

Moving Forward



Long Term Capital Plan 2007 to 2017

The Calgary Health Region is one of the fastest growing health regions in the country. Unprecedented population growth has resulted in an ongoing need to expand our facilities and services to meet the high expectations of our public. This plan is a long-term guide to help the Region expand, renovate and manage its infrastructure to provide the health services our population deserves.

CALGARY HEALTH REGION

LONG TERM CAPITAL PLAN

2007 - 2017

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EXECUTIVE SUMMARY

The Calgary Health Region updates its Long Term Capital Plan on a regular basis. The Plan provides the Region with a consistent opportunity to review and prioritize the capital projects it requires to meet strategic service priorities. It serves as a guide to the Region in achieving its required capital infrastructure renewal and expansion. As well, as a public document, it informs government of the Region's multi-year capital investment plans. The plan is linked closely with the Region's Strategic Service Plan, the annual capital budget and project implementation, monitoring and reporting. It is not a document seeking project approvals; rather, it is a policy document to inform the Region, government and the public we serve of our current and future capital needs and priorities.

Since 2000, the Calgary Health Region has produced four Long Term Capital Plans. The 2006-2016 plan was submitted to the Government of Alberta in June 2006. Much of its content regarding population growth, health needs and priorities, and strategic investments in facilities is still valid. This 2007-2017 Long Term Capital Plan is essentially an update of the 2006-16 Plan. The Capital Project priorities from the 2006-16 Plan were reiterated and further detailed in meetings and communication with the Government of Alberta in early-2007. The 2007–2017 Long Term Capital Plan is an extension of the 2006-16 Plan, further restating and emphasizing the Calgary Health Region's priorities as well as describing changes that have occurred since June 2006.

The Calgary Health Region is one of the largest and fastest growing health regions in the country. Our system continues to evolve with unprecedented population growth and high public expectations, resulting in an ongoing need to expand health services. The 2007-17 Plan overviews the Region's population growth and its impact on our need for continued facility development. This is particularly noted in relation to the growth of specific population groups, including an aging population with increasing chronic disease; an increasingly diverse population with variations in health status and health needs; and a growing maternal and newborn population. Not all service growth requires capital investment; the Region works innovatively to optimize service delivery within the system, ensuring that our capital investments are critical enablers of the overall service delivered.

The Region's strategic intent is to create healthier people and communities, and balance capacity throughout the system. This means that, in addition to continuing with Acute Care Capital Projects to meet capacity needs, we must also pursue capital project strategies to address the needs for Rural Acute and Community Health Care, Urban Community Health Care, as well as directing specific efforts to address Region-wide Continuing Care needs and Region-wide growth for Maternal Newborn Care. The 2007 – 2017 Long Term Capital Plan sets out the Calgary Health Region's capital facility investment priorities in separate capital strategies for Acute Care, Maternal Newborn, Community Care, and Continuing Care. The capital strategies described in the Plan also provide a regional context to the need for specific capital projects throughout the system over the next 10 years.

Since the 2006 – 2016 Long Term Capital Plan, there has been continuous progress in the area of capital development. The significant achievements include opening of the new Alberta Children’s Hospital, opening of new Operating Rooms at the RGH, development of an ambulatory clinic at Sunridge Mall and the addition of hemodialysis to the Fanning Centre. Additionally Title Transfers from the Province to the Calgary Health Region were finalized for the Peter Lougheed Centre, former Alberta Children’s Hospital (site for Richmond Road Diagnostic & Treatment Centre) and for the Creative Industries Building in Claresholm with further transfers anticipated in the future.

The past year has been one largely comprised of planning and construction initiatives to address urgently required capacity increases. Construction continued at the Rockyview General Hospital, Peter Lougheed Centre and Foothills Medical Centre. The new Sheldon M. Chumir Health Centre is nearing completion, and construction has begun for further growth in community care at the Richmond Road Diagnostic and Treatment Centre. Planning is well underway for further growth in acute care at the South Health Campus. The Plan describes the status of the five major capital projects under construction and updates the status of planning and design for the South Health Campus.

The need for a continued increase in funding to address infrastructure maintenance, renewal and replacement was introduced in the 2006-16 Plan and is reiterated here. Infrastructure Maintenance Program funds were increased in 2006, and continued increases to this funding are recommended, along with separate funding sources for functional projects. An additional asset management issue introduced in the 2006 Plan relates to the ongoing and largely unavoidable need for leased space in the Calgary Health Region. The costs related to these leases are currently funded through operating budgets. The Region continues to recommend the costs for space required to deliver health care should be funded as capital, not operating.

Significant concern was noted in the 2006 -2016 Long Term Capital Plan about the need for additional escalation funding for the existing Capital Projects. The Region is very appreciative of the additional construction escalation funding received for the Sheldon M. Chumir Health Centre and the Peter Lougheed Centre East Addition and anticipates that escalation funding for the Rockyview General Hospital and Foothills Medical Centre Capital Projects will also be addressed over the coming year.

While escalation funding was addressed in the 2007 Provincial Budget, there was no new funding for the capital projects identified in the 2006-2016 Plan. The absence of new funding has caused the Region to prioritize those projects which required funding in 2007 as the most immediate needs; funding for these projects is urgently required as soon as possible.

Acute care projects most requiring funding include the next phases of development for the major capital projects at the Peter Lougheed Centre and Foothills Medical Centre which will ensure that we bring on capacity as quickly as possible, minimize further construction cost escalation and prevent potential disbanding of project teams. The East Calgary Health Centre is the highest priority community health centre project. The Garrison Green Long Term Care Centre is the highest long term care project. Notwithstanding, all projects listed in this Long Term Capital Plan are high priorities for the Region.

In addition to restating the projects listed in the 2006 – 2016 Long Term Capital Plan, the 2007-17 Plan also provides an overview of new needs for the Region. These include the need to develop a central food commissary, as well as the need to address a number of new projects for both Continuing Care and Maternal Newborn Care. The current plan also notes several projects with funding estimates between \$2.5 million and \$10 million. The Region believes these types of projects could be addressed as multi-year infrastructure upgrade programs or with Infrastructure Maintenance Funding, if this funding were substantially increased with broader eligibility requirements.

This Plan is a comprehensive overview of the capital projects required by the Calgary Health Region to meet its Strategic Service Priorities. Like the Region itself, the Plan attempts to address a continuum of care. It is a plan that positions the Region for continued capital project development, balancing capital responses with the breadth of evolving health care needs.

A number of important capital projects have already been completed. Five other major capital projects are under construction – the Foothills Medical Centre West Tower, the Rockyview General Hospital and Peter Lougheed Centre expansions, the Richmond Road Diagnostic and Treatment Centre and the Sheldon M. Chumir Health Centre. The South Health Campus will begin construction in summer 2007. The East Calgary Health Centre is commencing construction this summer using a commercial leasing strategy. The Garrison Green Long Term Care Centre is also ready to start construction this summer, subject to provincial approval. The 2007 – 2017 Long Term Capital Plan confirms the importance of ensuring that these projects are adequately funded in the current construction market. The Plan also identifies the next phase of projects that are currently under construction, as well as new projects that will be required to continue to meet the health care needs of Albertans served by the Calgary Health Region.

INTRODUCTION

The Calgary Health Region updates its Long Term Capital Plan on an annual basis. The Plan provides the Region a consistent opportunity to review and prioritize the capital projects it requires to meet strategic service priorities. It serves as a guide to the Region in achieving its required capital infrastructure renewal and expansion. As well, as a public document, it informs government of the Region's multi-year capital investment plans. Since 2000, the Calgary Health Region has produced three comprehensive Long Term Capital Plans 2001 - 2010, 2004 - 2014, 2006 – 2016 and one Long Term Capital Plan Update in 2005. The 2006 - 2016 Plan was submitted to the Government of Alberta in June 2006, and further updates to identify priority were communicated in January 2007. Much of the content of the 2006 – 2016 Plan, regarding population growth, health needs and priorities, and strategic investments in facilities is still valid. This 2007 - 2017 Long Term Capital Plan is fundamentally an update of the 2006 - 2016 Long Term Capital Plan. The Plan is linked closely with the Region's Strategic Service Plan, the annual capital budget and project implementation, monitoring and reporting. It is not a document seeking project approvals; rather, it is a policy document to inform the Region, Government of Alberta and the public we serve, of our current and future capital needs and priorities.

SIGNIFICANT DEVELOPMENTS SINCE 2006

Population Growth:

The Calgary Health Region is one of the largest and fastest growing health regions in the country. Our system continues to evolve with unprecedented population growth and high public expectations, resulting in an ongoing need to expand health services throughout. The 2006 - 2016 Long Term Capital Plan reported the Calgary Health Region's population as being 1.2 million. As illustrated below, growth projections continue to assume an increase of 25,000-30,000 per year – which will result in an increased population of close to 500,000 people in the Calgary region over a 20-year period. The chart below represents the population residing within the Region. It is important to note that the Region also provides specialty services to the growing populations of southern Alberta and south eastern B.C.

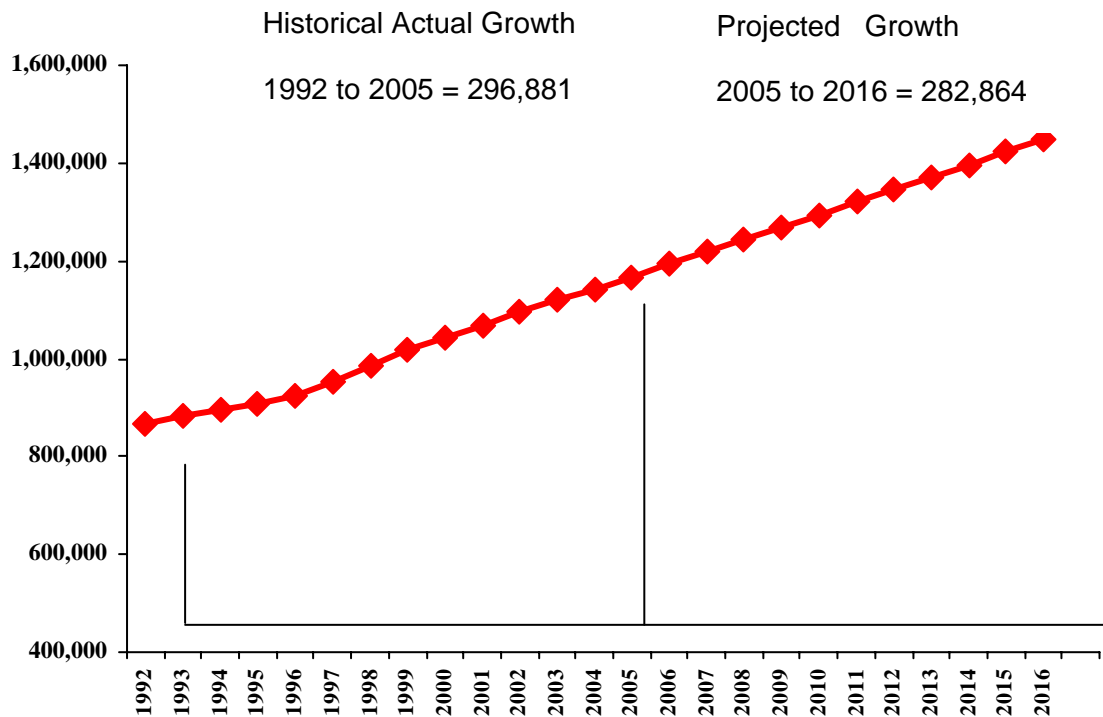


Table 1: Calgary Region: Historical & Projected Population Growth

In addition to these population increases, the Region needs to respond to the specific health needs related to the demographic profile of the Region. This includes an aging population with increasing chronic disease, an increasingly diverse population with variations in health status, and a growing maternal and newborn population.

- Maternal Newborn population – the birth rate has been difficult to predict within the Calgary Health Region as the migration of people to the region is complicating projections. As the following chart illustrates, through the 1990s, even with a growing population, the number of births per year declined. However, in 2002, a shift occurred with a slight increase, followed by large annual increases in 2004 through 2006. This has put significant strain on existing Maternal Newborn services at all urban hospitals. The Labour and Delivery beds, Neonatal Intensive Care units (both level 2 & level 3) and obstetric beds (both ante partum and post partum) are very specialized in their physical design and in the skills of staff whom support mothers and newborns. There are no alternative spaces where this care can be provided. Recently, this has led to the need to transfer both high risk mothers and babies requiring NICU care to the United States and other provinces in Canada. In addition, limited maternal newborn beds affect patient care; the needs of normal delivery patients and newborns are compromised by such things as very short post-partum lengths of stay as well as limited access to ante-partum beds and labour and delivery suites. The need for development to address this growth is imperative.

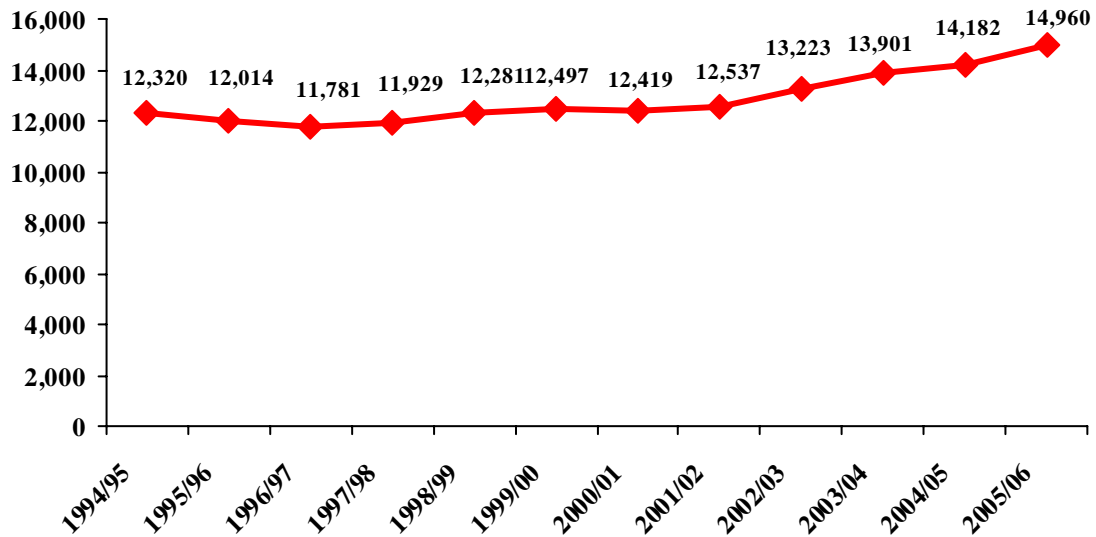


Table 2: Number of Births in City of Calgary Hospitals

- Aging Population – the population of individuals over age 65 is growing at a rate faster than that of the general population within the Region. As illustrated by the graph below, the population structure in the Region is shifting, with an increasing aging population. This ongoing growth will impact both the type and volumes of health services required, notably, the types of services that will need to increase to meet the needs of the aging population, including continuing care beds and services, as well as a variety of specialized services which provide a continuum of care across the health care system, such as bone & joint care, cardiac care, cancer care, neurologic care, rehabilitation, geriatric medicine and mental health as well as palliative / end of life care. Lack of funding for long term care facilities would further exacerbate acute care capacity issues, as patients waiting continuing care placement often remain within acute care until they can be transferred to long term care.

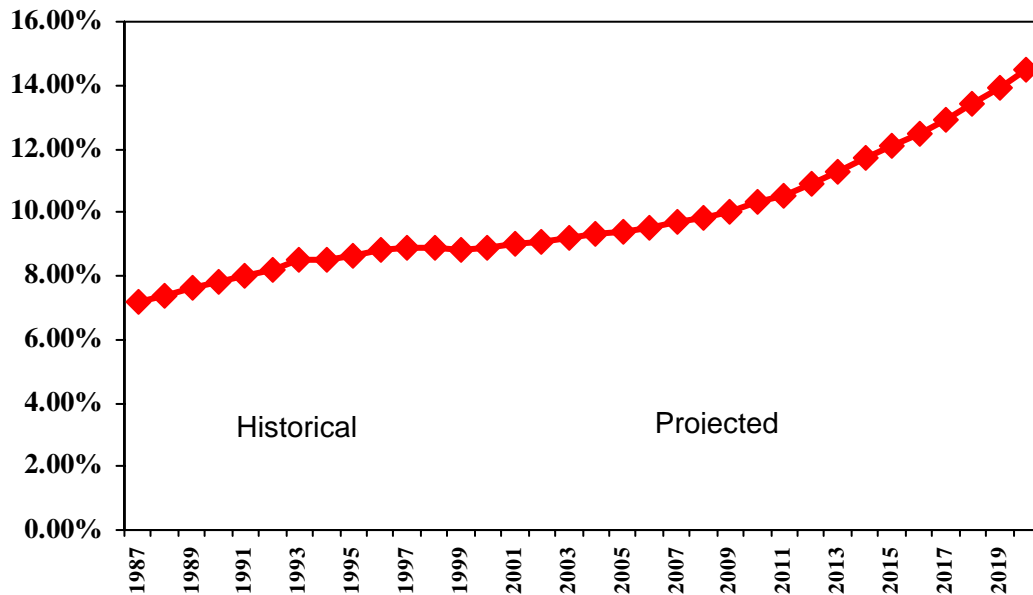


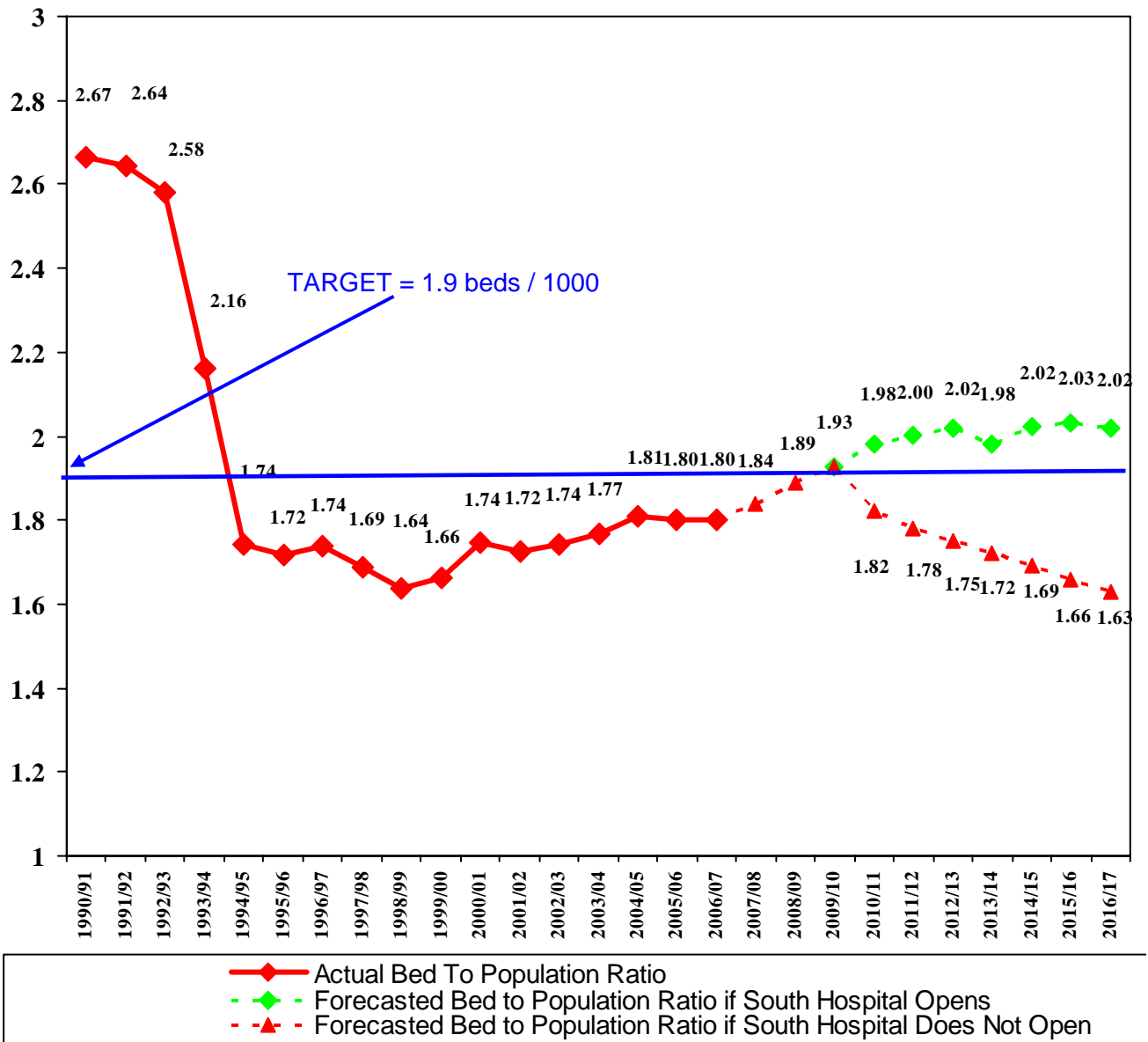
Table 3. Calgary Region: Historical & Projected Percentage Growth of Population over 65

- Diversity / Specific community needs – the population of the Region is becoming increasingly diverse from socio-economic, cultural, educational and other perspectives. Studies undertaken within the Region show that those most at risk to suffer a greater burden of illness, to become ill and to not receive care are people of low income, refugee, immigrant and Aboriginal people. The population of East Calgary is largely comprised of people who exhibit these attributes, thus necessitating the need for a health centre to address their unique health needs. These findings reinforce the need to develop services tailored to address community specific needs.
- Rural Populations – the community-specific needs of various populations applies to the rural communities of the Region as well. Communities outside the Calgary city limits have needs for health services, Urgent Care and continuing care specific to the unique attributes of their population. This is compounded by growth rates in many rural communities that are exceeding 6 per cent per year. Failing to provide adequate services within these communities often means that rural residents seek access to other resources, further compounding wait times and access issues across the system. For example, lack of access to Urgent Care in Airdrie and Cochrane has meant that residents from these areas access care in Emergency Departments in Acute Care centres, adding to wait times.

Health Care Priorities:

The previous Long Term Capital Plans prepared by the Region have all identified the importance of balancing the needs of the health care system with a variety of strategies to address capacity and growth. These strategies include investment in acute, community and long term care. The Plan recognizes the investment made in urban acute care with a number of projects in stages of planning and / or development. It noted the need for these initiatives to continue to next phases of development in order to continue addressing the capacity required to meet the growing population served the Calgary Health Region.

In the Region's 2001 – 2005 Health Plan, a number of strategies were outlined to address system-wide capacity. This plan established a target of 1.9 beds / 1000 population and 85 per cent occupancy rates for acute care. Currently, the Region is significantly below this target, and once the target is achieved, population growth in the Region necessitates an additional 80 beds per year to maintain the target. Completing all phases of development at the Rockyview General Hospital, Peter Lougheed Centre, Foothills Medical Centre and the South Health Campus are required to meet these targets. The following graph displays the bed / population ratio assuming all capital projects continue and also illustrated the impact of failing to proceed with the South Health Campus.



Notes:

- 1) Bed to population ratios excluded beds utilized by out of Region residents
- 2) Forecasted based on expected bed additions
- 3) All measures are at March 31 of each fiscal year
- 4) Based on old Regional boundaries

Table 4: Region Acute Care and Rehab and Recovery Beds Per 1,000 Population

It should be noted that the table above does not factor in any new assumptions related to the aging population and their acute care needs. At some point, it will be necessary to adjust the target of 1.9 beds / 1000 to a higher number. Furthermore, the table assumes that current and future phases of the Lougheed, Foothills and Rockyview Capital Project Expansions will be complete to provide the capacity projected for these sites.

While the following chart illustrates that overall capacity has increased by over 20 per cent from 2000 to 2007, it is apparent that growth is not keeping pace with population demand. This is challenging throughout the system and most apparent in acute care. Major capital projects at Rockyview General Hospital, Peter Lougheed Centre, Foothills Medical Centre and the South Health Campus are designed to meet the acute care need and other capacity additions in the community remain essential.

Urban capacity									Rural capacity		
Number of Beds/Spaces	2000	2001	2002	2003	2004	2005	2006	2007	Number of Beds/Spaces	2006	2007
Acute Care	1,816	1,878	1,893	1,922	1,960	2,012	1,997	2,066	Acute Care	145	147
Special Care Nursery (NICU/SCN)	68	68	78	78	78	78	78	85	Special Care Nursery (NICU/SCN)	0	0
Mental health rehab beds	0	0	0	0	0	0	20	20	Mental health rehab beds	100	100
Continuing Care/ Personal Care Home**	4,094	4,106	4,436	4,594	4,656	4,750	4,887	4,844*	Continuing Care/ Personal Care Home	446	598*
Rehab and Recovery	52	150	150	170	223	245	280	286	Rehab and Recovery	0	0
Palliative and Hospice	30	30	30	30	46	60	60	78	Palliative and Hospice	0	0
Total	6,060	6,232	6,587	6,794	6,963	7,145	7,322	7,379	Total	691	845

* Airdrie and Cochrane continuing care spaces were reclassified in 2007 from urban to rural.

**In 2007, included mental health approved homes; excluded C3 (Comprehensive Community Care) spaces.

The 2006 - 2016 Long Term Capital Plan also noted the Region's strategic intent to create healthier communities and balance capacity throughout the system. This means that in addition to continuing with Acute Care Capital Projects to meet capacity needs, the Region must also continue to pursue capital project strategies to address the needs for Rural Acute and Community Health Care, Urban Community Health Care, as well as directing specific efforts to address Region-wide Continuing Care needs and Region-wide growth for Maternal Newborn Care. Several capital strategies were introduced in the 2006 – 2016 Long Term Capital Plan which will be reiterated within this update.

Changes in Asset Base since 2006:

The year 2006 saw the continuation of planning and development for a variety of Capital Projects. It was also a year in which projects to improve the health care of the Calgary Health Region were completed. This includes the following:

- Alberta Children's Hospital – the new Alberta Children's Hospital was complete in August of 2006 with services transferring in September 2006. This 71,000 sq. m. facility located on a 30-acre parcel on the University of Calgary West Campus site is now operational.
- Two new operating rooms were completed at the Rockyview General Hospital in October 2006 as an early start project of the Capital Project. They are fully staffed and in operation.
- The Calgary Health Region at Sunridge Mall was complete in Fall and opened to patients in October 2006. It provides a variety of mental health and community health services as well as a renal dialysis satellite for the population of NE Calgary.
- A 10-bed hemodialysis satellite was complete at the Vernon Fanning Centre in October 2006, providing support to long term care patients with complex needs.
- In November 2006, a new parkade at the Peter Lougheed Centre was complete. This parkade will support the growth to the site resulting from the addition of inpatient services in the Lougheed Capital Project.
- The East Lake Distribution centre, a 106,000 sq. ft. leased warehouse, will be brought on stream in July 2007 as the site to store pandemic medical supplies. The site will also act as the administration centre for Region purchasing staff and distribution hub for central supplies. It has potential to support development of additional services complimentary to a warehouse location.

In addition to the above noted project completions, there were several title transfers completed in 2006 / 07. In March 2007, several transfers of title between the Government of Alberta and the Calgary Health Region occurred. These included:

- Peter Lougheed Centre – full title transfer
- Former Alberta Children's Hospital (site for Richmond Road Diagnostic and Treatment Centre) – full title transfer
- Creative Industries Building in Claresholm – transfer of title with \$19,800 operating to be disbursed over a three year period.
- The Region has been informed that there may be further title transfers forthcoming including:

- The Southern Alberta Forensic Psychiatry Centre building.
- The Bowness Motor Vehicles site.
- Land and Mental Health and Care Centre buildings in Claresholm.

Current Status of Funded Projects:

Escalation funding

Significant concern was noted in the 2006 -2016 Long Term Capital Plan related to the need for escalation funding to be applied to the existing Region Capital Projects. The Region is very appreciative of the construction escalation funding received for the Sheldon M. Chumir Health Centre and the Peter Lougheed Centre East Addition. Escalation of costs for the Rockyview General Hospital, Foothills Medical Centre and other ongoing major capital projects will be closely monitored over the coming year.

Rockyview General Hospital

The Highwood Tower addition is well into development with a scheduled completion date of Spring 2008. Interior fit-out is underway and detailed planning has begun for operational implementation for the new capacity to be provided by this much anticipated addition. The South Addition began construction in early-2007, later than originally planned. Completion of the base building with a developed Emergency Department is anticipated to be complete in early-2010.

Peter Lougheed Centre

Construction of the six-storey East Addition at the Lougheed is proceeding smoothly. Completion of the base building, with development on the second, third and fourth floors slated for 2009. This will bring on further capacity for Acute Care inpatients, Coronary Care and Intensive Care as well as Cardiovascular Diagnostics.

Foothills Medical Centre

Construction also continues at a rapid pace at the Foothills to develop the eight-storey McCaig Tower. Completion of this building will provide new Intensive Care, new operating rooms, day surgery and inpatient beds for Bone & Joint care, along with a lab relocation and shelled space for further Operating Room development. This project is anticipated to be completed by Summer 2010. Renovation and expansion of the existing Emergency Department will begin upon relocation of Intensive Care to the McCaig tower. This expansion is scheduled for completion in Winter 2011.

South Health Campus

The Region is appreciative of recent funding increases for development of the South Health Campus. Planning for staged development continues, with the first phases of construction to begin in Summer 2007. Completion of the Campus will occur in phases with the first dates of operation anticipated to begin in 2011.

Sheldon M. Chumir Health Centre

The eight-storey Sheldon M. Chumir Health Centre is well into development, with a phased completion plan to enable opening of highly required services for Urgent Care beginning in early-2008. The centre will be substantially complete in December 2007 and fully occupied by April 2008.

Richmond Road Diagnostic & Treatment Centre

Construction to transform the former Alberta Children's Hospital into the new diagnostic and treatment centre is well underway. This complex renovation project is occurring with several clinical services currently located and in operation on site and more coming onsite throughout the redevelopment. Completion is planned in several stages to enable relocation and expansion of various services based on multiple regional priorities. These phases will see earliest completion dates in early-2008, with final phases complete in late-2009.

Asset Management Strategies

The 2006 – 2016 Long Term Capital Plan overviewed key issues related to asset management.

The need for a continued increase in funding to address infrastructure maintenance, renewal and replacement was highlighted. Annually, the Region has allocated about \$26 million to infrastructure maintenance and repair through a combination of operating and capital funds. It is estimated that as much as \$55 million to \$90 million should be annually allocated for preventive maintenance, major repair, renewal and building system replacement. While Infrastructure Maintenance Program funds were increased in 2006/07, it is reiterated here that continued increases to this funding are recommended. The need to address various functional upgrades and improvements in facilities to enable appropriate health care delivery underlie the need for funding to support functional projects. We continue to suggest that a separate funding source be made available for functional projects; alternately the IMP funding could be increased with broader eligibility terms to allow functional and safety projects to be addressed from this source.

The Region continues to experience asset management issues related to the ongoing and largely unavoidable need for leased space. The increase in population, coupled with space constraints in our owned facilities, a shift of care from acute to community settings, as well as limited options to purchase / own community based facilities means that the Region will continue to have need to use leased facilities. Lease costs in the Calgary/surrounding market continue to remain very high. These costs are currently funded through operating budgets. These are costs that would be addressed by capital project funds for land purchase and building development if the Region were able to acquire these spaces as owned assets. The Region continues to strongly recommend the costs for space required to deliver health care should be funded as capital, not operating.

CAPITAL STRATEGIES AND PRIORITIES

The 2006–2016 Long Term Capital Plan set out the Calgary Health Region’s capital facility investment priorities over the next 10 years. It also outlined these priorities in separate capital strategies for Urban Acute Care, Maternal Newborn, Community Care, Continuing Care and Rural Acute and Community Care. These priorities were re-iterated and further detailed in meetings and communication in January 2007 because the Region wanted to ensure that our capital needs and priorities are well understood. This further communication was widely circulated within the Government of Alberta and communicated to appropriate cabinet ministers. Our priorities were further reiterated in meetings with senior members of Alberta Infrastructure and Transportation, Alberta Health and Wellness, and the Treasury Board in the early-Spring 2007. This update will further emphasize the Calgary Health Region’s priorities in each of the various strategies.

In this update, rural requirements are addressed in each of the clinical strategies of Acute Care, Community Care and Continuing Care, rather than being independently described as in the 2006-2016 Long Term Capital Plan.

In the 2006 -2016 Long Term Capital Plan, all estimated capital project costs were supplied in constant 2006 dollars. In this update, all capital project cost estimates from the 2006 plan have been escalated to constant 2007 dollars. This escalation has been done using the Government of Alberta’s escalation figure of 23 per cent. New requests are given in 2007 dollars. These are cost estimates, not budget figures. It is assumed that all values will be further escalated to the date when funding is made available.

The tables in the sections below also reiterate the needs of the Region for projects to be funded in 2008/09 and 2010 to 2012, and also note the priorities anticipated beyond 2013. These are consistent with the 2006-2016 Long Term Capital Plan. As noted in previous plans, all projects in the Region’s Long Term Capital Plan are priorities of the Region and require funding in the years requested to ensure they are completed on schedule.

The absence of provincial funding in 2007/08 for new projects has caused the Region to prioritize those projects which required funding this year as **immediate** needs. These immediate needs are highlighted in the sections below; notwithstanding, the projects requiring funding in 2008/09 are also high priorities for the Region and funding for these projects will be urgently required in 2008/09 to keep the Region on track in providing the infrastructure required to support the delivery of care.

URBAN AND RURAL ACUTE CARE STRATEGY

The Region's urban and rural acute care projects are noted in the following table and the immediate priorities are further described below. In some cases, changes from the 2006–2016 Long Term Capital Plan have been made, primarily when the date of funding requirement has shifted to match construction schedules and/or regional priorities. These are shown in red figures and the nature of the change is detailed in the comments column.

As noted in the 2006-2016 Long Term Capital Plan, there are many needs for Acute Care development in the Region. Detailed submissions have been provided for the Rockyview, Lougheed and Foothills Major Capital Projects. These projects are also described in detail in the 2006–2016 Long Term Capital Plan (p14, 15, 24-26). A synopsis of the capacity impact of the next phases is provided in this update. Additionally, it should be noted that study documentation for Strathmore Health Centre Functional Evaluation, Region-wide upgrades to Medication Rooms and for Regional Helipad upgrades were also submitted to the Government of Alberta in 2006. These remain as priority projects requiring immediate funding.

Table 7: Timeframe and Estimated Costs for Further Required Funding – Acute Care (\$ millions; 2006 values escalated to 2007, and rounded up to nearest \$5M).

Items noted in red indicate a change from the 2006-2016 Plan

URBAN ACUTE CARE CAPITAL PROJECTS					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
Foothills Medical Centre West Tower – Clinical Lab Development	\$45 M				Funding required as part of Region Board approved scope of current project
Foothills Medical Centre West Tower – shell for 16 ORs; Develop 4 ASAP and 12 Remaining Operating Rooms in future	\$25 M	\$75 M			Funds for full scope = \$100M. phased to fit OR capacity plan / need (\$/year further delineated here)
Foothills Medical Centre Master Plan Update			tbd		Confirm service scope and development options relative to region wide initiatives such as ACB, SHC, Mat Newborn

Peter Lougheed Centre East Addition – Develop Shelled Space	\$100 M				First priority for Acute Care Capital Project additional funding
Peter Lougheed Centre – Interior Renovation		\$155M			Preferred approach to continue development of PLC to completion of Master Plan
Rockyview General Hospital Highwood South Addition – Develop Shelled Spaces		\$ 100M			Funds for shell completion deferred to 08/09, assuming completion of SHC on schedule to address needs of S. Calgary timing for \$ shifted out one year
Rockyview General Hospital – Interior Renovations			\$135 M		Funds for interior reno completion of Master Plan , assuming completion of SHC to address some needs of S. Calgary timing for \$ shifted out one year
South Health Campus – ongoing growth			tbd		Development of SHC will be ongoing. Future funding to correlate with development strategy.

ACUTE CARE – OTHER REGIONAL PROJECTS

Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
Strathmore Regional Health Centre expansion and renovation	\$40M (first phase)	\$25M (remaining phases)			Request to gov't to proceed with FP & SD for full project to determine cost & phasing
Region Wide Upgrades to Inpatient Unit Medication Rooms	\$5 M	\$4 M	\$4 M		Approach as 3 yr program, with \$5M req'd for 2007 (\$/year further delineated here)

Helipad upgrades at urban and rural sites (phase 1) Phase 2 for FMC and Banff Mineral Springs to be determined	\$5 M				Request to gov't to proceed to design & development to meet STARS deadlines
PLC West Wing Clinic Renovation	\$15 M				Space available now, funds required for renovation
Foothills Medical Centre Bone Marrow Transplant Unit Upgrade		\$20 M			Subject to clarification of ACB plans and potential to move Unit 46 to provide decant space
Southern Alberta Forensic Psychiatry Centre Renovation – Phase 2		\$25 M			Further work required to confirm MH priorities and operational funding for growth with AMHB & CHR. Timing for \$ shifted out one year
Development of Rural Acute Care & Community Sites (Bow Corridor/Canmore Health Centre Redevelopment, High River Health Centre Redevelopment, Didsbury Health Centre Redevelopment, Vulcan Health Centre Redevelopment, Claresholm Health Centre Redevelopment)			tbd		High River Master Plan required in 2007/08, further work to determine next priorities in Rural CHR
Land Purchase for Acute Care Service Development in North Calgary			\$20 M / tbd		Current work ensuring CHR interest is known, funding required and timeframe tbd. Timing for \$ shifted out two years

Immediate Priorities – Acute Care

The Region is proceeding smoothly on the first phases of development at the Lougheed, Rockyview and Foothills. While these projects will provide the beginning of added capacity, it must be stressed that there are subsequent phases required at each site to provide the remainder of the capacity required by the Region at these sites. As such, the Region reiterates its need for capital funding for the next phases of these projects in a manner that will allow development to proceed smoothly. Timely funding will have several benefits:

- Bring on capacity and associated clinical supports as quickly as possible
- Prevent gaps in the design and construction process; which will include time lost by disbanding teams of our designers, contractors and trades that are on site currently and are highly oriented to these projects.
- Minimize further escalation in construction costs
- Prevent potential for next phases of construction occurring around occupied/operational areas from first phases.

Foothills Medical Centre

- The most urgent need for the Region is funding of the Clinical Lab development in the McCaig Tower, which is part of the Board approved scope of the current project.
- Further funding will allow the Region to develop new operating rooms in the McCaig Tower, which are urgently required to provide additional capacity and to replace operating rooms in the main building, which have air handling systems that continue to be at risk of failing. This is shown in Table 7 as funding required over two years, 2007 and 2008, to indicate that this development could be phased over several years to fit with operating room capacity /need. The preferred option would be to develop a full floor of operating rooms, necessitating funding immediately to allow fit out of four more operating rooms in addition to the eight currently funded. This would avoid disruption and the challenge of returning with construction to develop later.

Funding of the lab and operating room development will complete the current Foothills project beyond this development, further Master Plan analysis will need to occur to determine and confirm next phases of development required to rejuvenate the site.

Peter Lougheed Centre

Next to funding for the Foothills' McCaig Tower Clinical Lab and Operating Room development, the highest Acute Care priority for the Region is to complete fit out of the Peter Lougheed Centre East Addition. This will provide a multitude of clinical benefits and provide needed capacity from a geographic perspective. It will allow:

- Expansion of hemodialysis in the section of Calgary where it is most urgently required. There will also be new inpatient beds for renal patients in the East Addition, which are necessary to support the growth in hemodialysis.

- Relocation of Mental Health Short Stay with ability to then re-use Unit 38 in the west wing for growth in Mental Health inpatient beds, the only inpatient growth that will occur for Mental Health until completion of the South Health Campus.
- Relocation and expansion of Transplant as well as consolidation of this program's clinic, inpatient and research functions. This move will also assist with decompressing the Foothills site.
- Allow relocation and expansion of the Clinical Lab which will enable it to fully meet the needs of the significant increase in capacity being added to this site.
- The combination of all of the above noted benefits, along with the added ICU and CCU inpatient capacity of the first phase development, will allow the Lougheed to provide very comprehensive improvements in capacity as well as preparing it for its final phase; expansion of diagnostic imaging, renovation of operating rooms with expansion of day surgery and other minor treatment and MSK services.
- Allow Emergency Department expansion and renovation to be complete providing much needed beds and capacity for emergency services.

Strathmore Regional Health Centre expansion and renovation

For the Region's rural communities, the highest priority Acute Care requirement is to proceed with expansion and renovation of the Strathmore Health Centre (page 29 of 2006-2016 Long Term Capital Plan). This will provide:

- Urgently required new and expanded Emergency Department, along with expanded Diagnostic Imaging and Lab to support Emergency Department and inpatient needs.
- Consolidation of community health services, mental health and home care within Strathmore Health Centre to provide a comprehensive community and Acute Care facility to the Strathmore catchment area.

Regional wide upgrades to Medication Rooms

Infrastructure Maintenance Program funding enabled a pilot project to be conducted to confirm approaches for medication room redevelopment in a variety of inpatient medication rooms at urban adult acute care sites. Completing upgrades to all unit medication rooms is still required and is proposed to occur over three years.

Regional Helipad upgrades

STARS continues to advise that their plan is to purchase larger aircraft to be operational by 2009. Even if this plan does not proceed, a number of helipads in the Region are in need of upgrading to support current service, necessitating funding to address these upgrades. For example, helipads in Strathmore and Didsbury must be relocated in advance of beginning other capital projects at those sites. Helipad upgrades at the Foothills and in Banff were not included in the 2006 documentation submitted to government – the estimate noted here includes an additional \$5 million to relocate the Foothills Helipad. Further work is ongoing to determine solutions and funding required for Banff.

The Regional Helipad and Medication Room upgrades are of lesser dollar magnitude than many projects noted in this plan. The Region continues to include them in our Long Term Capital Plan requests, but would be willing to remove them if an alternate source of funding were made available, for example, as an infrastructure upgrade program funded over several years.

New Requests- Acute Care

The list of Acute Care Capital Projects contains one new project, added since the 2006 Long Term Capital Plan was completed.

Peter Lougheed Centre West Wing Clinic Expansion

This project was not noted in the 2006-2016 Long Term Capital Plan, however, it was highlighted in the priorities communicated to Government of Alberta in January 2007. Funding is immediately required for this project.

Project Description: In 2006, outpatient mental health services were moved off the PLC site to the Region at Sunridge Mall development. The space they vacated in the Lougheed West Wing is best situated to accommodate growth in ambulatory services. A study was conducted in 2006 to determine the highest priority needs for the site that could be accommodated in the West Wing. These include GI, Day Medicine and HPTP, all of which are significantly constrained currently and all offer opportunities to support inpatient activity, reduce Length of Stay and improve patient flow. A fourth clinic – Vascular Service Outpatient Clinic can also be accommodated in the West Wing. Vascular Services are situated uniquely at the PLC and provide care to the population of the Region as well as to the residents of Southern Alberta and South East British Columbia. The current absence of an outpatient clinic causes significant disruption in the pre and post operative care of vascular patients.

Relationship to Strategic Capital Priorities: This clinic expansion is required to support the patient population of the PLC and also contributes to improvement in patient flow and supports inpatient and Emergency Department capacity pressures.

Capital Requirements / Specific Approval Requested: High level estimates indicate that \$15 million is required to upgrade and renovate the West Wing vacant space, along with minor renovations to the spaces that will be vacated by GI and Day Medicine as they relocate.

Operating Expenditure Requirements: This project will involve consolidation of existing services and evolution as required to address the unique needs of this patient population. Operational funds to support this evolution will be addressed through internal regional processes to prioritize growth within available funding.

Current Status of Project: PLC West Wing Study, including programming and test fit completed in 2006.

Potential Risk: The greatest risk in not doing this project is that the clinical services to be addressed are currently very restrained. HPTP is provided in hallways; Day Medicine and GI are excessively undersized for current population of patients – or non-existent in the case of Vascular Services. The space to accommodate this development has been sitting empty since October 2006 awaiting funding to enable redevelopment for these urgently required services.

MATERNAL NEWBORN STRATEGY

The 2006 Long Term Capital Plan described the overall Maternal Newborn Regional Strategy (page 21). Additionally, it noted a variety of projects required at sites in the region (pages 26, 29 and 33). The projects required in 2006 are still required and are detailed in the table below.

Table 8: Timeframe and Estimated Costs for Further Required Funding – Maternal Newborn (\$ millions; 2006 values escalated to 2007, and rounded up to nearest \$5M).

Items noted in RED indicate a change from the 2006-2016 Plan

MATERNAL NEWBORN STRATEGY					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
North West Calgary Women's and Maternal Health Centre– Functional Program and Design	\$2.5 M				Health centre on West Campus - Scope and Capital Funds to be confirmed through Functional Program & Schematic Design
North West Calgary Women's and Maternal Health Centre – Facility Development on West Campus		\$250 (West Campus 2004 plan)			Health centre on West Campus - Priority for portfolio. Estimate based on 2004 plan Development required as early as possible.
Peter Lougheed Centre – Labour and Delivery Room Renovations		\$10 M			Integrate development with PLC CP to address safety issues
Peter Lougheed Centre					Priority for MNB,

Neonatal Intensive Care Unit expansion and renovation		\$15 M			development - to coincide w/ East Addition completion
Peter Lougheed Centre Postpartum Unit Renovations			tbd		Future reno, post completion of PLC MCP
Rockyview General Hospital Maternal Newborn Renos			tbd		Requires MNB services at SHC to decant from RGH.

Immediate Priorities - Maternal Newborn Strategies

PLC LDR Renovation

The 2006-2016 Long Term Capital Plan noted a number of safety issues necessitating this project (page 26). Given the serious nature of these safety concerns, in 2007, internal funds have been used to engage consultants to begin design development for this project. Capital project funding will be required to complete the needed renovations.

New Requests - Maternal Newborn Strategies

North West Women & Maternal Newborn Development

Funding required in the Fiscal Year: 2008/09

Project Description: Further work in 2007 enabled the Region to move forward on a determining a preferred option for development of NW Calgary Women's and Maternal Newborn Services. High level programming and schematic design was conducted in 2004 to master plan the development of facilities to be located at the West Campus adjacent the Alberta Children's Hospital. This included Maternal Newborn services (Level II and III NICU; LDR, antepartum and postpartum services for high risk and normal obstetrics; and ambulatory services) and Women's Health Services (inpatient and outpatient gynecology surgery; ambulatory gynecology and women's health clinics) to serve the population of NW Calgary, as well as regional services for Level III NICU and high risk obstetrics. Facility development to support a range of deliveries between 5000 to 8000 deliveries was considered in this work.

In late spring 2007 the Region convened an external panel of clinical experts to review the potential for development of Maternal Newborn and Women's Health Services, specifically related to mitigating clinical risks associated with options to develop services on either the FMC site or ACH site. The findings of this review will further inform the next steps to increase capacity for services in NW Calgary.

Relationship to Strategic Capital Priorities: This development is a part of the overall Maternal Newborn strategy and is a high capital project need of the strategy, given the ongoing growth in deliveries in the Calgary Health Region. The initial strategy for the region anticipated as many as 17,000 deliveries/year by 2015 with an associated need for 4 acute care sites to each accommodate 5000 deliveries/year. Projected growth has been updated with current data and predicts that 23,000 deliveries / year will occur by 2015. This has led to the need to plan for both the SHC and NW facilities to accommodate a greater number of deliveries; around 6500 to 7000/year.

Capital Requirements: Escalation of the 2004 Master Plan study of the west campus estimates that \$225 million would be required to support a Maternal Newborn & Women's Health Facility capable of providing 5000 deliveries. However, preliminary findings of the external review recommend that the facility be expanded to accommodate higher volumes and a broader scope to mitigate potential clinical risks and promote operational efficiency. Further work will be necessary to understand the capital implications of this external review. However it is expected that capital costs will be higher than the original estimates from the 2004 Master Plan study – likely in the range of at least \$250 million.

Operating Expenditure Requirements: This project will involve consolidation of existing services and evolution as required to address the increasing needs for these services. Operational funds to support this evolution will be addressed through internal regional processes to prioritize growth within available funding.

Current State of Project: Further work to determine the appropriate mix of inpatient and outpatient services; for both maternal newborn and women's health is underway. Findings from the external review will be incorporated into this work; with the intent to develop a Preliminary Business Case in the Summer 2007 to recommend a desired scenario for development of this much needed facility. It is anticipated that programming for development on the West Campus could begin as early as fall of 2007/08; with funding required in spring 2008 to enable construction to begin in 2008/09.

Potential Risks: The Region is experiencing rapid growth in all areas of Maternal Newborn services, with significant need for additional normal Obstetrics, Newborn, and Women's Health Services in NW Calgary, and for added Neonatal Intensive Care and High Risk obstetric services capacity for the entire region also to be provided in the NW facility. This development will support regional and NW Calgary specific patients and is critically required to meet current and projected capacity.

COMMUNITY CARE STRATEGY

The 2006-2016 Long Term Capital Plan described the need for both Urban and Rural geographically based community health centres to improve access and provide care close to the community being served. These centres are intended to provide coordinated, comprehensive and integrated services designed to address specific population needs. In 2006-2007, the region has proceeded in development of the Sheldon M. Chumir Health Centre, which is projected to open in late-2007/early-2008. Additionally detailed design for the Richmond Road Diagnostic and Treatment Centre was completed and renovations are under way. The following table reiterates the project priorities noted in the 2006-2016 Plan.

Table 9: Timeframe and Estimated Costs for Further Required Funding – Community Care (\$ millions; 2006 values escalated to 2007, and rounded up to nearest \$5M).

COMMUNITY CARE PROJECTS					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
East Calgary Health Centre	\$40 M				PBC submitted 2006.. Proceeding with developer, option to purchase if funds available.
Airdrie Health Centre expansion and renovation		\$20 M			Could proceed to full development of site if funds advanced.

Cochrane Community Health Centre Development		\$10 M (tenant improvements) \$30 M (land purchase & development)			PBC being completed assuming developer model will be pursued.
North Calgary Health Centre		\$50 M			Further planning required
West Calgary Health Centre			tbd		Use of MVB land in future?

Immediate Priorities - Community Care Strategy

Most significant of the Community Care Projects is the East Calgary Health Centre, which has very unique characteristics requiring provision of improved service (2006-2016 Long Term Capital Plan, page 28).

East Calgary Health Centre

A Business Case for the East Calgary Health Centre was submitted to government in late-2006. Funds for this project were not included in the Province's 2007 – 2008 capital budget. As a result, the Region has entered into a lease arrangement with a Developer, with an option to purchase. While the CHR would prefer to purchase land and develop the East Calgary Health Centre with Provincial Capital Funding, we have proceeded with this lease arrangement to enable expedient development to improve service provision to this community as quickly as possible. Consultants have been engaged and work is proceeding to begin programming and detailed design of the interior fit-out in spring 2008.

CONTINUING CARE STRATEGY

The 2006-2016 Long Term Capital Plan noted that the Region's approach to development of Continuing Care centres with private partners was at risk related to the significant increase in construction costs in Calgary. Unfortunately, this risk was not able to be resolved and five planned projects (two Calgary Urban, High River, Strathmore and Okotoks) were terminated. A need for a new strategy was signaled. Over the past year, the Region has worked to reconfirm needs for continuing care capacity. This work has indicated a need to add approximately 125 care beds per year for the next seven years. In addition, as a conservative estimate, approximately 40 per cent of the current inventory – or 1,800 beds need to be renovated/rejuvenated. It is recognized that partnering approaches may be able to reduce full costing on some of these projects, and the Region will work with the government on this policy issue over the next year. In the near term, capacity issues in this area are very pressing and are impacting acute care.

Table 10: Timeframe and Estimated Costs for Further Required Funding – Continuing Care (\$ millions; 2006 values escalated to 2007, and rounded up to nearest \$5M).

Items noted in RED indicate a change from the 2006-2016 Plan

Continuing Care Strategy					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
Garrison Green Long Term Care – 200 bed facility	\$65 M				High priority for CHR to proceed with construction in summer 2007.
Strathmore Long Term Care – 100 LTC facility - Programming and Design	\$2.5 M				High priority for CHR to proceed asap. High level estimate – further clarification on funding underway
Strathmore Long Term Care – 100 LTC facility -Development		\$35 M			New Request. High priority for CHR to proceed asap– High level estimate – further clarification on funding underway
Bridgeland Seniors Health Campus and Long Term Care Development		tbd			High priority for CHR to proceed asap
CHR Long Term Care facilities – renovation / rejuvenation.		tbd			Ongoing need to address replacement of current inventory.
HR Long Term Care facilities – additional capacity.			tbd		Ongoing need to address new capacity of 125 beds / year.
Rehab and Recovery Development			tbd		Ongoing
Didsbury Continuing Care	\$ 20 M				Project scope to be confirmed for 60 bed replacement facility

New Requests / Immediate Priorities- Continuing Care

The following projects are urgently required in the Region and are being added to this year's Long Term Capital Plan update as new requests.

Garrison Green Continuing Care

This project was not noted in the 2006-2016 Long Term Capital Plan. However it was highlighted in the priorities communicated to Government in January 2007. Construction of this facility needs to commence in the Summer 2007.

Project Description: The Region has purchased land in Garrison Green and has assumed responsibility for this 200-bed continuing care centre development in Central Calgary. This facility will provide specialized and much required services for disabled young adults and for the cognitively intact frail elderly.

Relationship to Strategic Capital Priorities: This facility was originally intended to be completed by a private partner in the Fall 2006. The Region has taken over management of this capital project in order to keep its development proceeding within the context of the new approach to address continuing care.

Capital Requirements / Specific Approval Required: The Region has already purchased the site for this project using funds remaining from the \$29M previously granted for Long Term Care. The total cost of this project is estimated at \$62 million in 2007 dollars (including land purchase). Because of the advanced state of this project, the Region able to advise that the total for land and construction escalated to completion is \$70 million. Due to the urgent need to bring these beds into the Region's continuing care capacity, construction is required to begin this year. Funding in whole or part through the Government of Alberta is necessary, and the Region is open to further discussion regarding this funding and the policy issues regarding partnering.

Operating Expenditure Requirement: Two operational scenarios have been developed with differing ratios of beds for disabled young adults and frail elderly. In these scenarios, the operating costs for the Region are approximately \$10 million.

Current Status of Project: Documentation is being finalized and construction is ready to begin in Summer 2007.

Potential Risk: Added capacity for continuing care is greatly required within the Calgary Health Region. Several risks relate to this need, the greatest one being the failure to address the care requirements of the population requiring continuing care. Additionally, failing to place patients in the appropriate care facilities causes overloads on other elements of the Health Care System, including home care, acute care and adult day support systems.

Strathmore Continuing Care

This project was not noted in the 2006-2016 Long Term Capital Plan. However it was highlighted in the priorities communicated to Government of Alberta in January 2007. Funding for development of this project is required in 2008/09.

Project Description: The Region has assumed responsibility for development of this 100-bed facility to serve the Strathmore catchment area. Funding is available for program and design of this facility, which will begin in Summer 2007.

Relationship to Strategic Capital Priorities: A private partner was originally selected to develop this facility. When this arrangement was no longer viable, the Region, took responsibility to continue with this development. The Strathmore area requires significant additional continuing care beds with only 23 in operation currently.

Capital Requirement / Specific Approval Required: This facility will be developed on CHR property adjacent to the Strathmore Health Centre; the estimated cost for this facility is \$35 million (2007\$); required in 2008 to begin construction.

Operating Expenditure Requirement: This expansion will allow urgently required development of new care centre capacity in Strathmore. Implementation of new capacity will be coordinated with overall development of strategies for continuing care. The Region's operating costs for this centre are estimated at approximately \$5 million/ year.

Current Status of Project: Architects have been engaged. Programming and design will begin in Fall 2007.

Potential Risk: Added capacity for continuing care is greatly required within the Calgary Health Region. Several risks relate to this need, the greatest one being the failure to address the care requirements of the population requiring continuing care. Additionally, failing to place patients in the appropriate care facilities causes overloads on other elements of the Health Care System, including home care, acute care and adult day support systems.

Seniors Health Campus: Master planning for reuse of the Bridgeland Site was completed in 2007. A phased redevelopment of the site is anticipated. Development of continuing care beds and a health centre for ambulatory care specific to the needs of the Seniors population in phases will provide a comprehensive health care campus.

Didsbury Continuing Care: In 2000, Region 5 was responsible for the health services provided in Didsbury. At that time, provincial funding of \$6 million was provided for the development of a long term care facility. Subsequent to this project approval, Didsbury was transferred to the operational responsibility of the David Thompson Health Region, and then more recently to the Calgary Health Region. In 2006/07 programming and design commenced for the development of this 60-bed facility, and it is anticipated that communication will occur in the summer of 2007 to request an increase to the initial Total Provincial Support. This is not a new long term capital plan request. It is being noted in this update for information, since the cost to develop this facility in 2007, currently estimated to be approximately \$20 million, is significantly larger than the initial funding approval. Given the delay in development of this facility, there is significant need as well as community pressure to proceed with this project as soon as possible.

OTHER REGIONAL NEEDS

The 2006 – 2016 Long Term Capital Plan also overviewed other regional needs for capital project funding. Facilities continue to age and will require Infrastructure Capital Projects to address deferred maintenance, system renewal and replacement at some point in the future. In addition, a variety of Master Plans will be required, both for rural health centres and updates to urban acute centres as they continue to evolve. These are noted in the table below. In addition, there are new requests added to this list, which are further described below.

Table 11: Timeframe and Estimated Costs for Further Required Funding – Other Regional Needs (\$ millions; 2006 values escalated to 2007, and rounded up to nearest \$5M).

Items noted in RED indicate a change from the 2006-2016 Plan

Other Regional Needs					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
Infrastructure Capital Projects - Foothills Medical Centre - Rockyview General Hospital - Peter Lougheed Centre - Rural sites			\$60M		To address various infrastructure needs
Service Plans / Master Plans		\$2.5M			Funding source for Master Plan studies
Regional Commissary		\$ 50			New Request
Regional RF Antenna Systems		\$ 15			New Request
Provincial Lab Relocation		\$ 40 M			Purchase of CLS Diagnostic Service Centre & reno for Prov lab.
Primay Care Centres		tbd			Strategies to support development of facilities to sustain supply of Primary Care Physicians.

New Request – Regional Needs

Central Food Commissary

Funding required in the Fiscal Year: 2008/09

Project Description: The development of a centralized meal assembly and distribution centre to replace the current on site patient food production service delivery model while avoiding the replacement costs of the current food production equipment located at Foothills, Rockyview and Lougheed. This equipment has generally reached the end of its economic life and will require significant reinvestment in the near future in order to maintain the current on site food production model. A centralized model is supportive of the current planning for the new South Health Campus patient food service delivery which does not support an on site production model and is based on the site receiving meals from a central location.

The centralized meal assembly and distribution model has become popular for health care organizations operating multiple sites and most recently has been successfully implemented at the Capital Health Region, Winnipeg Health Authority and the University Health Network in Toronto.

Relationship to Strategic Capital Priorities: A central meal assembly and distribution facility will consolidate much of the food services' patient meal preparation/assembly for the Region's acute care hospitals thereby ensuring consistent quality, safe and operationally economic food delivery, while avoiding significant capital equipment upgrades at Foothills, Lougheed and Rockyview required to maintain the current on site food production model.

Capital Requirements: \$50 million will be required to develop and equip the central meal assembly and distribution facility as well as provide for renovation required to retrofit the Foothills, Lougheed and Rockyview to accommodate receptor kitchen functions.

Operating Expenditure Requirements: This project will result in a 30 per cent reduction in FTEs, as a result of the consolidation of the patient meal assembly functions, realizing in an estimated annual savings of approximately \$1.5 million in operating costs.

Current State of Project: Marrack & Associates Inc has been contracted to develop the schematic drawings and identify all components of the centralized meal assembly, distribution and warewashing system as well as any site specific required renovations at Foothills, Lougheed and Rockyview to accept the food service system.

Potential Risks: The primary risks associated with not proceeding with this project are securing provider(s) to supply patient food to the new South Health Campus receptor kitchen; the Region must begin construction of this facility by Fall 2008 in order to meet the opening date for the South Health Campus. A second risk relates to the potential capital and operational impacts of failures of the food production equipment at Foothills, Lougheed and Rockyview if on site production is maintained at these sites. The food production equipment at these sites are currently past their economic life.

In-Building Distributed Antenna Systems

Funding required in Fiscal Year: Beginning in 2007 and continuing through to 2010 as a phased project

Project Description/ Scope of Work: To regionally design and install Distributed Antenna Systems (DAS) in all facilities to provide uninterrupted wireless coverage of the following critical systems: Regional pocket paging, Regional trunking system (2 way radio), Cellular (voice and data) and emergency services communication. It is a regional initiative to be capable of supporting cellular and wireless communication devices throughout all Regional facilities. Coverage of the pocket paging system and the 2 way radio system throughout all facilities is a mandatory requirement. Controlled coverage of these signals will also lower the risk of Electro Magnetic Interference (EMI) from such devices.

With the number of capital projects currently underway, a regional design for DAS system is recommended to be incorporated into these projects. Furthermore, the existing infrastructure does not have the ability to provide coverage of cellular voice & data, and emergency radio. There are known coverage problems that would be addressed with the upgrade of existing systems; moreover introduction of new systems necessitates upgrades of existing systems to ensure that there is compatibility in these systems.

Relationship to Strategic Capital Priorities/ Capital Strategies: This project will not only ensure that mandatory system coverage requirements are met, but it will provide the infrastructure to move forward and support other technologies and future wireless devices. The installation of DAS will also allow planning of a regional security radio system and regional dispatch centre.

Capital Requirements / Specific Approved Requested: The timing of the Upgrades to each facility should be coordinated with Capital Projects completion dates – as new systems are introduced in the Capital Projects, it will be necessary to upgrade existing systems to maintain compatibility. This would allow a phased approach. The most urgent requirement will be to design and install a DAS system to meet the December 2007 completion date of the Sheldon M. Chumir Health Centre and to begin upgrades of existing systems at the FMC, RGH & PLC to ensure compatibility with new systems upon completion of additions at these sites. It is estimated that in total, this project will cost approximately \$15 million, which would address both the introduction of DAS systems in the Capital Projects and upgrades of existing systems.

Operating Expenditure Requirements: Operational requirements include monitoring system status, and repairing and performing annual tests of the system. It is estimated that \$90,000 / year will be required to manage all DAS systems region wide.

Current Status of Project: An engineering study of the Foothills current infrastructure has been completed, with recommendations for the site. The Region is working with RF engineers to design a RFP template to be used. Funds are required to proceed with RFPs.

Potential Risks: Our current infrastructure does not have the ability to expand to cover additional frequencies. It also has known coverage issues and will not meet requirements to upgrade to a "regional system" to support all new sites. Coverage of Cellular phones, PDA's and other wireless devices would not be guaranteed and would cause such devices to search at maximum power for service, increasing the risk of EMI.

Provincial Lab Relocation

Funding required in Fiscal Year: 2008

Project Description/ Scope of Work: The Provincial Lab currently resides within the Foothills; this is a historical arrangement which occurred when the Foothills was a Provincial General Hospital. The Lab is the responsibility of the Province, operated by the Region at the Province's request. The services of the Provincial Lab are not required at the Foothills site, and do not support any site specific programs. Several options have been reviewed in recent years to find a more appropriate location for the Prov Lab, with adjacency to other lab services being the preferred approach. It has been determined that this lab can be relocated to the building that houses the CLS Diagnostic Service Centre (DSC) in the University of Calgary's Innovation Park. Currently, there is an ongoing operational lease for the space used by the DSC; however, with relocation of the Prov Lab to this building, the entire facility will be eventually occupied

by CLS and Prov Lab; the preferred strategy to proceed would be to purchase the building and operate it as an owned facility since all components within it will be related to the Calgary Health Region.

Relationship to Strategic Capital Priorities/ Capital Strategies: Co-location of the Prov Lab adjacent the CLS DSC lab is the best functional adjacency and is the preferred approach for operation of both labs. Furthermore, this approach will release the Region from an ongoing operational lease cost. Owning this building would be the recommended approach since this facility will be entirely occupied by the CHR and will continue to be the core lab location for CLS and Prov Lab.

Capital Requirements / Specific Approved Requested: The current estimate for purchase of the CLS DSC building and renovations to relocate the Provincial Lab is \$ 40 million

Operating Expenditure Requirements: It is assumed that the operational costs for CLS and the Prov Lab will not change as a result of this relocation; however, the costs for the lease of the facility will be avoided, resulting in a saving of \$3.5 million annually.

Current Status of Project: Work is ongoing to determine the potential for relocation of the Provincial Lab to the CLS DSC. Purchase of the facility has not been explored with the owners at this time, since commitment of funding for this acquisition would be preferred before entering into these discussions.

Potential Risks: Failure to relocate the Prov Lab will have three primary risks associated with it. The first risk is that the Region will have an ongoing operational expense to continue leasing a facility that is permanently required to support the Regional. The Foothills is severely space constrained and the space occupied by the Prov Lab can be reused for services with immediate acute care adjacency requirements; the second risk is that the Prov Lab will remain within the Foothills site, blocking the development of other services that are required to support the site. Finally, the Prov Lab is in need of upgrades and expansion, relocation will alleviate the risk of making these changes at the Foothills, where the lab is not required.

Primary Care Centres – Family Physicians in non-Region facilities, have expressed concerns regarding cost of private practice offices in the current economy in Calgary and the surrounding area. This factor, in conjunction with the appreciable delay in negotiating a new fee increase, has led many physicians to announce their departure from community practice. This will potentially exacerbate the present challenge for Calgary Health Regions citizens in finding ongoing primary care.

The Region is currently working to determine strategies to partner with the physician community to support sustainable and innovative service delivery models; and support a competitive environment for the recruitment and retention of physicians. In this complex environment, no one solution will meet the needs of all. Several “best fit” solutions will be explored to maximize return on investment and cost/benefit for both the Calgary Health Region and physicians. The implications for capital costs will be assessed as this strategy and policy work develops and will be further communicated as required.

PARTNERING WITH OTHERS

In addition to the projects noted throughout this plan, the Region is involved in projects with other partners. In most cases, these projects do not require further funding for the CHR; however they are noted in the table below and following descriptions to advise of the ongoing development within the region that the Calgary Health Region is involved with to meet with the health care needs of our population.

Table 12: Timeframe and Estimated Costs for Further Required Funding – Partnering With Others (\$ millions 2007)

Other Regional Needs					
Project	2007 / 2008	2008 / 2009	2010 to 2012	2013 & Beyond	Comments
Southern Alberta Urology Centre		\$5M			Project primarily funded through philanthropy. Expansion to be linked to main building.
New Cancer Institute		tbd			ACB leading; joint clinical service plan with CHR; funding implications depend on site & facility chosen.
Pediatric Hospice and Respite Care Centre	None required				CHR project; entirely funded through ACH Foundation

The three projects noted above are collaborative efforts in the Region; a detailed project profile is not provided as these are largely noted to inform of current status rather than to request additional funding.

Southern Alberta Urology Centre at the Rockyview General Hospital

This project involves the development of one floor above the new parkade at the RGH for the Southern Alberta Urology Centre and Prostate Cancer Institute other synergistic clinics that will support the Rockyview site. The development and fit out of the clinic will be funded primarily through philanthropy, with completion of the Urology Centre anticipated to occur by the end of 2008. It is anticipated that there will be a link developed to connect this clinic to the main buildings.

New Cancer Institute

The Alberta Cancer Board has been leading an initiative to develop a New Cancer Institute (NCI) to provide cancer services. The Region has been involved in this planning, especially in the development of a joint clinical services plan. Several options for site and facility development have been identified; depending on the development scenario selected there may be implications for further funding required by the Region, either in support of new projects or to address changes in projects previously requested.

Pediatric Hospice/ Respite Centre

The Rotary Flames House Pediatric Hospice and Respite Care Centre is being developed for children with progressive life limiting illness, and families who require respite care, end-of-life care, grief and spiritual support. Planning for pediatric palliative and respite care began in 1998 and was originally considered as part of the Alberta Children's Hospital; it was later determined that the delivery of palliative and respite care involves both hospital and community care. This approach fosters a non-institutional approach, involving community and increasing family and patient choices. Planning and design development is currently underway for a start of construction in September 2007, and a project completion in the summer of 2008.

Situated immediately east of the Alberta Children's Hospital, with its own team of health care specialists, the 20,000 sq. ft, two-storey facility is being designed to look and feel like a home. Ultimately, hundreds of our community's sickest children and their families will be able to rely on the Rotary Flames House for warmth and comfort both in its setting and its specialized care. The Rotary Flames House is funded by philanthropy through the Alberta Children's Hospital Foundation and a generous \$2.5 million gift from the Rotary Clubs of Calgary and the Flames Foundation for Life.

CAPITAL COST AND FUNDING SUMMARY

The funding summary for the immediate priorities listed on the previous pages is provided below in order of priority. All of these projects required funding in April 2007 and consequently all are priorities to support the ongoing growth in the Calgary Health Region.

CHR Major Capital Projects

Capital Cost Funding Summary

June 2007 (\$millions)

Project	Capital Cost Funds Required	Date Funding Required	Estimated Completion Date
FMC Clinical Lab	45 M	2007	2010
PLC East Addition Completion	100 M	2007	2010
FMC OR Development	25 M	2007	2009
Garrison Green	70 M	2007	2009
Strathmore Health Centre Expansion & Renovation	40 M	2007	2010
PLC LDR Renovation	10 M	2007	2008
PLC West Wing	15 M	2007	2009
East Calgary Health Centre	40 M	2007	2009
Medication Rooms	5 M	2007	Ongoing; further funding needed in 2008 and 2009
Helipad Upgrades	6 M	2007	2009

Note:

- All costs in 2007 Dollars, adjusted for escalation from original 2006-2016 Long Term Capital Plan estimates.
- Completion dates are dependent on funding approval and construction start dates
- Parkade costs not included

CONCLUSION

The 2007 – 2017 Long Term Capital Plan capitalizes on investments that the Calgary Health Region has made in the past five years in asset management and facility planning. The Calgary Health Region's capital project priorities in 2007/2008 are consistent with those expressed in its previous Plan. These priorities continue to be magnified as a result of continued population growth, and the delay in receipt of further funding.

Particular concerns include access to care across the continuum of the system, continuing projects that are underway, and addressing development needs in a continually escalating environment. The Capital Project priorities of the Region have been communicated to the Provincial Government through reports, correspondence and meetings. This 2007 update confirms the Region's immediate priorities. It also sets out the next phases of capital projects required so that the Calgary Health Region can continue to meet the health care needs of the Albertans it serves.



The 2006 to 2016 Long Term Capital Plan available at

www.calgaryhealthregion.ca/capital