
  - Strong potential to leverage private investment
  - Potential SIP magnitude – Over 70% potential [REDACTED] new construction costs
  - Reduces upfront cash investments

# ***Phase One – Ongoing Building Maintenance***

- Need to continue to invest in maintenance and repair of all buildings
- Next 6-8 year period while relocation, demolition and construction occurs
- Continuing building maintenance costs not included in phase 1 estimate

# ***Phase 2 – 2018 to 2026***

- Rooted in our Declaration of Health
- An aggressive “push down and out” of hospital services into robust, interdisciplinary and highly integrated community health services centres.
- Shared accountability for health



## ***Phase 2 – 2018 to 2026***

- Less about architecture, more about interpersonal networks and relationships in a wide array of services – i.e. community health centres and family health teams
- Strategically located throughout our communities in locations that respond to community needs.

# ***Phase 2 – 2018 to 2026***

A menu of alternatives based on projected needs with flexibility to adapt to changing priorities and funding opportunities

- Fitness, wellness & commercial building on VG campus
- Expansion of Cobequid Health Centre
- Freestanding, comprehensive suburban ambulatory centers
- Comprehensive community health centers on new sites
- Further expansion at HI, VG and DGH sites

# *Our Objectives*

- To demonstrate CDHA's response to the government's and the public's concern regarding the condition of the Centennial Building
- To increase awareness of the long-term capital plan, the timelines and estimated investments, along with SIP opportunities
- To provide options to begin functional planning – manageable investments



# *The Highlights*

- Acute Care & Mental Health Master Plans [REDACTED]
- Population Needs and a Sustainable Future
- Our Strategy – Leveraging value in existing facilities
- The Demotion of the VGH in 2018 and [REDACTED] to get started on design and functional planning
- Phase 2 Planning and Focus on Wellness
- Your Advice and Feedback

# ***Our Asks:***

- Is January 2010 a feasible date to start planning and consultation to enable a 2018 demolition of VG buildings?
- What additional information do you need from us?
- Next steps?