

The 2030 Plan is...

A unique, large-scale, comprehensive integrated health care service delivery & infrastructure plan built on:

- Projected health needs
- Evidence and best practices
- Goal of achieving sustainability



'2030' Shifted the Focus Toward:

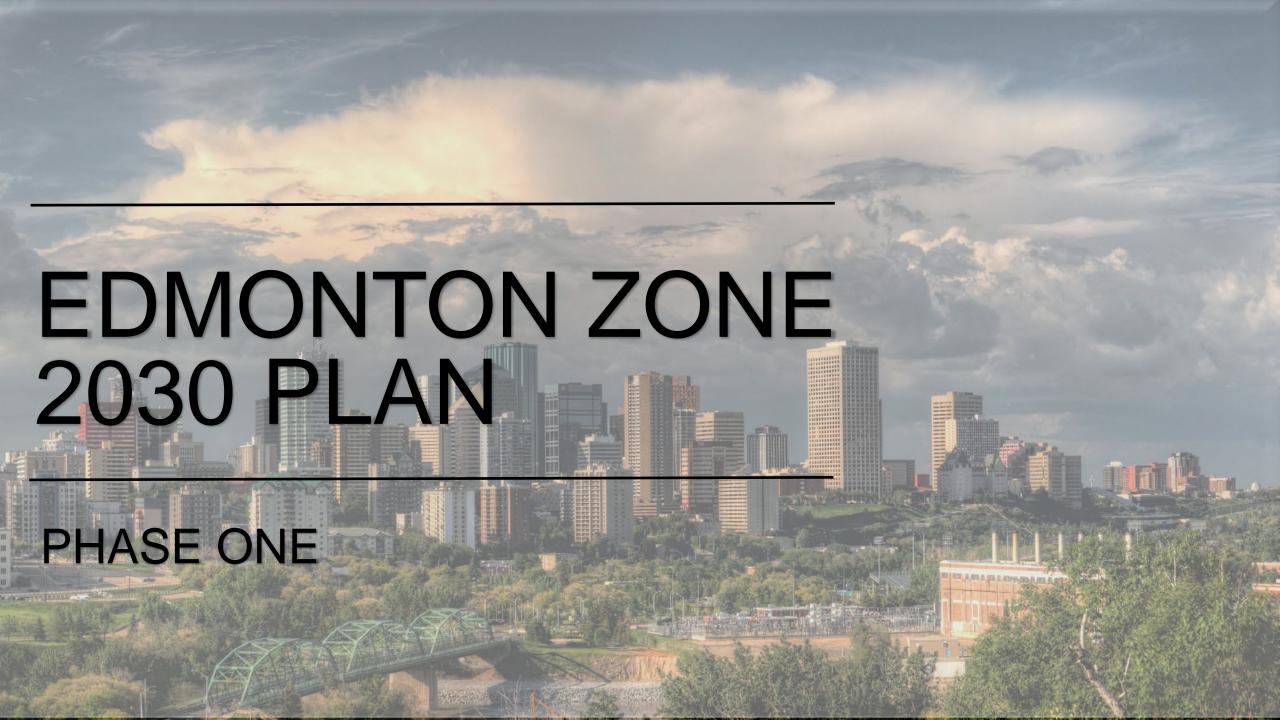


- Integrated, Zone-wide planning
- Health promotion & injury prevention
- Primary care
- Community-based service delivery
- Right-sizing the major elements of the healthcare care system.

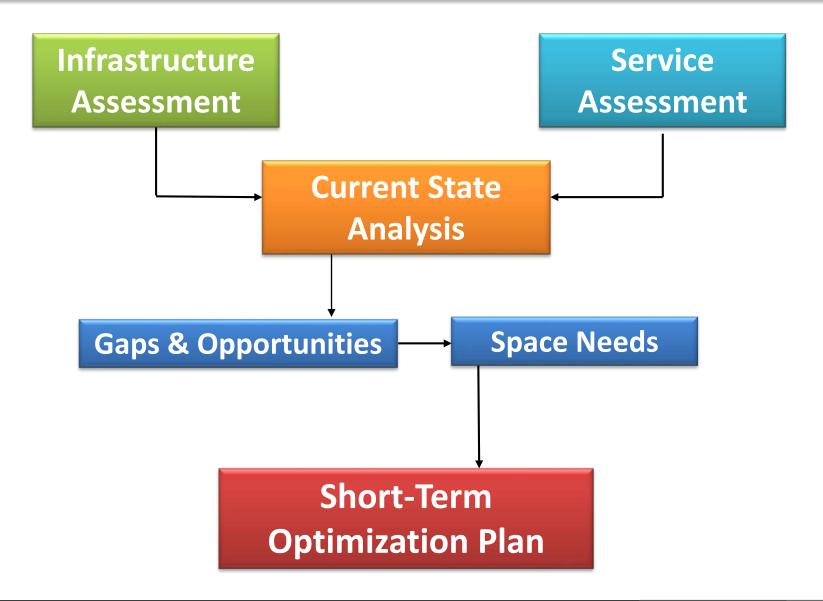
Status Quo Projections

HEALTH SERVICE	PROJECTED CHANGE BY 2030								
Family Practice/GP Services	39.1% increase								
EMS Activity	57.0% increase in emergency events, 63.6% increase in non-emergency events (excluding inter-facility transfers)								
Emergency Department Visits	33% increase in ED visits, with 111% increase in visits for aged 65 and older								
Acute Care Inpatient Days	59.6% increase in acute care inpatient days, equivalent to over 2,200 additional beds								
Rehabilitation Inpatient Days	86% increase								
Short Term Home Care	82% increase								
Long Term Home Care*	138.3% increase, from 10,020 in 2012 to 21,906 in 2030								
Continuing Care Beds*	50.3% increase, from 8,061 in 2012 to 12,120 in 2030								
*Projections for continuing care incorporate service mix changes in the Continuing Care Capacity Needs Assessment									

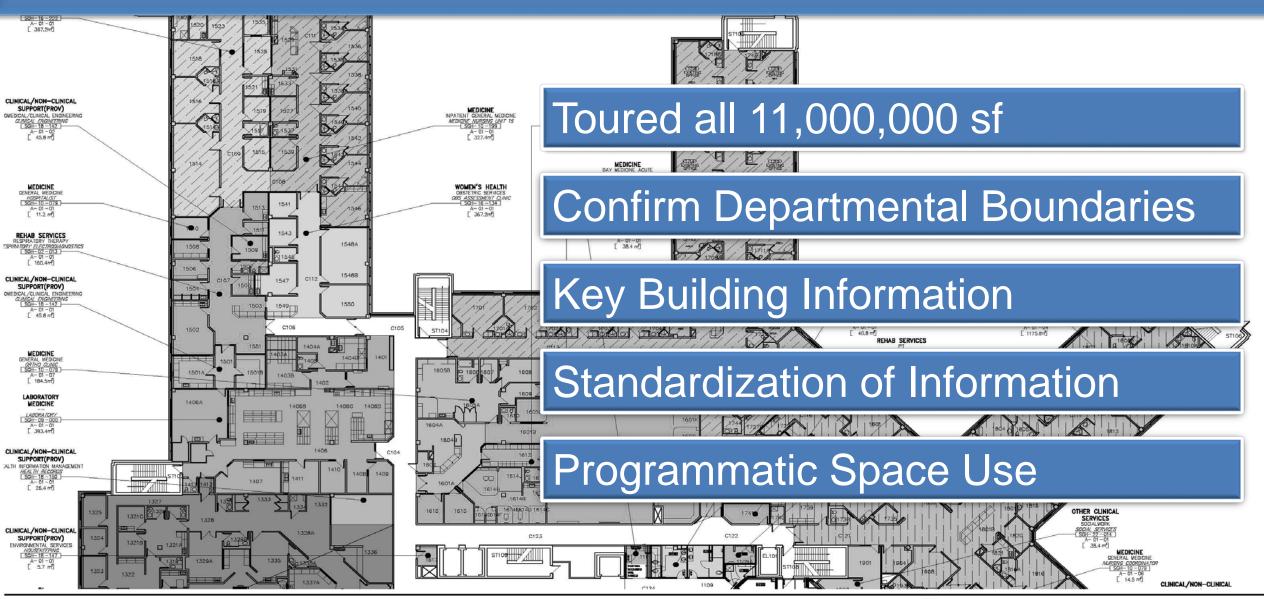




Phase One Overview



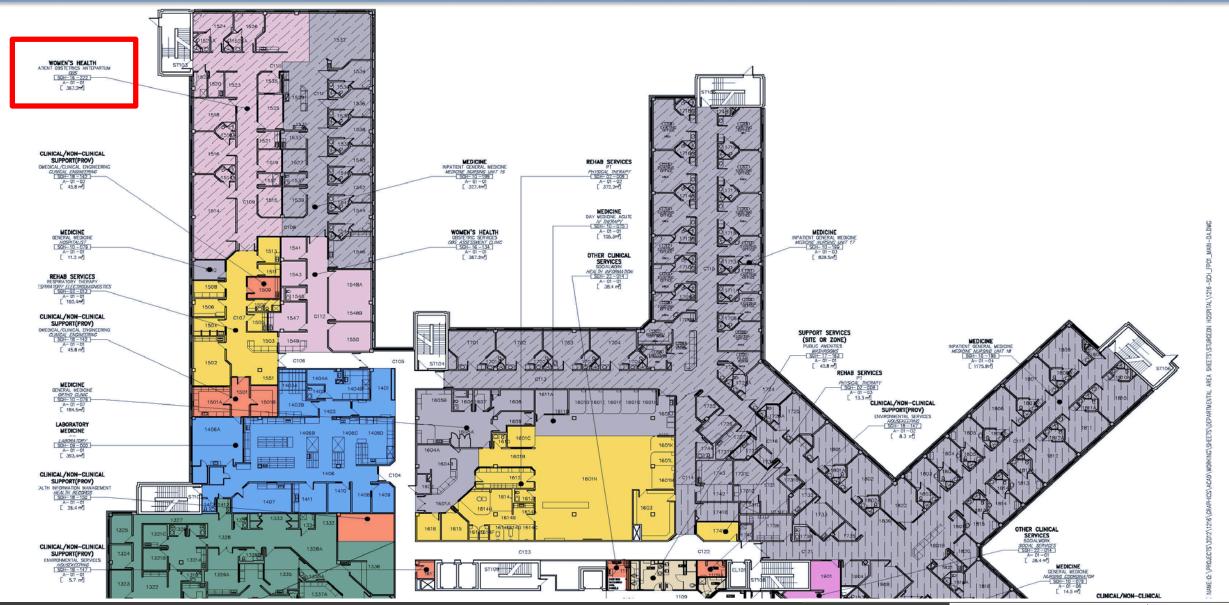
Site Tours



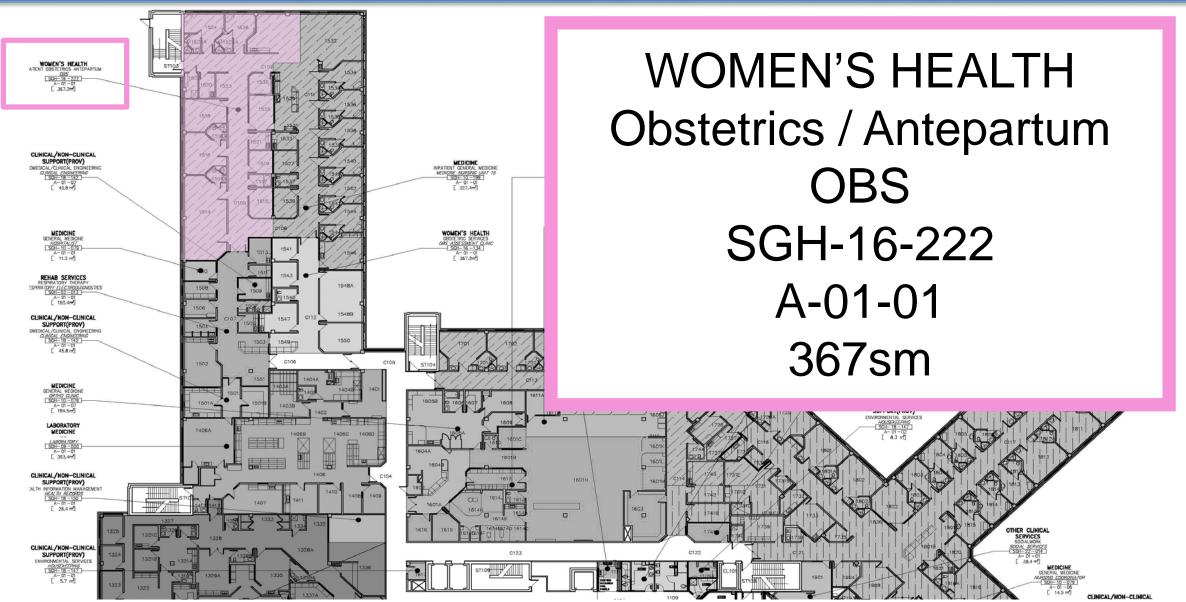




Tagging System



Tagging System



Physical Infrastructure Assessment

Space Standards

Quality of Materials

Age of Construction and Renovation

Condition of Materials

Infection Control

Privacy & Acoustics

Floor to Floor Height

Barrier Free Requirements

Sprinklers

Quality of Space and Daylight



Functional Assessment

Spaces Match Clinical Demands Wheel Chair Accessibility

Privacy & Confidentiality

Medical Gases meet Clinical Needs

Internal Adjacencies & Flow

Appropriate Patient Lifts

Safety and Security

Capacity and Alternate Uses

Adequacy of Storage

IPC including Isolation Capacity



Current State Summary

North East Community Health Centre (NECHC)

Overview

Programs & Services

- Full-service Emergency Department.
- Wide range of community-based services tailored to the high-needs residents in northeast Edmonton.
- Use telehealth to provide pediatric/adolescent outreach to Slave Lake, Jean D'Or, Fox Lake, etc.

Facilities

- Original construction 1998
- Minor renovations to administration and clinics
- 1 storeys plus basement
- · Fire Sprinklers throughout
- Floor to floor height over 4.4 metres

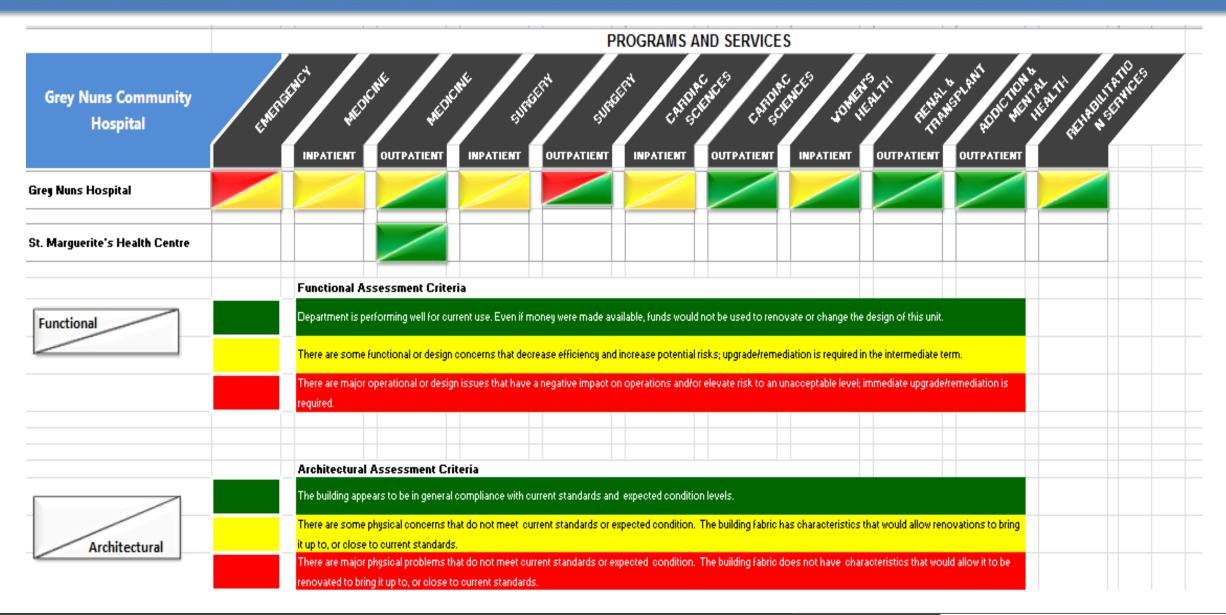
+

Issues and Opportunities (not prioritized)

- Emergency was built for 25,000 patients and is now seeing 53,000 people per annum (9.2 patients/stretcher/day) with growing numbers of CTAS
 1 and 2. NECHC has the second highest pediatric emergency volumes in the Zone. Emergency has full ambulance service but no covered
 ambulance bay/garage. Department is undersized for volumes, has very small trauma room, inadequate storage and poorly-designed negative
 pressure room. No CT or inpatient beds to back up Emergency. Should Emergency continue to be a service offered on this site?
- 2. Capacity pressures or operational needs: Emergency, Bridging Clinic for unattached patients seen in Emergency, Cast Clinic (AMSAFE), mental health services especially in Emergency, Diabetic Neuropathy Clinic (second-highest volumes in the Zone).
- Strong community programs: public health, family health, seniors' health, women's health, pediatric/adolescent clinic, asthma, diabetic neuropathy.
- 4. Lab area is small and does not meet accreditation standards. There are no backup analyzers. Need more POCT. Don't have the right space for bariatric collections.
- 5. General radiology and ultrasound available on-site. No stretcher waiting in DI. Cannot get a stretcher into Ultrasound exam room.
- 6. Parking is very poorly-designed (can be dangerous at times) and inadequate in size.
- 7. Pedestrian access across very busy streets is uncontrolled and can be dangerous.
- 8. Cannot secure the site after-hours.
- 9. No vacant space
- 10. Land locked site very little horizontal expansion space, no vertical expansion capacity



Functional and Architectural Assessments

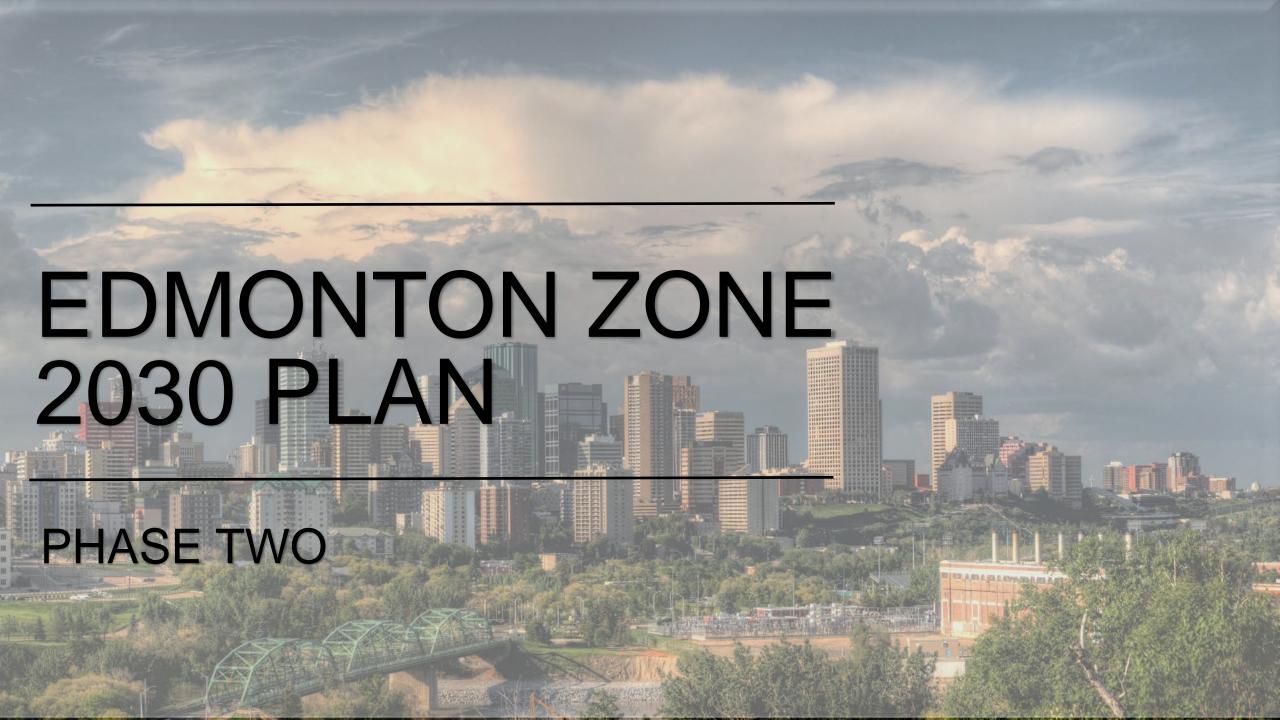


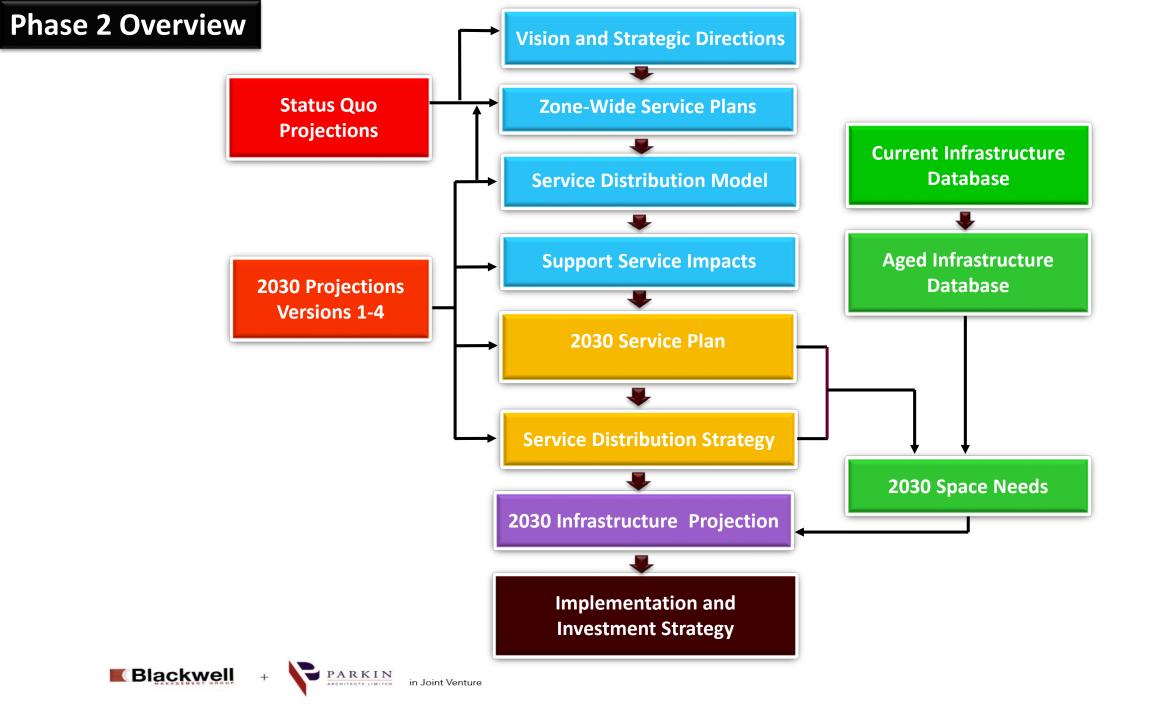


Phase One Outcomes

- 1. Understanding existing operations/facilities through tours.
- 2. Taxonomy of Programs and Services
- 3. Standardized drawings and the interactive database.
- 4. Beginning of Zone-Wide thinking









Reducing the Demand for Health Services

- 1. Injury reduction and health promotion
- 2. Stroke and MI prevention
- 3. Proactive health care for vulnerable populations



Shifts to Home and the Community



- 1. Community Health Centres
- 2. Strategic service decants to home and the community.
- 3. Substantially completed by 2020

Comprehensive Rehabilitation Strategy







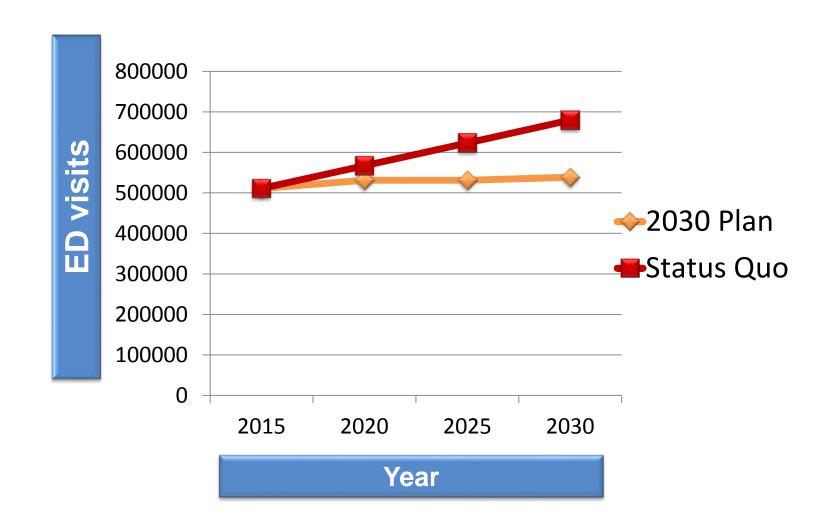


Optimizing Acute Care

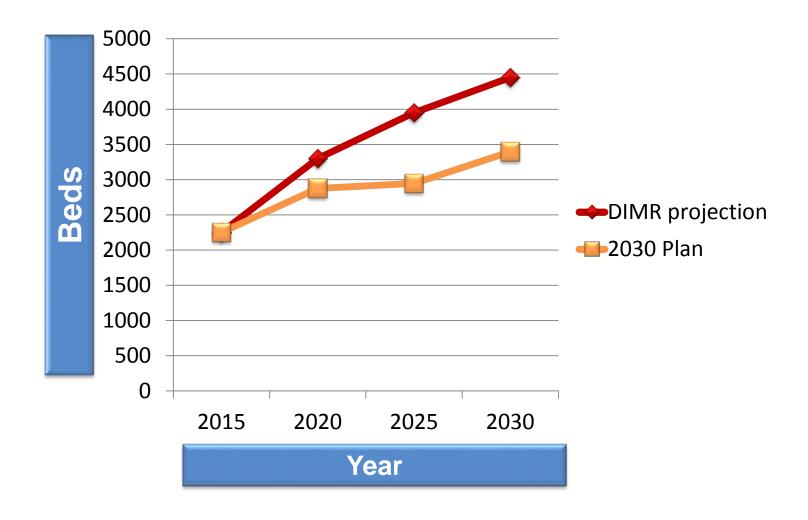
By 2025:

- Redistribute acute care beds to align with ED volumes and to accommodate site-specific programs
- Reduce utilization rates for acute care
- ALOS 85% of typical ELOS
- ALC reduced by 50% from current levels

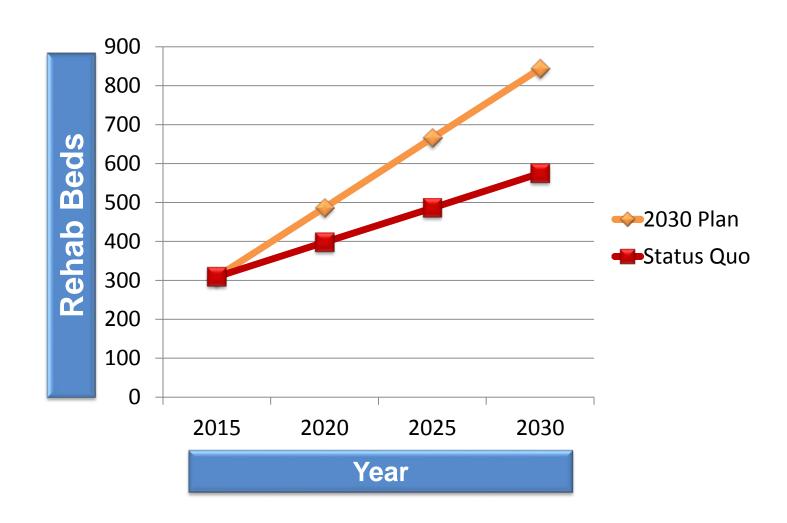
140,700 Fewer Emergency Visits



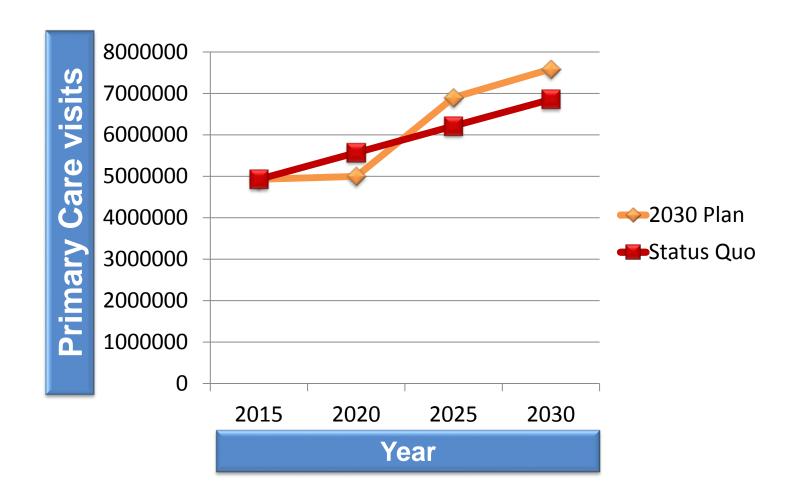
1,054 Fewer Acute Care Beds



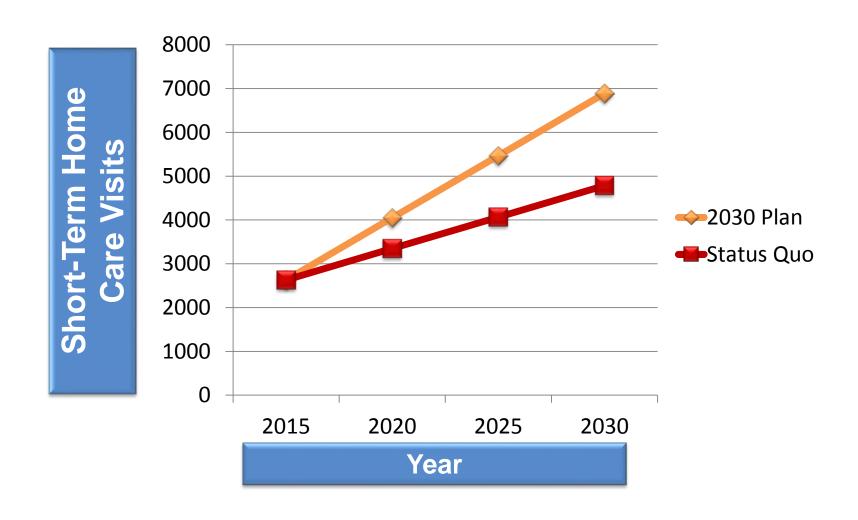
173% Increase in Rehab Beds



732,757 More Primary Care Visits



162% Increase in Short Term Home Care





Infrastructure Aging Tool

EZ 2030 Plan - Sub Zone Infrastructure Needs Projection
Building/Facility Condition Assessment

 year
 points / year
 points / category
 points / category
 points / category

 Jariables
 2015
 1
 20
 20
 10

 2020
 1
 10
 10
 0
 Scoring Benchmark Legend

 2025
 1
 -5
 0
 0
 No change

 2030
 0
 mpending Replacement

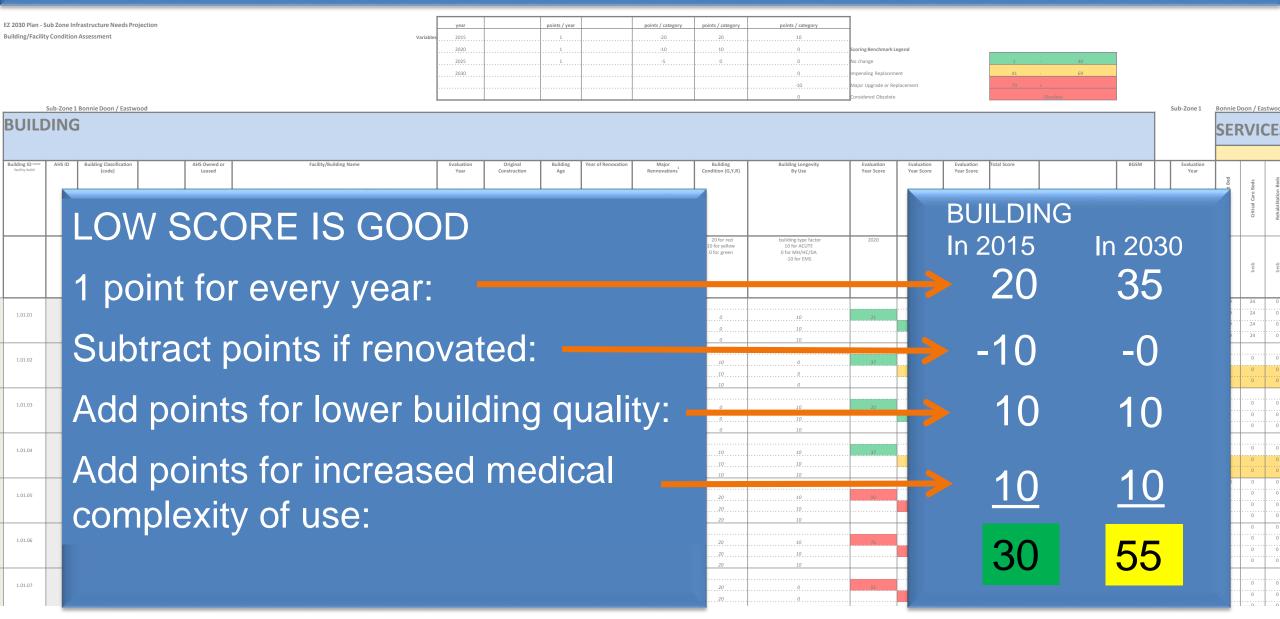
 -10
 Major Upgrade or Replacement

 0
 Considered Obsolete

1		40	
41	_	69	
70			
	Obsolet	e	

S	Sub-Zone 1 E	Bonnie Doon / Eastwo	ood															Sub-Zone 1	Bonni	ie Doon / Eastw
BUILD	ING																		SE	RVICE
Building ID zone- facility-build	AHS ID	Building Classification (code)		AHS Owned or Leased	Facility/Building Name	Evaluation Year	Original Construction	Building Age	Year of Renovation	Major Rennovations	Building Condition (G,Y,R)	Building Longevity By Use	Evaluation Year Score	Evaluation Year Score	Evaluation Year Score	Total Score	BGSM	Evaluatior Year	tient Bed	ire Beds
		ACUTE								- 20 (0-10 yrs),	20 for red	bullding type factor	2020	2025	2030				Acute Inpa	Critical Cara
		ACUTE MH HC DA EMS						(1 point per year)		- 20 (t-10 yrs), -10 (11-15 yrs), -5 (16-20 yrs)	20 for yellow 10 for green	10 for ACUTE 0 for MH/HC/DA -10 for EMS	2020	2025	2030				beds	peds
1.01.01		ACUTE		owned	(RAH - A) - Robbins Pavillion (RP)	2015 2020 2025 2030	2009 2009 2009				ooo		21	26	31	21 26 31	37649 37649 37649 37649	1 2020 2025 2030	249 249 249	24
1.01.02		ACUTE		owned	(RAH - B) - Material Management Centre	2015 2020 2025 2030	1993 1993 1993					, o	37	. 42	47		6392 6392 6392 6392 8458	2015 2020 2025 2030	0 0 0 56	0
1.01.03		ACUTE		owned	(RAH - C) - Orthopedic Surgery Centre	2015 2020 2025 2030	2010 2010 2010				0 0		20	. 25	30	202530	8458 8458 8458	3 2020 2020 2025 2030	56 56	0
1.01.04		ACUTE		owned	(RAH - D) - Renal Dialysis Unit	2015 2020 2025 2030	2003 2003 2003				10 10		37	. 42	47		861 861 861	2015 4 2020 2025 2030	0 0	0
1.01.05		ACUTE		owned	(RAH - E) - ATC building		1960 1960 1960	60 65 70			20 20 20		90	95	100	90 Obsolete Obsolete	0	2015 5 2020 2025 2030	0 0	0
1.01.06		ACUTE		owned	(RAH - F) - Children's Pavillion	2015 2020 2025 2030	1964 1964 1964		2009 2009 2009	-10 -5	20 20 20		76	. 86	96		0	2015 6 2020 2025 2030	0 0	0
1.01.07		ACUTE		owned	(RAH - G) - Community Services Centre	2015 2020 2025 2030	1958 1958 1958				20 .20 .20	, o	82	87	92	82 Obsolete Obsolete	0	7 2020 2025 2030	0	0
1.01.08		ACUTE		owned	(RAH - H) - Diagnostic Treatment Centre (DTC)	2015 2020	1994	26			10	10	46	E1		46	 47604 47604 47604	2015 8 2020	18 18 18	

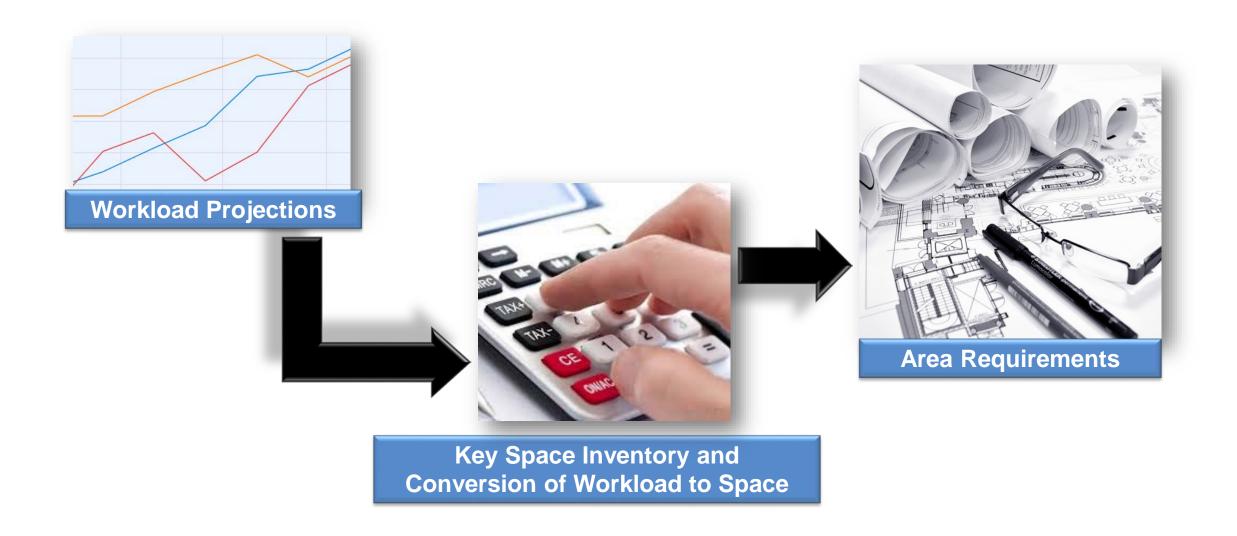
Infrastructure Aging Tool



Summary of Infrastructure Inventory

Edmonton Zone Building Summary																		
		Building Gross S	quare Meters		١	Number of Building	Owned	2020			2025			2030				
	2015	2020	2025	2030	Total	Owned	Leased	Avg Age	Avg Score 2020	G	Y	R	G	Υ	R	G	Y R	
Zone 1	777,568	587,870	587,870	587,870	59	36	23	1979	55									
Zone 2	68,573	68,573	68,573	68,573	11	5	6	1986	46		2020					2030	0	
Zone 3	80,048	23,745	22,624	8,388	15	7	8	1974	61		G	Υ	R	7	G	Υ	R	
Zone 4/5	76,981	46,571	44,567	31,544	26	17	9	1963	72									
Zone 6	11,129	11,129	11,129	11,129	4	1	3	2012	18	/	13	10	13		8	14	14	
Zone 7	8,081	8,081	8,081	8,081	2	1	1	2014	16									
Zone 8	18,063	18,063	18,063	11,684	8	3	5	1977	56									
Zone 9	13,019	13,019	13,019	13,019	6	2	4	1989	37									
Zone 10	40,796	40,796	40,796	40,796	6	5	1	1993	31									
Total	1,094,258	817,847	814,722	781,084	137	77	60	1987	43									

Key Spaces and Area Requirements in 2030

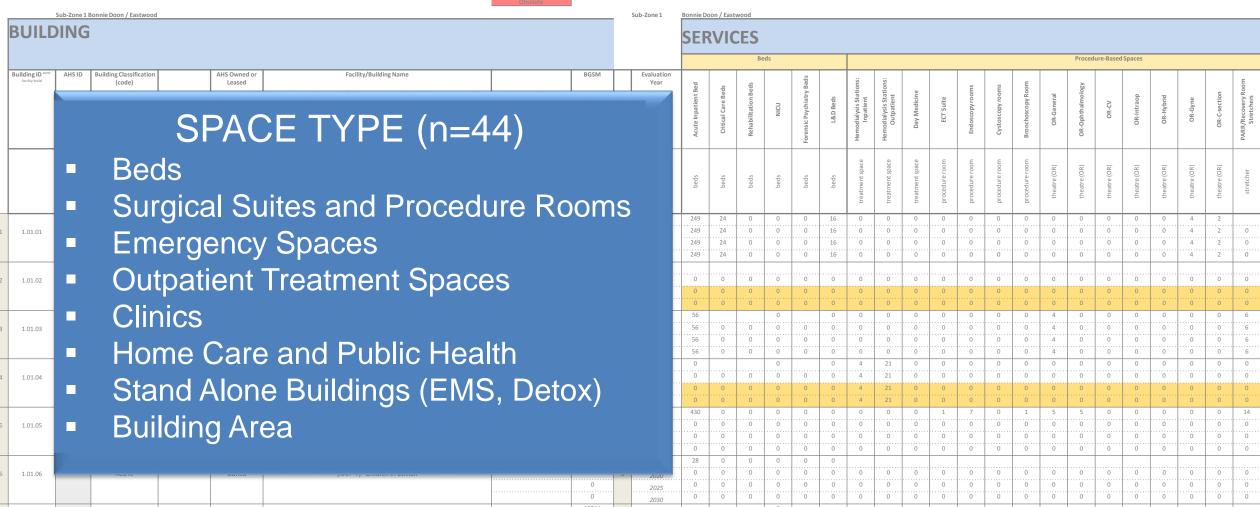


Inventory of Spaces

EZ 2030 Plan - Sub Zone Infrastructure Needs Projection
Building/Facility Condition Assessment

Variable





The Infrastructure Strategy will:

- 1. Build on the results of Phase 1 and Phase 2 of the 2030 Plan;
- 2. Assume the 2030 Service Plans will be implemented without substantial modification;
- 3. Address the imperative to create net new beds as quickly as possible, however, only one new hospital will be planned;
- 4. Keep RAH and MCH as capital planning priorities; and
- 5. Focus on results that must be achieved by 2030.



Phase Two Outcomes

- 1. Integrated health service & infrastructure planning process
- 2. Zone-Wide and future-oriented thinking
- 3. Comprehensive suite of service planning and infrastructure planning tools
- 4. Infrastructure investment strategy
- 5. The impact of this project beyond the Edmonton Zone...





Lessons Learned:

- 1. The Project Charter was essential and a key to success.
- 2. The scope should include all clinical services, support services and sectors.
- 3. Data, data, data.... (and credible population projections)
- 4. Expert insiders with in-depth knowledge, interpersonal and political skills, and a great work ethic.
- 5. Meaningful engagement of stakeholders really works...don't hold back here
- 6. With all these people involved you need (1) time...lots of it; and (2) extensive, committed project management.
- 7. Need client reps who can become expert at using & maintaining planning tools.
- 8. <u>Must have direct, frequent access to the most senior executives in the organization.</u>



