

Morelli, John HLTH:EX

Subject: FW: SPH Redevelopment Team Teleconference
Location: DIAL IN# Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 17
Start: Tue 2013-07-30 3:00 PM
End: Tue 2013-07-30 4:00 PM
Show Time As: Tentative
Recurrence: Weekly
Meeting Status: Not yet responded
Organizer: Maples, Bonnie [PH]

Hi John

I have saved and printed the 3 attachments (Minutes of June 18 mtg, agenda for July 17 mtg, and Sect 13
Sect 13

-----Original Appointment-----

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Monday, December 17, 2012 2:38 PM
To: Maples, Bonnie [PH]; Moen, Shelley HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX
Subject: Updated: SPH Redevelopment Team Teleconference
When: Occurs every 2 weeks on Tuesday effective 2012-12-04 from 3:00 PM to 4:00 PM Pacific Standard Time.
Where: DIAL IN# Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 17

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code: Sect 15, Sect 17

Chairperson Code:

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

June 18, 2013

Meeting Number 12

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Alan Grossert, LMFM
John Relley, MOH
Harry Hitchman, MOH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
Vivian Eliopoulos, VCH
Sandra Feltham, MOH
Jay Evans, MOH

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes Amendments:

–

Sect 13, Sect 17

New Business:

2.0 Inpatient Beds:

- Darlene M. updated MoH on meeting with ED Regional Council meeting on June 17 2013

Sect 13, Sect 17

- MoH to review this information with Sandra F.

Sect 13, Sect 17

St. Paul's Hospital Redevelopment Project

3.0

Sect 13, Sect 17

- Bonnie M. went over the

Sect 13, Sect 17

Sect 13, Sect 17

Adjournment: 3:32pm

Morelli, John HLTH:EX

Subject: FW: Updated: SPH Redevelopment Team Teleconference
Location: DIAL IN Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 17
Start: Wed 2013-07-17 9:30 AM
End: Wed 2013-07-17 10:30 AM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Maples, Bonnie [PH]

-----Original Appointment-----

From: ENguyen@providencehealth.bc.ca [mailto:ENguyen@providencehealth.bc.ca] **On Behalf Of** Maples, Bonnie [PH]
Sent: Monday, July 15, 2013 10:20 AM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian; Moen, Shelley HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX
Cc: XT:Cruzelle, Dolores HLTH:IN
Subject: Updated: SPH Redevelopment Team Teleconference
When: Wednesday, July 17, 2013 9:30 AM-10:30 AM (GMT-08:00) Pacific Time (US & Canada).
Where: DIAL IN# Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 17

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

NOTE: THIS WEEK'S SPH REDEVELOPMENT TEAM TELECONFERENCE HAS BEEN RESCHEDULED TO JULY 17 2013 0930 - 1030

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Sect 15, Sect 17

Participant Code:

Chairperson Code

Attachments:

1. Project Team Meeting Agenda 130717
2. Project Team Meeting Minutes 130521

Sect 13



SPH Project Team Team Meeting
Minutes 13061... genda 130717.pc

Sect 13



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
WEDNESDAY, JULY 17 2013
9:30AM – 10:30AM
TELECONFERENCE

Sect 15

DIAL-IN NUMBER:

(VANCOUVER)
(NORTH AMERICA)

Sect 13, Sect 17

MODERATOR CODE:
PARTICIPANT CODE:

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Sandra Feltham, Senior Economist, Modeling and Analysis, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Eliopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
2.1 Sect 13	- For Review	Darlene M.
3.0 Next Meeting	3:00– 4:00PM Tuesday, July 30, 2013	

Attachments

1. Minutes of Meeting 130618
2. Briefing Note

Sect 13

Pages 7 through 10 redacted for the following reasons:

S. 13 and S. 17

Morelli, John HLTH:EX

Subject: FW: Updated: SPH Redevelopment Team Teleconference
Location: DIAL IN#: Sect 15, Sect 17 Participant Code Sect 15, Sect 17
Start: Tue 2013-06-18 3:00 PM
End: Tue 2013-06-18 4:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Maples, Bonnie [PH]

FYI also.

I have saved the attachments to our shared drive folder under VCHA/Capital Projects/SPH....and I printed out a copy that I will bring to the meeting.

-----Original Appointment-----

From: ENguyen@providencehealth.bc.ca [mailto:ENguyen@providencehealth.bc.ca] **On Behalf Of** Maples, Bonnie [PH]
Sent: Monday, June 17, 2013 1:36 PM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian; Moen, Shelley HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX
Cc: XT:Cruzelle, Dolores HLTH:IN
Subject: Updated: SPH Redevelopment Team Teleconference
When: Tuesday, June 18, 2013 3:00 PM-4:00 PM (GMT-08:00) Pacific Time (US & Canada).
Where: DIAL IN Sect 15, Sect 17 Participant Code: Sect 15, Sect 17

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code:

Sect 15, Sect 17

Chairperson Code:

Attachments:

1. Project Team Meeting Agenda 130618
2. Project Team Meeting Minutes 130604



Team Meeting SPH Project Team
genda 130618.pdf Minutes 13060...



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
TUESDAY, JUNE 18 2013
3:00PM – 4:00PM
TELECONFERENCE

Sect 15

DIAL-IN NUMBER:

ANCOUVER)
(NORTH AMERICA)

MODERATOR CODE:
PARTICIPANT CODE:

Sect 15, Sect 17

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Sandra Feltham, Senior Economist, Modeling and Analysis, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Eliopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
2.0	- Sect 13 update	Darlene M.
3.0	- Update	Bonnie M.
4.0 Next Meeting	3:00– 4:00PM Tuesday, July 02, 2013	

Attachments

1. Minutes of Meeting 130604

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

June 04, 2013

Meeting Number 11

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Alan Grossert, LMFM
John Relley, MOH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
Vivian Eliopoulos, VCH
Harry Hitchman, MOH
Sandra Feltham, MOH
Jay Evans, MOH

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes Amendments:

Sect 13, Sect 17

New Business:

Sect 13, Sect 17

St. Paul's Hospital Redevelopment Project

Sect 13, Sect 17

Morelli, John HLTH:EX

Subject: FW: SPH Redevelopment Team Teleconference
Location: DIAL IN#: Sect 15, Sect 17 Participant Code: Sect 15, Sect 17
Start: Tue 2013-06-04 3:00 PM
End: Tue 2013-06-04 4:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Maples, Bonnie [PH]

FYI. I have printed out copies of the agenda and minutes for myself.

-----Original Appointment-----

From: ENguyen@providencehealth.bc.ca [mailto:ENguyen@providencehealth.bc.ca] **On Behalf Of** Maples, Bonnie [PH]
Sent: Monday, June 3, 2013 2:12 PM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian; XT:Cruzelle, Dolores HLTH:IN
Subject: Updated: SPH Redevelopment Team Teleconference
When: Tuesday, June 4, 2013 3:00 PM-4:00 PM (GMT-08:00) Pacific Time (US & Canada).
Where: DIAL IN#: Sect 15, Sect 17 Participant Code: Sect 15, Sect 17

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Sect 15, Sect 17

Participant Code:

Chairperson Code

Attachments:

1. Project Team Meeting Agenda 130604
2. Project Team Meeting Minutes 130521



Team Meeting SPH Project Team
genda 130604.pdf Minutes 13052...



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
TUESDAY, JUNE 04, 2013
3:00PM – 4:00PM
TELECONFERENCE

Sect 15

DIAL-IN NUMBER:

(VANCOUVER)
(NORTH AMERICA)

MODERATOR CODE:
PARTICIPANT CODE:

Sect 15, Sect 17

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Sandra Feltham, Senior Economist, Modeling and Analysis, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Eliopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
2.0	Sect 13	Patricia S. / All
3.0 Next Meeting	3:00– 4:00PM Tuesday, June 18, 2013	

Attachments

1. Minutes of Meeting 130521

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

May 21, 2013

Meeting Number 10

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Jay Evans, MOH
Alan Grossert, LMFM
John Relley, MOH
Harry Hitchman, MOH
Sandra Feltham, MOH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
Vivian Eliopoulos, VCH

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes - Agenda adopted as presented; previous minutes approved.

New Business:

Sect 13

St. Paul's Hospital Redevelopment Project

Sect 13, Sect 17

6.0 MoH Financial Templates

- To come from Shelley M.

Adjournment: 4:00pm

Minutes – May 21, 2013

Page 2 of 2

Morelli, John HLTH:EX

From: Hitchman, Harry J HLTH:EX
Sent: Wednesday, May 22, 2013 8:03 AM
To: Morelli, John HLTH:EX; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX
Subject: St Paul's project

FYI also.

Harry Hitchman

Director, Health Authority Funding - VCHA & VIHA Regional Grants & Decision Support Ministry of Health office telephone: (250)952-3673 email address: Harry.Hitchman@gov.bc.ca

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www.transplant.bc.ca

-----Original Message-----

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Wednesday, May 22, 2013 7:58 AM
To: Hitchman, Harry J HLTH:EX
Subject: RE:

Sorry it was a background piece and should have been deleted from the workbook. Bonnie

From: Hitchman, Harry J HLTH:EX [Harry.Hitchman@gov.bc.ca]
Sent: Tuesday, May 21, 2013 5:07 PM
To: Maples, Bonnie [PH]
Cc: Moen, Shelley L HLTH:EX; Morelli, John HLTH:EX; Summers, Patricia HLTH:EX; Bell, Mark J HLTH:EX; Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX
Subject:

Hi Bonnie

Further to our conference call this afternoon. I have reviewed the attached spreadsheet

Sect 13

Feel free to give me a call as needed.

Harry Hitchman

Director, Health Authority Funding - VCHA & VIHA Regional Grants & Decision Support Ministry of Health office telephone: (250)952-3673 email address: Harry.Hitchman@gov.bc.ca

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Pages 22 through 23 redacted for the following reasons:

S. 13 and S. 17

Sect 13, Sect 17



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
TUESDAY, MAY 21, 2013
3:00PM – 4:00PM
TELECONFERENCE

Sect 15

DIAL-IN NUMBER:

MODERATOR CODE:
PARTICIPANT CODE:

Sect 15, Sect 17

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Ellopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
2.0		All
3.0		All
4.0 Sect 13		All
5.0		All
6.0		All
7.0 Next Meeting	3:00– 4:00PM Tuesday, June 04, 2013	

Attachments:

Sect 13

Morelli, John HLTH:EX

Subject: FW: Updated: SPH Redevelopment Team Teleconference
Location: DIAL Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 18
Start: Tue 2013-05-21 3:00 PM
End: Tue 2013-05-21 4:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Maples, Bonnie [PH]

Hi John

Can you please save the various attachments to the VCHA/Capital projects/St Paul's project folder....and print only the ones we need for reference at this afternoon's conf call.
Are you able to attend the call with me today, in the HAD ADM boardroom?

-----Original Appointment-----

From: ENguyen@providencehealth.bc.ca [mailto:ENguyen@providencehealth.bc.ca] **On Behalf Of** Maples, Bonnie [PH]
Sent: Tuesday, May 21, 2013 10:05 AM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian; Moen, Shelley HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX
Cc: XT:Cruzelle, Dolores HLTH:IN
Subject: Updated: SPH Redevelopment Team Teleconference
When: Tuesday, May 21, 2013 3:00 PM-4:00 PM (GMT-08:00) Pacific Time (US & Canada).
Where: DIAL IN#; Sect 15, Sect 17 **Participant Code:** Sect 15, Sect 17

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code:

Sect 15, Sect 17

Chairperson Code

Attachments:

1. Project Team Meeting Agenda 130521
2. Project Team Meeting Minutes 130507

- 3.
- 4.
- 5.

Sect 13



Team Meeting SPH Project Tea
genda 130521.pdf Minutes 13050

Sect 13

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

May 07, 2013

Meeting Number 9

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Jay Evans, MOH
Vivian Eliopoulos, VCH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
John Relley, MOH
Harry Hitchman, MOH
Alan Grossert, LMFM

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes - Agenda adopted as presented; previous minutes approved.

New Business:

2.0 Review of Volume Projections:

Sect 13, Sect 17

ii. Outpatient Services

- Projections and base line
- Martha B: ■ Growth rate is appropriate

St. Paul's Hospital Redevelopment Project

Sect 13, Sect 17

Adjournment: 4:00pm

Minutes – May 07, 2013

Page 2 of 2

**SPH DI Projections
STS WORKLOAD DATA**

Unit	2009/2010
<u>RADIOLOGY GENERAL</u>	
# Inpatient	31,885
# OER	16,490
#Outpatient	29,798
DEPT. SUBTOTALS	78,173
<u>CT SCAN</u>	
# Inpatient	6,603
# OER	4,204
#Outpatient	15,828
DEPT. SUBTOTALS	26,635
<u>MAGNETIC RESONANCE IMAGING</u>	
# Inpatient	840
# OER	59
#Outpatient	8,621
DEPT. SUBTOTALS	9,520
<u>NUCLEAR MEDICINE</u>	
# Inpatient	1,377
# OER	62
#Outpatient	10,946
DEPT. SUBTOTALS	12,385
<u>NUCLEAR MEDICINE BONE DENSITY</u>	
# Inpatient	222
# OER	
#Outpatient	8,784
DEPT. SUBTOTALS	9,006
<u>ULTRASOUND</u>	
# Inpatient	6,596
# OER	1,857
#Outpatient	25,650
DEPT. SUBTOTALS	34,103
<u>VASCULAR</u>	
# Inpatient	735
# OER	10
#Outpatient	1,645
DEPT. SUBTOTALS	2,390
<u>CARDIAC ECHO</u>	
# Inpatient	5,270
# OER	14
#Outpatient	8,057
DEPT. SUBTOTALS	13,341
TOTAL EXAMS	185,553

Pages 30 through 45 redacted for the following reasons:

S. 13 and S. 17

FACT SHEET

PROVIDENCE HEALTH CARE (PHC) ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT (VANCOUVER)

ISSUE

Status of the St. Paul's Hospital Redevelopment Project in Vancouver

KEY FACTS

- St. Paul's Hospital (SPH) is a 439 bed acute care, academic and research hospital located in downtown Vancouver. The facility is owned and operated by Providence Health Care (PHC) within the Vancouver Coastal Health Authority (VCHA). SPH provides approximately 20 percent of all acute care services in VCHA
- Parts of SPH are over 100 years old and require capital redevelopment to allow SPH to meet future patient needs.
- In June 2012, the Minister of Health announced the formal start of work to finalize the concept plan for the redevelopment of SPH.
- The Ministry of Health, Vancouver Coastal Health Authority (VCHA) and PHC are finalizing the redevelopment concept and phasing plan, followed by a more detailed business case. The concept plan requires government approval.
- The SPH redevelopment timeframe will be determined through the business plan process.
- The project proposes construction of a new outpatient care tower on the northwest corner of the current SPH site as well as essential infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings.
- The renewal of SPH will provide more accessible, efficient care, allowing for improvements in health outcomes, while keeping pace with growing demands.

FINANCIAL IMPLICATIONS

- The project is included in the Ministry's capital plan with S. 17 included in the ten year planning horizon, and the balance extending beyond the current planning horizon. The notional budget is estimated at S. 17
- PHC advises that the total project cost would be reduced by a S. 17 contribution provided by a SPH Foundation capital campaign; with potential for a further S. 17 contribution by leveraging PHC's assets.
- PHC advises the total estimated project cost could range between S. 17 (excluding construction escalation, risk adjustment and P3 procurement costs). Capital cost

FACT SHEET

estimates will be refined as further concept planning is completed.

BACKGROUND

- The Legacy Project was an early proposal for a new health care facility to replace SPH in Vancouver. The proposed new facility would renew acute care services provided by PHC and partially address VCHA's clinical service needs in Vancouver.
- VCHA and PHC completed a clinical and facility need analysis in 2005 for the replacement of SPH and VCHA was working on a business case for the project between 2004 and 2005. There was no approval for the project beyond business case development.
- During the 2006/07 Estimates, the Minister committed to a consultation process to provide the community with opportunities to express views on the replacement of SPH. The consultation is not expected to proceed until a preferred option is identified to address service delivery requirements for SPH.
- In 2010, the Ministry learned that PHC had revised its renewal strategy for SPH and is no longer considering redevelopment on a greenfield site. Renewal is now focusing on redevelopment of the existing site.
- In February 2011, PHC submitted a draft concept plan to the Ministry and Ministry staff reviewed the draft CP and are working to clarify items regarding health services, project scope, capital costs and human resource planning. The Concept Plan requires government approval. The project was included in the Ministry's ten year capital plan presented to government in November 2011.
- The draft CP had included the power and electrical system remediation and elevator replacement; however, due to their urgency, these items have proceeded as separate projects. (See St. Paul's Hospital Electrical – Fact Sheet)

APPROVALS

Approved by:

Kevin Brewster, Executive Director,
Capital Services Branch - [June 13, 2013]
Manjit Sidhu, Assistant Deputy Minister
Financial and Corporate Services - [June 19, 2013]

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Monday, June 17, 2013 9:27 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: MO req information briefing note re: the St. Paul's Redevelopment and info on the site location decision, date TBD - due Wed Jun 26 (CLIFF 984557)

OK - thx

From: Moen, Shelley L HLTH:EX
Sent: Monday, June 17, 2013 9:16 AM
To: Brewster, Kevin HLTH:EX
Subject: FW: MO req information briefing note re: the St. Paul's Redevelopment and info on the site location decision, date TBD - due Wed Jun 26 (CLIFF 984557)

FYI - This Cliff is due Wed June 26th

Will finish estimates BN's and then get started on this one.

Regards

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Moen, Shelley L HLTH:EX
Sent: Thursday, June 13, 2013 12:21 PM
To: Brewster, Kevin HLTH:EX
Cc: Ward, Lucinda HLTH:EX
Subject: FW: MO req information briefing note re: the St. Paul's Redevelopment and info on the site location decision, date TBD - due Wed Jun 26 (CLIFF 984557)

FYI also.

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Ward, Lucinda HLTH:EX
Sent: Thursday, June 13, 2013 12:14 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: FW: MO req information briefing note re: the St. Paul's Redevelopment and info on the site location decision, date TBD - due Wed Jun 26 (CLIFF 984557)

FYI that this will be coming your way once Nargis has created the folder.

From: HLTH FCS Documents Processing HLTH:EX
Sent: Thursday, June 13, 2013 12:05 PM
To: Ward, Lucinda HLTH:EX
Subject: MO req information briefing note re: the St. Paul's Redevelopment and info on the site location decision, date TBD - due Wed Jun 26 (CLIFF 984557)

Hi Lucinda,

The MO has requested an information briefing note on the St. Paul's Redevelopment (info on site location decision). A due date of Wednesday, June 26th has been assigned.

Folder will be ready shortly.

Thank you

Nargis Svenson

Documents Coordinator

Office of the Assistant Deputy Minister

Financial and Corporate Services Division

Ministry of Health | Phone: 250-952-1019

***Warning:** This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:24 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: Templates
Attachments: Financial Templates MOH 130617.xls; Financial Templates MOH 130617.pdf; Redevelopment Schedule 130617.pdf

Good afternoon,

Attached is a workbook containing the financial templates for the St. Paul's Hospital Redevelopment Project.

I have divided the project into 6 parts (labeled "phases"):

- 1- Preparatory Projects
- 2- New Ambulatory Care Building
- 3- Providence Building Infrastructure Upgrades
- 4- Burrard Building Infrastructure Upgrades
- 5- Providence Building Renovations
- 6- Burrard Building Renovations

There is a template for each phase as well as the forms that combine the various costs. There is also a sheet on escalation (for reference). The formulas in the overall costing templates link back to the numbers on the individual phase worksheets (in the active Excel document – I have also attached a PDF version). Construction costs are based on estimates done by BTY or SSA Cost consultants.

Regarding the P3 contract – I have noted some questions on the Ph 2 (Phase 2) worksheet - could you advise?

? Do we show an offset to the capital cost for parking revenue?

? GST – is this calculated on the value of the P3 contract? (as equivalent to the GST that will be actually paid during the life of the contract?)

? Major maintenance costs on the P3 contract – are these reflected in the operating budget – rather than the capital budget????

? Insurance on the P3 contract – is carried in our overall budget but actually carried by the P3 partner???

Also attached is a summary timeline. A more detailed timeline graph is in progress.

Sect 13

If you are OK with this I propose to distribute these for our TCON tomorrow.

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Pages 51 through 64 redacted for the following reasons:

S. 13, S. 17

s. 13, s. 17

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:55 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

I can be there by 10am (flight arrives 9:15). Would that work for you? Bonnie

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:48 PM
To: Maples, Bonnie [PH]
Subject: RE: Templates

Thursday looks good for Mark and I so far....

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:45 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

How about Thursday or Friday – any time. B

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:44 PM
To: Maples, Bonnie [PH]
Subject: RE: Templates

Would never turn down the opportunity to meet in person to review this amount of detail.

If you can make the time to come over that would be great ☺

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:32 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

Absolutely!

Would it help to set a time when we can talk together by phone – or given the complexity of this number shuffling – should I come over so we can sit down at a computer together???

B

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:31 PM
To: Maples, Bonnie [PH]; Bell, Mark J HLTH:EX
Subject: RE: Templates

Hi Bonnie – looks like you've been busy!

I would recommend that you update at the meeting tomorrow, that you have provided Capital Services with a first draft of the budget by phase. Would like some time for Mark and I to review with you before we distribute to the broader group.

Hope that's okay with you.

Regards

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:24 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: Templates

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I have divided the project into 6 parts (labeled "phases"):

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- 5- Providence Building Renovations
- 6- Burrard Building Renovations

There is a template for each phase as well as the forms that combine the various costs. There is also a sheet on escalation (for reference). The formulas in the overall costing templates link back to the numbers on the individual phase worksheets (in the active Excel document – I have also attached a PDF version). Construction costs are based on estimates done by BTY or SSA Cost consultants.

Regarding the P3 contract – I have noted some questions on the Ph 2 (Phase 2) worksheet - could you advise?

? Do we show an offset to the capital cost for parking revenue?

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? Insurance on the P3 contract – is carried in our overall budget but actually carried by the P3 partner???

Also attached is a summary timeline. A more detailed timeline graph is in progress.

A few assumptions regarding timeline:

If you are OK with this I propose to distribute these for our TCON tomorrow.

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 4:33 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: RE: Templates
Attachments: SPH Redevelopment Renovation Phasing 130617.pdf

Hello Shelley and Mark,

Attached are the plan graphics that illustrate the phasing of renovation work – they add some detail relative to the timeline.

We are showing the ED as being renovated. I have a more detailed study of just how it can be renovated (done by Hughes Condon Marler) and am expecting another report shortly (by Stantec) on how it could be replaced. We looked at 5 physical options – two of which are viable. I would like to keep this options analysis as a supplement to the concept plan so we can continue to advance the ambulatory care building business case. Perhaps we can review this as well when we meet Thursday.

Could I book you guys for lunch??

Best regards,

Bonnie

From: Maples, Bonnie [PH]
Sent: Monday, June 17, 2013 1:24 PM
To: 'Moen, Shelley L HLTH:EX'; 'Bell, Mark J HLTH:EX'
Subject: Templates

Good afternoon,

Attached is a workbook containing the financial templates for the St. Paul's Hospital Redevelopment Project.

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There is a template for each phase as well as the forms that combine the various costs. There is also a sheet on escalation (for reference). The formulas in the overall costing templates link back to the numbers on the individual phase worksheets (in the active Excel document – I have also attached a PDF version). Construction costs are based on estimates done by BTY or SSA Cost consultants.

Regarding the P3 contract – I have noted some questions on the Ph 2 (Phase 2) worksheet - could you advise?

? Do we show an offset to the capital cost for parking revenue?

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Also attached is a summary timeline. A more detailed timeline graph is in progress.

If you are OK with this I propose to distribute these for our TCON tomorrow.

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Pages 70 through 74 redacted for the following reasons:

S. 13

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 4:56 PM
To: Moen, Shelley L HLTH:EX
Subject: Consultants
Attachments: PHC 12-055 1 SPH Engineering and Cost Consultant RFP 130617.doc

Hi Shelley,

I need to engage some engineers to advance the feasibility study of the ambulatory care building. Stantec can go only so far without their input. Can I post a request for proposal on BC Bid? It would follow the format used for the architects (draft attached – I need to confirm dates and also the form of contract for engineers engaged separately so those areas are highlighted). For efficiency sake I propose to include cost consulting in the call – that way I can have someone to ask for help on costing options (like the ED replacement) and also to give a consistent format to the various cost reports I have.

Please advise – thanks.

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

PROVIDENCE HEALTH CARE

REQUEST FOR PROPOSALS

For

**Electrical Engineering
Mechanical Engineering
Structural Engineering or
Cost Consultant Services**

For

**St. Paul's Hospital - Ambulatory Care Building
(Feasibility Study)**

Project Number: 12-055.1

RFP Closing Date: July 5, 2013

RFP Closing Time: 15:00 Hrs. Local Time

RFP Issuing Date: June 19, 2013

Page 1 of 16



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1. INTRODUCTION

1.1 Purpose

PROVIDENCE HEALTH CARE has issued this Request for Proposals ("**RFP**"), for the purpose of inviting Proposals from qualified proponents to undertake the services described in Appendix 'A' to this **RFP** (the "**Services**") with respect to the Project described in Appendix 'A' (the "**Project**").

1.2 Form of Contract

The *Authority* intends that the contract between the successful *Proponent* and the *Authority* will be based on the AIBC Standard Form of Contract 6C between Client and Consultant 2006" (consisting of the following components: Cover, Contract Form, Definitions, General Conditions and Schedules as included in Appendix 'E') as amended by the supplementary conditions as included in Appendix 'F'.

1.3 Pre-qualified Engineering Consultants

Only Engineering firms pre-qualified by the *Authority* for category of Acute Care Projects over \$100,000 may respond to this **RFQ**. The *Authority* will not consider a *Proposal* from a firm not already prequalified for above category.

The pre-qualification lists may be viewed at the Fraser Health website:

www.fraserhealth.ca

About Us

Business Center

Facilities Management

Prequalification Process

1.4 Exclusion from P3 and Design Build Participation

The successful *Proponent* to this **RFP** shall become a restricted Party and shall not be permitted to

- join a consortium responding to a Public Private Partner Request for Qualification or Proposal for the Ambulatory Care Building, St. Paul's Hospital Redevelopment
- join a consortium responding a Design Build Request for Qualification or Proposal for the Ambulatory Care Building, St. Paul's Hospital Redevelopment

1.5 Authority's Intent Regarding Future Work

The authority intends to engage the successful *Proponent* for future phases of work relating to the Ambulatory Care Building acting for the *Authority*. The nature of the work is contingent on the building procurement methodology advanced by the *Authority* and may include:

- Development of a conceptual design as part of a business case
- Preparation of the indicative design and specifications; and acting as the compliance Engineer or Cost Consultant in a P3 procurement process
- Preparation of contract documents and acting as the owner's representative in a Design-Build procurement process
- Engineering or Cost Consultant services in a Design-Bid-Build process

2. INTERPRETATION

2.1 Defined Terms

In this RFP:

"Authority" has the meaning set out in section 1.1 of this RFP

"Client" means customer, Health Agency, Health Authority

"Closing Location" has the meaning set out in section 3.1 of this RFP

"Closing Time" has the meaning set out in section 3.1 of this RFP

"Contact Person" has the meaning set out in section 3.6 of this RFP

"Evaluation Committee" has the meaning set out in section 5.1 of this RFP

"Project" has the meaning set out in section 1.1 of this RFP

"Proponent" means an entity that submits a *Proposal*

"Proposal" means a proposal submitted in response to this RFP

"RFP" has the meaning set out in section 1.1 of this RFP

"Services" has the meaning set out in section 1.1 of this RFP

2.2 Industry Meanings

Words and phrases used in this RFP that are not expressly defined in this RFP and that have acquired special meanings as generally known in the health care industry will be given such special meanings.

3. INSTRUCTIONS TO PROPONENTS

3.1 Closing Time and Location

Proposals must be received on or before the following date and time (the **"Closing Time"**):

15:00 Hr. LOCAL TIME on July 5, 2013

at the following address (the **"Closing Location"**):

Lower Mainland Facilities Management
Central City Tower
#400, 13450-102nd Avenue
Surrey, B.C. V3T 0H1

IT IS THE PROPONENT'S SOLE RESPONSIBILITY TO ENSURE ITS PROPOSAL IS RECEIVED AT THE CLOSING LOCATION BY THE CLOSING TIME.

3.2 Proposal Submission

Proponents should submit one original, one electronic copy (to the extent an electronic copy is possible, on a DVD, CD or flash drive).

Proposals should be delivered in a sealed envelope or package clearly marked on the outside with the name and address of the *Proponent* and addressed to the attention of:

Elizabeth Zhu – Procurement Coordinator
Request for Proposal
Engineering or Cost Consultant Services
for
St. Paul's Hospital - Ambulatory Care Building (Feasibility Study)

Proposals will be date and time marked upon receipt. *Proposals* will be opened in private by the *Authority* after the *Closing Time*.

3.3 Faxes and E-mails

Facsimile or e-mail transmissions of *Proposals*, or amendments to *Proposals*, will not be accepted.

3.4 Late Proposals

Proposals received after the *Closing Time* will not be accepted and will not be considered. Late *Proposals* will be returned to the *Proponent* upon the *Proponent's* request at the *Proponent's* expense.

3.5 Amendments to Proposals

Proposals may be amended but any amendment to a *Proposal* must be made in writing and delivered to the *Closing Location* before the *Closing Time*.

3.6 Inquiries

Proponents should direct all inquiries regarding the *RFP* to the following individual (the "**Contact Person**"):

Elizabeth Zhu – Procurement Coordinator
E-mail: Elizabeth.Zhu@fraserhealth.ca

All inquiries regarding the *RFP*, including with respect to the *Services*, should be directed to the *Contact Person* by e-mail. Inquiries and responses may be recorded and may be distributed to all *Proponents* at the discretion of the *Authority*. Information obtained from any person or source other than the *Contact Person* may not be relied upon.

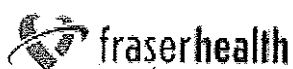
3.7 Discrepancies, Omissions and Questions

Proponents finding discrepancies, omission, ambiguities, or conflicts in this *RFP*, or having doubts as to the meaning or intent of any provision, should immediately notify the *Contact Person* in accordance with section 3.6. The *Contact Person* will review such submissions and, if the *Authority* determines that an amendment is required to this *RFP*, the *Contact Person* will issue an addendum in accordance with section 3.8.

3.8 Addenda

If the *Authority* determines that an amendment is required to this *RFP*, the *Contact Person* will issue a written addendum and post it to the BC Bid website. Each addendum will be incorporated into and become part of the *RFP*. No oral conversation will affect or modify the terms of this *RFP* or may be relied upon by any *Proponent*. No amendment of any kind to the *RFP*, whether in writing or oral, is effective unless it is contained in a written addendum issued by the *Contact Person*.

Page 5 of 16



3.9 Site Visit

The *Authority* has arranged a project briefing and site visit for the benefit of interested *Proponents* who are preparing *Proposals*. *Proponents* are strongly encouraged to send a representative. The date and time of site visit(s) are as noted below:

Date: **Friday, June 28, 2013**
Time: **0900-1100 Hours Local Time**
Meeting Location: **Hurlburt Auditorium, St. Paul's Hospital
Providence Building Level 2, 1081 Burrard Street, Vancouver**

3.10 Open for Acceptance

Proponent's offer shall remain open for thirty business days (30) from the closing date of the *RFP*. In the event that the *Authority* requires more time than the (30) days as identified, the additional time period will be requested from all *Proponents*.

4. PROPOSAL CONTENTS (also see Appendix B)

4.1 Proposal Contents

Proposals should include responses to the items in Appendix 'B' in the order listed, cross-referencing any attachments included in the *Proposal* to the corresponding paragraph number in Appendix 'B'.

4.2 Additional Information

A *Proponent* may at its election submit information that is additional to that specifically requested in Appendix 'B', but should include any such additional information in a separate section of the *Proposal*. The *Evaluation Committee* may, but is not bound to, consider and take into account additional information, if any, that is included in a *Proposal*.

4.3 Suggested Page Limit

Proponents are encouraged to limit *Proposals* to no more than 20 single-sided pages.

4.4 Conflict of Interest

The *Authority* has a Conflict of Interest Policy governing all employees and medical staff, and on this basis the *Authority* may decide not to award a *Contract* to a *Proponent* who has a financial or other relationship with an *Authority* employee or staff member. *Proponents* should include with their *Proposals* a copy of Appendix 'C' completed as applicable so as to disclose any financial transactions, activities or relationships that may be viewed as a potential conflict of interest.

4.5 Signature

The Proponent Acceptance Form included in this RFP must be signed by a person authorized to sign on behalf of the *Proponent*. **Unsigned Proposals will not be considered.** If a *Proponent* is a partnership or joint venture then all partners or joint venture parties should sign.

5. EVALUATION, SELECTION AND AWARD

5.1 Evaluation Committee

The evaluation of *Proposals* will be undertaken on behalf of the *Authority* by an evaluation committee ("**Evaluation Committee**") appointed by the *Authority*. The *Evaluation Committee* may consult with others as the *Committee* may in its discretion decide is required; including the *Authority* staff members and third party consultants. The *Evaluation Committee* will provide a recommendation for the selection of a preferred *Proponent* to the *Authority*.

Engineering and/or cost consultants may submit joint proposals but each discipline will be evaluated and engaged individually by the *Authority*.

5.2 Evaluation Criteria

The *Evaluation Committee* will compare and evaluate *Proposals* to determine the *Proposal* which is most advantageous to the *Authority*, using the following criteria:

Evaluation Criteria
Firm organization & resources
Firm experience - consulting services for buildings of similar scale in City of Vancouver
Firm experience – consulting services for hospitals particularly ambulatory care buildings
Experience of key staff - consulting services for buildings of similar scale in City of Vancouver
Experience of key staff - consulting services for hospitals particularly ambulatory care
Approach & methodology
Demonstrated innovation
Financial proposal

The *Evaluation Committee* may apply the evaluation criteria on a comparative basis, evaluating the *Proposals* by comparing one *Proponent's Proposal* to another *Proponent's Proposal*.

5.3 Clarifications

The *Evaluation Committee* may, at its discretion, request clarifications from a *Proponent* with respect to its *Proposal*, and the *Evaluation Committee* may make such requests to only selected *Proponents*. The *Evaluation Committee* may consider such clarifications in evaluating *Proposals*.

5.4 Interviews

The *Evaluation Committee* may shortlist *Proponents* to appear before the *Evaluation Committee* to provide information on their *Proposals*. In such event, the *Evaluation Committee* will be entitled to consider the answers received in evaluating *Proposals*.

5.5 Conflict of Interest

The *Authority* retains the discretion to reject a *Proposal* from a *Proponent* who has a conflict of interest, or the appearance of a conflict of interest. See section 4.4 of this *RFP*.

5.6 Selection and Contract Negotiation

If, following the evaluation and recommendation of the Evaluation Committee under Section 5.1, the *Authority* selects a preferred *Proponent* then the *Authority* will invite the preferred *Proponent* to enter into negotiations to finalize a contract for the *Services*.

The Contract will be generally in the form of the AIBC Standard Form of Contract 6C between Client and Consultant 2006" (consisting of the following components: Cover, Contract Form, Definitions, General Conditions and Schedules included in Appendix 'E') as amended by the supplementary conditions included in Appendix 'F' to this *RFP* and with such further amendments as are:

- (i) Proposed by the *Proponent* in its Proposal (see paragraph 5.1 of Appendix 'B') and accepted by the *Authority* (the *Authority* is not obligated to accept any proposed amendments or contract terms); and
- (ii) Proposed by the *Authority* and agreed to by the *Proponent*;

Award of a contract is in all cases conditional on the *Proponent* agreeing to a contract on terms and conditions that are acceptable to the *Authority*.

If negotiations with a preferred *Proponent* are not successful within such time period as the *Authority* may require, or if at any time the *Authority* reasonably concludes that a mutually acceptable contract is unlikely to be reached, then the *Authority* may discontinue talks with that *Proponent* by written notice to the *Proponent*, and the *Authority* may:

- (i) invite another *Proponent* to enter into the interview process to finalize a Contract in accordance with the foregoing process; or
- (ii) terminate this *RFP* and proceed with the *Project* in any manner the *Authority* may decide is required.

5.7 Debriefing

If a Contract is awarded, an unsuccessful *Proponent* may request a debriefing at which the *Authority* will generally explain why the *Proponent's Proposal* was not successful. If a *Proponent* requests a debriefing:

- (i) the debriefing will be solely between the *Authority* and the *Proponent* requesting the debriefing; and
- (ii) the debriefing will not include disclosure or discussion of any other *Proponent's Proposal*.

6. GENERAL TERMS AND CONDITIONS

6.1 Right of the *Authority* to Reject Proposals and Cancel RFP

This *RFP* is not a tender and does not commit the *Authority* to select a preferred *Proponent*, accept any *Proposal*, proceed to negotiations for a Contract or award any contract. The *Authority* reserves the right in its sole discretion to postpone or cancel this *RFP* at any time for any reason whatsoever in accordance with the *Authority's* judgment of its best interests and to proceed with the *Project* or the *Services* in some other manner separate from this *RFP*.

6.2 Proponent's Expenses

Proponents are solely responsible for all their own costs and expenses in relation to this *RFP*, including the cost of preparing and submitting a *Proposal*, attending information meetings if applicable, attending interviews or meetings with the *Authority* during the evaluation of *Proposals*, and negotiating, finalizing and executing of a Contract with the *Authority* if the *Proponent* is selected as the preferred *Proponent*.

6.3 No Claims

By submitting a *Proposal*, each *Proponent*:

- (a) agrees that the *Authority* and its employees, advisors and representatives will not under any circumstances be liable for any costs, expenses, claims, losses, damages or liabilities which are or may be incurred or suffered by any *Proponent* arising from or in any way connected to the *RFP* including if the *Authority* accepts a materially non-compliant proposal or otherwise breaches any express or implied term of the *RFP*; and
- (b) waives any and all claims against the *Authority* or any of its employees, advisors or representatives.

6.4 Liability for Errors

While the *Authority* has attempted to ensure an accurate presentation of information in this *RFP*, the information contained in this *RFP* is supplied solely as a guideline for all *Proponents*. The information is not guaranteed or warranted to be accurate by the *Authority*, nor is it necessarily comprehensive or exhaustive. Nothing in this *RFP* is intended to relieve all *Proponents* from forming their own opinions and conclusions with respect to the matters addressed in this *RFP*.

6.5 Confidentiality

Proposals will be treated in confidence. The *Authority* will not release to the public any specific information regarding any *Proposal* except as may be required by law. *Proponents* will treat all information received through the *RFP* process as confidential.

6.6 Freedom of Information and Protection of Privacy Act (FOIPPA)

The *Authority* is subject to legislation governing the protection of personal privacy and as such, records are subject to access under FOIPPA. FOIPPA governs the collection, use, retention, security, and disclosure of personal information managed by public organizations. FOIPPA also applies to all electronic information accessed or submitted by *Proponents*. If *Proposals* contain protected, proprietary or confidential information, *Proponents* should identify the specific issue or information and provide supporting reasons why the *Authority* should NOT release this information if requested by FOIPPA inquiry.

6.7 Ownership of Proposals

All *Proposals* submitted become the property of the *Authority*.

6.8 Working Language

The working language of the *Authority* is English and all *Proposals* must be in English.

6.9 Agreement on Internal Trade – (AIT)

The *Authority* is subject to the terms and conditions of the Agreement on Internal Trade – Annex 502.4

6.10 New West Partnership Trade Agreement - (NWPTA)

The *Authority* and this *RFP* is subject to the terms and conditions of the New West Partnership Trade Agreement (NWPTA) between British Columbia, Alberta and Saskatchewan.

7. Proponent Acceptance Form

We certify that we have read and understand the information provided in the RFP and any addenda. The information provided in our proposal is accurate and we agree to be bound by the all conditions, statements and representations contained herein.

Failure to provide signatures below will result in immediate rejection of this submission. The person(s) signing this *RFP* declare that they are duly authorized signing authority with the capacity to commit their firm/company to the conditions of this proposal. (Attach additional signature pages as may be required).

Executed this _____ day of _____, 2013

Authorized Signature _____

Printed Name _____

Title/Position _____

Company Name _____

Address _____

Phone _____

Fax _____

Email _____

APPENDIX A: PROJECT OVERVIEW and SCOPE of SERVICES

1. PROJECT OVERVIEW and SCOPE OF SERVICES

The *Project* consists of a feasibility study to confirm constructability of a 21,000m² ambulatory care building at St. Paul's Hospital in Vancouver.

Proponents should have experience in the provision of engineering or cost consulting services for buildings of a similar scale in the City of Vancouver. The scope of work will include a shell and core design of sufficient detail to allow preliminary review of the form of development by municipal authorities.

Proponents must also have expertise in the design of healthcare facilities to enable development of appropriate concepts for building structural, mechanical or electrical systems and development of a Class D estimate of cost.

Stantec has been engaged as Architects and Managing Consultants under separate contract with the *Authority*.

APPENDIX B: PROPOSAL CONTENTS

1. Executive Summary

- 1.1 *Proponent(s)* should provide a brief summary of their *Proposal*.

2. Name(s) and Contact Information

- 2.1 Provide the *Proponent's* legal and business name, locations (mailing & street addresses), telephone number and website address.
- 2.2 Provide the name, title, address, telephone number and e-mail address of the primary *Proponent* contact that will have overall responsibility for the execution of the *Contract* responsibilities.

3. Approach and Methodology

- 3.1 Generally *Proposals* should demonstrate that the *Proponent(s)* fully understands and appreciates the nature of the scope of the *Services* and has the qualifications and experience to perform the *Services*. *Proposals* should, as appropriate, challenge current service business practices and identify creative 'best practices' which may benefit both the *Authority* and the *Proponent*.
- 3.2 Describe the *Proponent's* approach, methodology and outputs in providing the *Services*. Provide milestone deliverables, to permit the *Authority* to be able to monitor progress of the *Services* and the *Project*, including individual elements of the *Services* and *Project*, in a bar chart or critical path format.

4. Company Profile: Qualifications, Experience, Resources, References

- 4.1 Provide description of team with an organizational chart and management team information that identifies key staff and illustrates the *Proponent's* structure, management, staffing, support structure and responsibilities for the provision and delivery of the *Services*. Provide resumes for these key staff and relevant experience, and references.
- 4.2 Describe the *Proponent's* relevant project experience and provide a resume for the proposed partner-in-charge.
- 4.3 Provide a summary of the *Proponent's* three most recent relevant client references, including the name of each organization, contact person, title, phone number and the name of the project(s) referenced.

5. Services, Specifications and Contract Terms

- 5.1 Identify any variations that the *Proponent* wishes to propose to the *Services* or to the terms and conditions of the *Contract*. The *Authority* is not bound to accept any proposed variations.

6. Financial Proposal

- 6.1 Provide the *Proponent's* pricing details in the form of a **fixed-fee proposal**, based on the proposed scope of *Services*; exclusive of GST.
- 6.2 Provide estimate of expenses and disbursements, (See Appendix 'D' - "the *Authority* - Reimbursable Expenses").
- 6.3 Provide hourly rates that will apply for any Additional Work beyond the project scope.
- 6.4 All prices and fees referred to in *Proposals* should be in Canadian funds and include all applicable taxes and charges except for Harmonized Sales Tax (HST) or General Sales Tax (GST). The *Proponent's* proposal should identify all fees, sub-consultants and services offered to complete the *Services*.

APPENDIX C: CONFLICT of INTEREST

Statement of Full Disclosure

The *Proponent* should disclose all funding support (including gifts), if applicable, that has been provided to the *Authority* during the 3 (three) year period prior to the date of issuance of this *RFP*. Failure to identify such support in this disclosure document may result in rejection of the *Proponent's Proposal*, cancellation of any contract arising from this RFP and/or other contracts already signed and in force.

TYPE OF FUNDING SUPPORT	SITE/ LOCATION	DEPARTMENT	RECIPIENT	MARKET VALUE
Capital Equipment				
Seminars				
Travel				
Supplies				
Educational Support				
Research Support <ul style="list-style-type: none"> • Drug Trials • Projects • Publications • Other 				
Major Donations				
Other Funding (specify)				
Corporate Agreement				
TOTAL				

APPENDIX D: PROVIDENCE HEALTH CARE - REIMBURSABLE EXPENSES

February 2012 Edition

The following guidelines note allowable expenses for Consultants contracted with the *Authority*.

1. Communications and Shipping Expenses

Allowable expenses are as follows:

- (a) The only reimbursable portion of fax charges is the actual costs of the long distance call
- (b) Telephone calls are only reimbursable with proper receipts
- (c) Only reasonable courier costs required to expedite the project are accepted. Complete backup is required with all claims; No "rush" packages are acceptable unless requested by the *Authority*
- (d) Acceptable photocopy charges are:
 - 50 copies and less, max \$0.20 /copy
 - 51 copies and more, max \$0.08 /copy

2. Computer Plotting and Word Processing Charges

Both charges are considered to be overhead expenses and therefore not acceptable as a reimbursable expense.

3. Document Reprographics

Consultants' "in-house" printing/plotting is considered to be an overhead expense and therefore not acceptable as a reimbursable expense. Printing of document sets (drawings and specifications) for major project milestones such as the Pre-tender, Tender and Post Tender phases are considered reimbursable expenses. A corporate rate has been negotiated for document printing with PacBlue Digital Reprographics Inc. The *Authority* requests that printing of all documents that will be claimed as reimbursable be arranged through the PacBlue service.

4. Hourly Rates

- (a) Principal as per agreement to a maximum of \$210.00 per hour
- (b) Staff at approved hourly rates:
 - Principal architect and engineer to a maximum of \$210.00 per hour.
 - Principal professional quantity surveyor (PQS) to a maximum of \$150.00 per hour.
 - Acceptable staff hourly rates should not exceed principal rates.

5. Travel, Lodging, Meals and Car Expenses

The current rates that apply to consultants are the travel expenses for non-BC government employees listed in the attached Appendix 1 – Group 2 Rates.

APPENDIX 1 - Group 2 Rates

EXPENSES FOR CONSULTANTS

The following are allowable expenses for Consultants. All expenses must be paid by the Consultant - expenses cannot be direct billed to the *Authority* except in unusual circumstances (in these cases a special clause must be included in the contract). Original receipts must be submitted with the expense claim (when receipts are required) but photocopies of receipts will be accepted if the Consultant requires the original for another purpose. The Consultant will be entitled to a 5% mark-up on all expenses for administration and handling.

TRAVEL EXPENSES

The Consultant must be outside their headquarters area (i.e.: 32 kilometres from where they ordinarily perform their duties) to be eligible to claim travel, meal and accommodation expenses.

1. Meal Allowances

Effective April 1, 2010 the following meal allowances can be claimed which must not exceed \$48.25 per day (receipts are not required):

- Breakfast only \$22.00 claim if travel starts before 7 a.m. or ends after 7 a.m.
- Lunch only \$22.00 claim if travel starts before 12 noon or ends after 12 noon.
- Dinner only \$28.50 claim if travel starts before 6 p.m. or ends after 6 p.m.
- Breakfast and lunch only \$30.00 see above
- Breakfast and dinner only \$36.50 see above
- Lunch and dinner only \$36.50 see above
- Full day \$48.25

2. Mileage Rates When Using Private Vehicle

Effective March 31, 2010 the private mileage allowance is \$.51 per kilometre (receipts are not required). This rate can be claimed when using a private vehicle for travel. It is intended to cover costs of gas and maintenance.

3. Taxi and Parking

Taxi and parking charges will be reimbursed if receipts/copies of receipts are provided. Tips identified separately on taxi receipts cannot be claimed.

4. Car Rentals

Avis Canada Ltd., B.C. Car & Truck Rental, Best Choice Auto Rentals, Budget Rent-a-Car of BC Ltd., Discount Car & Truck Rental, Hertz Canada Ltd., National Car Rental Inc. and Thrifty Canada Ltd. are to be used. Other rental firms are to be used only when these firms cannot supply vehicles. Consultants and non-employees should ask for the government rate. Receipts/copies of receipts are required.

PAI (personal accident insurance) will not be reimbursed.

CDW/LDW (collision/loss damage waiver) will be reimbursed only when renting from one of the above companies located outside B.C.; or when renting from any other firm (both in and outside B.C.).

5. Accommodation

- a) **Hotel/motel** (Receipt/copy of receipt and proof of payment required). The maximum amounts that may be claimed for hotel/motel are:

Summer (May 1 to September 30):

- \$145 plus tax in Greater Vancouver (which includes Vancouver, North Vancouver, West Vancouver, Richmond, Delta, Burnaby, New Westminster, Coquitlam, Port Coquitlam, White Rock, and Surrey)
- \$135 plus tax in Greater Victoria (which includes Victoria, Saanich, Esquimalt and Oak Bay)
- \$100 plus tax in Whistler
- \$100 plus tax in all other areas of the province

Winter (October 1 to April 30):

- \$100 plus tax in Greater Vancouver
- \$90 plus tax in Greater Victoria
- \$100 plus tax in Whistler area
- \$85 plus tax in all other areas of the province

These limits may be exceeded in exceptional circumstances if prior the *Authority* approval is obtained. Only the single government rate will be reimbursed. The "number in party" identified on the receipt must show only one person.

- b) **Private lodging** (receipts are not required): \$30 per night may be claimed when private lodging is arranged (e.g., staying with friends).

6. Airfare

Economy airfare only will be reimbursed. Receipts/copies of receipts and proof of payment are required.

7. Miscellaneous Travel Expenses:

Laundry, gratuities, portage and personal phone calls cannot be claimed. Ferry charges and highway tolls can be claimed if supported by an original receipt. Other miscellaneous expenses incurred when traveling (e.g., courier and photocopying charges) can also be claimed if supported by a receipt/copy of receipt.

8. Out-of-Province Travel

When B.C. Consultants are required to travel out-of- province, a Travel Authorization Form approved by the *Authority* must accompany the expense claim.

OTHER EXPENSES:

1. Business Expenses (e.g., all costs associated with meetings, including business and guest meals):

Claims for business expenses must be accompanied by an approved Business Expense Approval form (which should be completed by the *Authority*, not the Consultant).

2. GST

Will be shown as a separate line item following all expenses and mark ups.

3. Miscellaneous Expenses (e.g. business telephone/fax calls, newspapers, etc.):

Misc. expenses will be paid if supported by original receipts and in our opinion are necessarily incurred by you in providing the service. Contact the *Authority* project manager **before** incurring any miscellaneous expenses.

Bell, Mark J HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Tuesday, June 18, 2013 8:44 AM
To: Bell, Mark J HLTH:EX
Subject: RE: Templates

Thanks – also need to discuss with you strategy on what Treasury Board will need and how best to present it. See you Thursday! B

From: Bell, Mark J HLTH:EX [mailto:Mark.J.Bell@gov.bc.ca]
Sent: Tuesday, June 18, 2013 8:42 AM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX
Subject: RE: Templates

Hi Bonnie,

Thanks for this and the completed financial templates.
Shelley called it when she said “you have been busy”!!

We will take a look at your questions on the financials today and try to get you some answers.

Looking forward to your visit on Thursday.

Mark Bell

Capital Analyst Major Projects | Capital Services Branch | Ministry of Health
Phone: 250-952-1983 **Email:** Mark.J.Bell@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 4:33 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: RE: Templates

Hello Shelley and Mark,

Attached are the plan graphics that illustrate the phasing of renovation work – they add some detail relative to the timeline.

Sect 13

Could I book you guys for lunch??

Best regards,

Bonnie

From: Maples, Bonnie [PH]
Sent: Monday, June 17, 2013 1:24 PM

To: 'Moen, Shelley L HLTH:EX'; 'Bell, Mark J HLTH:EX'
Subject: Templates

Good afternoon,

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I have divided the project into 6 parts (labeled "phases"):

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- 5- Providence Building Renovations
- 6- Burrard Building Renovations

There is a template for each phase as well as the forms that combine the various costs. There is also a sheet on escalation (for reference). The formulas in the overall costing templates link back to the numbers on the individual phase worksheets (in the active Excel document – I have also attached a PDF version). Construction costs are based on estimates done by BTY or SSA Cost consultants.

Regarding the P3 contract – I have noted some questions on the Ph 2 (Phase 2) worksheet - could you advise?

? Do we show an offset to the capital cost for parking revenue?

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? Insurance on the P3 contract – is carried in our overall budget but actually carried by the P3 partner???

Also attached is a summary timeline. A more detailed timeline graph is in progress.

Sect 13

If you are OK with this I propose to distribute these for our TCON tomorrow,

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

Subject: Updated: SPH Redevelopment Team Teleconference
Location: DIAL IN#: S. 15, S. 17 Participant Code S. 15, S. 17
Start: Tue 2013-06-18 3:00 PM
End: Tue 2013-06-18 4:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Maples, Bonnie [PH]
Required Attendees: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian
Optional Attendees: XT:Cruzelle, Dolores HLTH:IN

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code:

Chairperson Code:

Attachments:

1. Project Team Meeting Agenda 130618
2. Project Team Meeting Minutes 130604



Team Meeting SPH Project Team
genda 130618.pdf Minutes 13060...

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 24, 2013 11:01 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: St. Paul's

Yipeee – thank-you. Bonnie

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 24, 2013 10:31 AM
To: Maples, Bonnie [PH]
Subject: RE: St. Paul's

Hi Bonnie – yes you can issue the RFP for engineers and cost consultant.

Regards

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 24, 2013 9:23 AM
To: Moen, Shelley L HLTH:EX
Subject: St. Paul's

Hello Shelley,

Thank-you (and Mark) for taking time to meet with me last week -- it was very helpful -

Sect 22

Sect 13

Can I go out for feasibility study engineers and cost consultant???

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Monday, June 24, 2013 10:29 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: SPH Consultants

No concerns – let's keep GCPE in the loop

KB

From: Moen, Shelley L HLTH:EX
Sent: Monday, June 24, 2013 10:29 AM
To: Brewster, Kevin HLTH:EX
Subject: FW: SPH Consultants

Hi Kevin – do you have any concerns with Bonnie obtaining engineering services and cost consulting services for SPH Redevelopment per emails below?

Thx.

Shelley Moen
Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 18, 2013 10:29 AM
To: Brewster, Kevin HLTH:EX
Subject: FW: SPH Consultants

Kevin – I don't have any concerns with Bonnie's request per below. Are you okay with her proceeding to engage engineering services, etc for the ambulatory care building?

Scope of services is as follows:

The *Project* consists of a feasibility study to confirm constructability of a 21,000m² ambulatory care building at St. Paul's Hospital in Vancouver.

Proponents should have experience in the provision of engineering or cost consulting services for buildings of a similar scale in the City of Vancouver. The scope of work will include a shell and core design of sufficient detail to allow preliminary review of the form of development by municipal authorities.

Proponents must also have expertise in the design of healthcare facilities to enable development of appropriate concepts for building structural, mechanical or electrical systems and development of a Class D estimate of cost.

Stantec has been engaged as Architects and Managing Consultants under separate contract with the *Authority*.

Thx.

Shelley Moen
Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, June 25, 2013 12:42 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: St Paul's Hospital Redevelopment Site Decision - draft BN

It's OK – I'll send a note to Manjit – was the walk through OK?

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 25, 2013 10:34 AM
To: Brewster, Kevin HLTH:EX
Subject: RE: St Paul's Hospital Redevelopment Site Decision - draft BN

Vice Chair for P/D is Manjit. Shall I contact him to ask if he can Chair for Elaine?

Manjit and Steve Brown just finished their walk about and Steve met all of our staff that were available.

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, June 25, 2013 10:27 AM
To: Moen, Shelley L HLTH:EX
Subject: Re: St Paul's Hospital Redevelopment Site Decision - draft BN

Thx - I'll get back to u later today - who is v'chair of the P/D PB? Is that Peter? He'll have to chair last part of mtg - can u let him know - thx

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 25, 2013 10:23 AM Pacific Standard Time
To: Brewster, Kevin HLTH:EX
Subject: St Paul's Hospital Redevelopment Site Decision - draft BN

<<984557 Information Note - St Paul's Hospital Redevelopment Site Decision.docx>>

Hi Kevin – attached is the draft SPH Site Decision BN for your review. Please let me know if you have any edits/comments.

Regards -Shelley

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:55 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

I can be there by 10am (flight arrives 9:15). Would that work for you? Bonnie

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:48 PM
To: Maples, Bonnie [PH]
Subject: RE: Templates

Thursday looks good for Mark and I so far....

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:45 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

How about Thursday or Friday – any time. B

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:44 PM
To: Maples, Bonnie [PH]
Subject: RE: Templates

Would never turn down the opportunity to meet in person to review this amount of detail.

If you can make the time to come over that would be great ☺

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:32 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: Templates

Absolutely!

Would it help to set a time when we can talk together by phone – or given the complexity of this number shuffling – should I come over so we can sit down at a computer together???

B

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 17, 2013 1:31 PM
To: Maples, Bonnie [PH]; Bell, Mark J HLTH:EX
Subject: RE: Templates

Hi Bonnie – looks like you've been busy!

I would recommend that you update at the meeting tomorrow, that you have provided Capital Services with a first draft of the budget by phase. Would like some time for Mark and I to review with you before we distribute to the broader group.

Hope that's okay with you.

Regards

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 1:24 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: Templates

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Also attached is a summary timeline. A more detailed timeline graph is in progress.

If you are OK with this I propose to distribute these for our TCON tomorrow.

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
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Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

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From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 17, 2013 4:33 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: RE: Templates
Attachments: SPH Redevelopment Renovation Phasing 130617.pdf

Hello Shelley and Mark,

Attached are the plan graphics that illustrate the phasing of renovation work – they add some detail relative to the timeline

Sect 13

Could I book you guys for lunch??

Best regards,

Bonnie

From: Maples, Bonnie [PH]
Sent: Monday, June 17, 2013 1:24 PM
To: 'Moen, Shelley L HLTH:EX'; 'Bell, Mark J HLTH:EX'
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Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

To: 'Moen, Shelley L HLTH:EX'; 'Bell, Mark J HLTH:EX'

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Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

Subject: Updated: SPH Redevelopment Team Teleconference
Location: DIAL IN#: S. 15, S. 17 Participant Code S. 15, S. 17
Start: Tue 2013-06-18 3:00 PM
End: Tue 2013-06-18 4:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Maples, Bonnie [PH]
Required Attendees: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian
Optional Attendees: XT:Cruzelle, Dolores HLTH:IN

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code:

Chairperson Code:

Attachments:

1. Project Team Meeting Agenda 130618
2. Project Team Meeting Minutes 130604



Team Meeting SPH Project Team
genda 130618.pdf Minutes 13060...



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
TUESDAY, JUNE 18 2013
3:00PM – 4:00PM
TELECONFERENCE

S. 15

DIAL-IN NUMBER:

MODERATOR CODE:
PARTICIPANT CODE:

S. 15, S. 17

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Sandra Feltham, Senior Economist, Modeling and Analysis, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Eliopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
	Sect 13, Sect 17	Darlene M.
		Bonnie M.
4.0 Next Meeting	3:00– 4:00PM Tuesday, July 02, 2013	

Attachments

1. Minutes of Meeting 130604

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

June 04, 2013

Meeting Number 11

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Alan Grossert, LMFM
John Relley, MOH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
Vivian Eliopoulos, VCH
Harry Hitchman, MOH
Sandra Feltham, MOH
Jay Evans, MOH

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes Amendments:

Sect 13, Sect 17

New Business:

Sect 13, Sect 17

St. Paul's Hospital Redevelopment Project

Sect 13, Sect 17

Adjournment: 3:53pm

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Monday, June 24, 2013 11:01 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: St. Paul's

Yipeee – thank-you. Bonnie

From: Moen, Shelley L HLTH:EX [mailto:Shelley.Moen@gov.bc.ca]
Sent: Monday, June 24, 2013 10:31 AM
To: Maples, Bonnie [PH]
Subject: RE: St. Paul's

Hi Bonnie – yes you can issue the RFP for engineers and cost consultant.

Regards

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Monday, June 24, 2013 9:23 AM
To: Moen, Shelley L HLTH:EX
Subject: St. Paul's

Hello Shelley,

Thank-you (and Mark) for taking time to meet with me last week -- it was very helpful -

Sect 22

Sect 13

Can I go out for feasibility study engineers and cost consultant???

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Monday, June 24, 2013 10:29 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: SPH Consultants

No concerns – let's keep GCPE in the loop

KB

From: Moen, Shelley L HLTH:EX
Sent: Monday, June 24, 2013 10:29 AM
To: Brewster, Kevin HLTH:EX
Subject: FW: SPH Consultants

Hi Kevin – do you have any concerns with Bonnie obtaining engineering services and cost consulting services for SPH Redevelopment per emails below?

Thx.

Shelley Moen
Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 18, 2013 10:29 AM
To: Brewster, Kevin HLTH:EX
Subject: FW: SPH Consultants

Kevin – I don't have any concerns with Bonnie's request per below. Are you okay with her proceeding to engage engineering services, etc for the ambulatory care building?

Scope of services is as follows:

The *Project* consists of a feasibility study to confirm constructability of a 21,000m² ambulatory care building at St. Paul's Hospital in Vancouver.

Proponents should have experience in the provision of engineering or cost consulting services for buildings of a similar scale in the City of Vancouver. The scope of work will include a shell and core design of sufficient detail to allow preliminary review of the form of development by municipal authorities.

Proponents must also have expertise in the design of healthcare facilities to enable development of appropriate concepts for building structural, mechanical or electrical systems and development of a Class D estimate of cost.

Stantec has been engaged as Architects and Managing Consultants under separate contract with the *Authority*.

Thx.

Shelley Moen
Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Monday, June 17, 2013 4:56 PM
To: Moen, Shelley L HLTH:EX
Subject: Consultants

Hi Shelley,

Sect 13

Please advise – thanks.

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, June 25, 2013 12:42 PM
To: Moen, Shelley L HLTH:EX
Subject: RE: St Paul's Hospital Redevelopment Site Decision - draft BN

It's OK – I'll send a note to Manjit – was the walk through OK?

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 25, 2013 10:34 AM
To: Brewster, Kevin HLTH:EX
Subject: RE: St Paul's Hospital Redevelopment Site Decision - draft BN

Vice Chair for P/D is Manjit. Shall I contact him to ask if he can Chair for Elaine?

Manjit and Steve Brown just finished their walk about and Steve met all of our staff that were available.

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, June 25, 2013 10:27 AM
To: Moen, Shelley L HLTH:EX
Subject: Re: St Paul's Hospital Redevelopment Site Decision - draft BN

Thx - I'll get back to u later today - who is v'chair of the P/D PB? Is that Peter? He'll have to chair last part of mtg - can u let him know - thx

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, June 25, 2013 10:23 AM Pacific Standard Time
To: Brewster, Kevin HLTH:EX
Subject: St Paul's Hospital Redevelopment Site Decision - draft BN

<<984557 Information Note - St Paul's Hospital Redevelopment Site Decision.docx>>

Hi Kevin – attached is the draft SPH Site Decision BN for your review. Please let me know if you have any edits/comments.

Regards -Shelley

Representation of the α -component I_{α} in \mathbb{R}^3 for $\alpha = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100$

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 984557

PREPARED FOR: Honourable Terry Lake, Minister of Health
- FOR INFORMATION

TITLE: St. Paul's Hospital Redevelopment – Site Location Decision

PURPOSE: To provide background information regarding the St. Paul's Hospital Redevelopment Project and the site location decision

BACKGROUND:

St. Paul's Hospital (SPH) is a 439-bed acute care, academic and research hospital located in downtown Vancouver, and operated by Providence Health Care (PHC) within Vancouver Coastal Health Authority (VCHA). SPH provides approximately 20 percent of all acute care services in VCHA.

Parts of SPH are over 100 years old and require capital redevelopment to ensure sustainability and capacity to meet future patient needs. PHC advises that there is insufficient space at SPH to meet current and projected needs for ambulatory care.

In June 2012, the Minister of Health announced the formal start of work to finalize the concept plan for the redevelopment of SPH. The Ministry of Health, Vancouver Coastal Health Authority (VCHA) and PHC are finalizing the redevelopment concept and phasing plan, followed by a more detailed business case. The concept plan requires government approval.

The draft concept plan indicates that by consolidating and expanding ambulatory programs and services, and upgrading existing facilities, the renewal of SPH will provide more accessible, efficient care, allowing for improvements in health outcomes while keeping pace with growing demands.

The project proposes construction of a new outpatient care tower on the northwest corner of the current SPH site as well as essential infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings, and renovations to inpatient units.

The high level order-of-magnitude capital cost for redevelopment of SPH is estimated at
S. 17, Sect 13 Capital cost estimates will be refined as further concept planning is completed

PHC advises that the total project cost would be reduced by a
S. 17, Sect 13 contribution
S. 13, S. 17 provided by a SPH Foundation capital campaign;

S. 13, S. 17

The project is included in the Ministry's capital plan with S. 17, Sect 13 included in the ten year planning horizon, and the balance extending beyond the current planning horizon. The notional budget was previously estimated at S. 17, Sect 13 without the benefit of more detailed concept plan information now becoming available.

The SPH Redevelopment concept plan and phasing plan are expected to be submitted to government for approval in fall 2013. Detailed scope, schedule and budget will be confirmed at the business case stage of planning.

DISCUSSION:

S. 13, S. 17

ADVICE:

Planning for redevelopment of SPH at the existing site is underway. This option is expected to be half the cost of a greenfield replacement

S. 13

S. 13

Program/Division:	Manjit Sidhu, ADM, Financial and Corporate Services
Telephone:	250 952-2066
Program Contact (for content):	Kevin Brewster, Executive Director, Capital Services Branch
Drafter:	Shelley Moen, Director, Capital Services Branch
Date:	June 23, 2013
File Path:	K:\BN\BN 2013\984557 Information Note - St. Paul's Hospital Redevelopment Site Decision.docx

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Tuesday, July 2, 2013 10:17 AM
To: Moen, Shelley L HLTH:EX
Subject: Cost and Phasing
Attachments: Memo Cost & Phasing Plan.doc

Hi Shelley,

Attached is a draft memo on cost and phasing that summarizes the info from the various forms and charts – maybe it can morph into a project board memo at the appropriate time.

I think the next piece of work is to add a form for each project component to the master template that gives detail on what all is included in the construction cost.

This would be the piece that we would update as we get more up-to-date QS reports – as soon as we get them on board!

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

St. Paul's Hospital Redevelopment Project

MEMO *CONFIDENTIAL*

To Shelley Moen, Director Capital Services, Ministry of Health
From Bonnie Maples, Acting Chief Project Officer
Darlene Mackinnon, Chief Clinical Planning Officer
Subject **Cost and Phasing Plan**
Date 27 June 2013

COST

The St. Paul's Hospital Redevelopment Project can be divided into 6 components with project costs of:

S. 17, Sect 13

Project costs include the cost of construction, equipment and soft costs. For the overall project these are:

S. 17, Sect 13

Construction costs are based on estimates prepared by SSA Quantity Surveyors and BTY Group for the concept plan, master plan and preliminary investigation of the new ambulatory care building. These will be updated as work becomes more defined.

FUNDING

Funding will be required as follows:

Government of BC

- P3 Debt (associated with new ambulatory care building)
- Restricted Capital Grants
- Project Reserve

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Providence Health Care Society (leveraged assets)

St. Paul's Hospital Foundation

In addition Providence Healthcare Society is providing land for the ambulatory care building at no cost to the project.

TIMEFRAME FOR IMPLEMENTATION

The timeframe for implementation is 10 years with completion dates by component anticipated as:

Sect 13, Sect 17

PHASING

The project must be delivered in phases determined by

- Physical constraints
- Funding availability
- Clinical priority

Physical Constraints

The preparatory projects (demolition of Comox and Boiler Plant buildings) must be completed first to create a site for the new ambulatory care building.

New construction must be completed before renovations can occur as the existing buildings are overcrowded and could not maintain operations without new space in which to decant.

Some infrastructure upgrades (i.e. parkade level seismic upgrades and main electrical, mechanical, and information technology distribution systems) can advance while the new building is being constructed so they are in place when individual area renovations are undertaken.

Renovations in Providence building must advance prior to those in Burrard to allow relocation of inpatient and support services from the Burrard building – which can be renovated subsequently for administrative, research and academic offices.

The Burrard building also houses the Emergency Department. Alternatives for renovation in place, renovation and relocation to Providence building and replacement in new construction have been considered and will be further evaluated in the business case for the Burrard building.

Funding Availability

At present the Government of BC has recognized allocations of:

Within the 10-year capital plan extending to 2020

Additional funding after 2020

St. Paul's Hospital Foundation commitment

S. 17, Sect 13

Clinical Priority

Because of the enormous potential for ambulatory care services in a sustainable healthcare future development of the new ambulatory care building is the first clinical priority for redevelopment. It is also the most cost effective physical infrastructure and will house 86 services currently offered in 19 different sub-standard areas on the campus.

Sect 13

Another clinical priority is to address shortcomings in the Critical Care units to reduce multiple occupancy rooms and create a High Acuity Unit (HAU).

Should funding be limited prior to 2020 work in the Providence building would be limited to:

- 1 Infrastructure upgrades
- 2 Renovation of 30% of the potential inpatient areas to accommodate mental health beds
- 3 Renovation of Critical Care areas (and creation of a HAU)

All other renovations would be deferred extending the timeframe by at least 2 years and increasing cost due to additional phasing and escalation by some S. 17, Sect 13

NEXT STEPS

The Concept Plan for the St. Paul's Hospital Redevelopment Project is

Sect 13

Sect 13

Business cases

will be advanced in 4 parts according to the following schedule:

Sect 13, Sect 17

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Tuesday, July 2, 2013 10:30 AM
To: Summers, Patricia HLTH:EX; Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]
Subject: RE: Team Meeting

OK. B

From: Summers, Patricia HLTH:EX [mailto:Patricia.Summers@gov.bc.ca]
Sent: Tuesday, July 02, 2013 10:28 AM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]
Subject: RE: Team Meeting

Agreed but we will need the written confirmation from VCH before we can go forward

Sect 13

Sect 13

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Tuesday, July 2, 2013 10:19 AM
To: Summers, Patricia HLTH:EX; Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]
Subject: RE: Team Meeting

Sect 13

From: Summers, Patricia HLTH:EX [mailto:Patricia.Summers@gov.bc.ca]
Sent: Tuesday, July 02, 2013 10:16 AM
To: Maples, Bonnie [PH]; Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]
Subject: RE: Team Meeting

Thanks Bonnie,

With reference to the VCHA question, I don't believe we need to resolve this issue at this time. However, we are still waiting for the regional planning documentation from VCHA which outlines how additional beds at SPH fits within their overall strategy.

Pat

From: Maples, Bonnie [PH] [mailto:BMaples@providencehealth.bc.ca]
Sent: Tuesday, July 2, 2013 9:49 AM
To: Summers, Patricia HLTH:EX; Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]
Subject: RE: Team Meeting

Up to Shelley...

She and Mark probably need more time with the financials before we share them with the group. Only other matter to discuss is the difference in bed expectations between Ministry and Vancouver Coastal – but I don't know that either party is ready for that this afternoon.

Bonnie

From: Summers, Patricia HLTH:EX [<mailto:Patricia.Summers@gov.bc.ca>]

Sent: Tuesday, July 02, 2013 9:40 AM

To: Maples, Bonnie [PH]

Cc: Moen, Shelley L HLTH:EX

Subject: Team Meeting

Hi Bonnie,

I will not be able to attend today's meeting. Are you planning to go ahead with it? Pat

Patricia Summers

Director, Hospital and Provincial Services Branch | Ministry of Health | 6-2, 1515 Blanshard St. | Victoria, BC V8W 3C8 | 250-952-1955 | Cell: 250-507-8337

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Tuesday, July 2, 2013 1:55 PM
To: Moen, Shelley L HLTH:EX
Subject: Project Board Meeting

Hello Shelley,

I am being asked when the next project board meeting will be. As things sit now with Treasury Board not expected to accept submissions before September and our desire to advance as complete a package as possible I expect the next meeting will not be before the end of August – perhaps beginning of September. Would this be your expectation???

Thanks,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Moen, Shelley L HLTH:EX

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, July 9, 2013 11:14 AM
To: Brewster, Kevin HLTH:EX
Subject: RE: Question: from Providence St. Paul's Hospital planning

You've covered all the main points - thanks Kevin

Shelley Moen
Director| Capital Services Branch| Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

-----Original Message-----

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, July 9, 2013 11:10 AM
To: Moen, Shelley L HLTH:EX
Subject: FW: Question: from Providence St. Paul's Hospital planning

This is what I was going to say - feel free to edit.

A few things here:

Not Responsive

Sect 13

-----Original Message-----

From: Thistle-Walker, Carlene GCPE:EX
Sent: Tuesday, July 9, 2013 10:14 AM
To: Brewster, Kevin HLTH:EX
Subject: Question: from Providence St. Paul's Hospital planning

Hi Kevin,
Can you advise on the question below from Providence

Sect 13

Thank you

Carlene Thistle-Walker | A/ Communications Manager Government Communications & Public Engagement
B.C. Ministry of Health

Tel: 250.952.1644 | Mobile: Sect 17 email: carlene.thistle-walker@gov.bc.ca

-----Original Message-----

From: Hussain, Shaf [PH] [<mailto:SHussain@providencehealth.bc.ca>]
Sent: Tuesday, July 9, 2013 9:55 AM
To: Jabs, Ryan GCPE:EX
Cc: Thistle-Walker, Carlene GCPE:EX
Subject: Question

Hello, Ryan.

Sect 13

Thanks.

shaf

Moen, Shelley L HLTH:EX

From: Moen, Shelley L HLTH:EX
Sent: Thursday, July 11, 2013 2:20 PM
To: Bell, Mark J HLTH:EX; Sleeva, Cathy V HLTH:EX
Subject: FW: Update

FYI

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 Email: Shelley.Moen@gov.bc.ca

From: Moen, Shelley L HLTH:EX
Sent: Thursday, July 11, 2013 2:20 PM
To: 'Maples, Bonnie [PH]'
Subject: RE: Update

Hi Bonnie

S. 13, S. 17

Mark and I don't have any feedback yet on the financial templates and briefing note. We were sidelined a bit with Estimates preparation and are now resuming our regular work. I would leave this off the agenda for next Tuesday's teleconference.

Glad to hear that you have some solid candidates to consider for engineering and cost consultant services.

Any more news on the status of the ED options?

Thanks Bonnie

Regards -S

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Thursday, July 11, 2013 9:30 AM
To: Moen, Shelley L HLTH:EX
Subject: Update

Hello Shelley,

Any feed back on the financial templates or the briefing note? Do we want this on the agenda for our teleconference next Tuesday?

Darlene has a briefing note on th
teleconference.

Sect 13

and VCH alignment to distribute that can be discussed at the

We had a briefing for engineering and cost consultants responding to the RFP this

Sect 13

Sect 13

assemble a good team.

Since there were solid candidates in each discipline so I am confident we will be able to

Not Responsive

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Bell, Mark J HLTH:EX

From: South, Nancy HLTH:EX
Sent: Friday, July 12, 2013 10:04 AM
To: Bell, Mark J HLTH:EX
Subject: RE: SPH ED patient positions

Thanks Mark. Will add this to the mix.

n

From: Bell, Mark J HLTH:EX
Sent: Friday, July 12, 2013 10:04 AM
To: South, Nancy HLTH:EX
Subject: FW: SPH ED patient positions

See below for SPH ED patient positions (45)

Mark Bell

Capital Analyst Major Projects | Capital Services Branch | Ministry of Health
Phone: 250-952-1983 Email: Mark.J.Bell@gov.bc.ca

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Friday, July 12, 2013 9:49 AM
To: Bell, Mark J HLTH:EX; MacKinnon, Darlene [PH]
Subject: RE: SPH ED patient positions

Hi Mark. We have 45 spaces (stretchers, chairs, rooms, cubbies). Not all "up to standard" but usable. Bonnie

From: Bell, Mark J HLTH:EX [<mailto:Mark.J.Bell@gov.bc.ca>]
Sent: Friday, July 12, 2013 9:24 AM
To: Maples, Bonnie [PH]; MacKinnon, Darlene [PH]
Subject: SPH ED patient positions

Hi Bonnie & Darlene,

Can either of you tell me how many patient positions the current ED at SPH has ?
Nancy South from our Health Authorities Division is asking

Thanks

Mark Bell

Capital Analyst Major Projects | Capital Services Branch | Ministry of Health
Phone: 250-952-1983 Email: Mark.J.Bell@gov.bc.ca

Brewster, Kevin HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Friday, July 12, 2013 12:22 PM
To: John, Rebecca HLTH:EX
Subject: FW: St Pauls
Attachments: 3.4. a. Service Volumes Projections 130508.doc

Fyi - cardiac volumes being used by SPH

KB

-----Original Message-----

From: Moen, Shelley L HLTH:EX
Sent: Friday, July 12, 2013 12:20 PM
To: Brewster, Kevin HLTH:EX
Subject: RE: St Pauls

The attached report on service volume projections for SPH outpatient services was presented to the project board in May.

This document indicates an increase in cardiac clinic visits by approximately 14,000 visits per year by 2030 for cardiac clinics; and an increase of approximately 9,000 visits per year by 2030 for cardiac testing.

S

-----Original Message-----

From: Brewster, Kevin HLTH:EX
Sent: Friday, July 12, 2013 11:43 AM
To: Moen, Shelley L HLTH:EX
Subject: Re: St Pauls

Thx

----- Original Message -----

From: Moen, Shelley L HLTH:EX
Sent: Friday, July 12, 2013 11:42 AM Pacific Standard Time
To: Brewster, Kevin HLTH:EX
Subject: Re: St Pauls

Sect 13

renovations to the providence buildings will include upgrades to the operating rooms and ICU/CCU.

Will check to see what cardiac outpatient services are planned for the new ambulatory bldg.

----- Original Message -----

From: Brewster, Kevin HLTH:EX
Sent: Friday, July 12, 2013 11:28 AM Pacific Standard Time
To: Moen, Shelley L HLTH:EX

Subject: St Pauls

Sect 13

St. Paul's Hospital Redevelopment Project

A.MEMO CONFIDENTIAL

To Members of the Project Board
From Bonnie Maples, Acting Chief Project Officer
Darlene Mackinnon, Chief Clinical Planning Officer
Subject **Update - Service Volumes & Projections**
Date 8 May 2013

BACKGROUND

Service volume and projection data will inform the concept plan, the master plan for existing buildings and the functional program for the ambulatory care building. This memo provides background regarding volumes and projections and is provided to the Project Board for information.

Redevelopment of St. Paul's Hospital is predicated on need. The existing buildings were designed to meet health care needs anticipated by the master plan of 1972 and have absorbed 40 years of increased demand. The Concept Plan will be based on Inpatient, emergency department and outpatient service volumes for fiscal year 2011/12 projected to year 2020 and year 2030.

Current volumes were identified through a variety of internal sources including Providence Health Care (PHC) finance, health information management (medical records), and administrative decision support.

Projections were developed by Infitrak Inc. utilizing Canadian Institute for Health Information (CIHI) Discharge Abstract Data (DAD) and P.E.O.P.L.E. 36 population statistics for British Columbia. The methodology used is detailed in Appendix A. Population estimates and projections range from low to high. Data presented is the medium range and is considered to be the most appropriate.

PROJECTED NEED

Outpatient Service Visits

	FY 2011	FY 2020	FY 2030
Allied	16,093	18,818	22,266
Physiotherapy & Occupational Therapy			
Cardiac (General Clinics)	30,374	35,986	44,012
Heart Transplant, PACH, Pacer, Heart Function			
Healthy Heart, Heart Rhythm (incl Afib & EP)			
Cardiac (Testing)	20,509	24,299	29,717
Holter, ECG, ETT			
Elder Care	3,470	3,969	5,918
Family Practice (Primary Care Attachment)	0	20,000	22,399
HIV/AIDS (Immune Deficiency Clinic)	23,411	25,127	26,660

Maternity	3,322	3,729	4,107
Maternal Fetal Medicine & Fetal Monitoring Clinics			
Medicine (General Clinics)	16,567	19,628	24,005
Rapid Access, Respiriology, Hemoglobinopathy, Home IV, Diabetes, Thyroid-Endocrinology			
Medicine	18,249	21,621	26,443
Medical Daycare (Infusions, Transfusions)			
Cystic Fibrosis Clinic			
Pulmonary Function Testing			
EEG, EMG			
Mental Health	21,704	23,796	26,010
Acute Psychiatric Assessment, Mental Health Outpatients, Chronic Pain, Eating Disorders			
Renal	28,300	33,528	41,009
Kidney Function + Integrated Care			
Peritoneal Dialysis, Hemodialysis			
Transplant and Vascular Access Clinics			
Surgery Clinics	69,123	83,370	101,436
Ophthalmology, ENT, Audiology, Colorectal, Vascular, Neuro, Urology, Gynecology, Orthopedics, Rheumatology			
Surgical Interventions	16,082	19,397	23,600
Surgery Same Day, GI, Bronchoscopy, Minor Procedures			
	<u>267,204</u>	<u>333,265</u>	<u>397,582</u>
Diagnostic Imaging	77,454	90,568	107,162
Laboratory (phlebotomy)	<u>116,715</u>	<u>136,476</u>	<u>161,481</u>
	461,373	560,310*	666,226*

* note minor variations in totals due to rounding

Outpatient service volumes and projections have been reviewed and accepted by Providence Health Care; Vancouver Coastal Health; and Ministry of Health (Health Authorities Division and the Performance Modeling Analysis and Reporting Branch).

Emergency Department Separations	FY 2011	FY 2020	FY 2030
	72,824	81,196	90,775

The emergency department at St. Paul's has seen an average increase in volumes of 4.8% over the past 5 years. There are 49 treatment areas in its compact layout. Benchmark standards call for one treatment space per 1300-1500 separations, which translates to between 48 and 56 treatment areas based on current volumes. This would indicate that the emergency department (though renovated only a few years ago) is currently operating at capacity.

Emergency department service volumes and projections have been reviewed and accepted by Providence Health Care; Vancouver Coastal Health and Ministry of Health.

Inpatient Services (Beds)	FY 2011	FY 2020	FY 2030
Medical	179	184	203
Surgical	122	134	146
Critical Care	36	48	53
Maternity	22	22	22
Neonatal Intensive Care	9	9	9
Mental Health	<u>67</u>	<u>76</u>	<u>81</u>
	435	473	515

St. Paul's currently operates 435 funded inpatient beds. The inpatient service projections show above are preliminary estimates only. The projection methodology and assumptions are being validated and confirmed by Ministry of Health and reviewed by Vancouver Coastal Health in terms of aligning bed capacity at St. Paul's within an overall regional strategy.

Appendix A - Methodology for Service Volume Projections

Outpatient Services

While the inpatient, day surgery and emergency data comprise patient records that include age and Local Health Area (LHA) of residence, the ambulatory and workload data include total volumes only limiting the ability to develop future projections. Consequently a growth rate proxy system was developed, as described below:

- A series of growth rate proxies were developed for such categories as: Inpatients overall, Day Surgery, Obstetrics, Pediatrics, Adults and Seniors
- Each service growth rate proxy was derived from the calculated growth in separations/visits from the inpatient and day surgery previously developed. In the case of the age related categories, P.E.O.P.L.E. 36 growth projections were developed for the corresponding age category.
- Once each ambulatory category was assigned a proxy, the associated growth rate was applied to determine the corresponding projected values in FY 2020/21 and FY 2030/31.

Data Sources: Inpatient, ED & Ambulatory Care Data - PHC; and P.E.O.P.L.E. 36 – B.C. Stats.

Emergency Department Services

Projections are based 2011/12 volumes projected to 2020 and 2030 based on population growth and aging.

Data Sources: Inpatient, ED & Ambulatory Care Data - PHC; and P.E.O.P.L.E. 36 – B.C. Stats.

Appendix B – Volumes and Projections

Spreadsheets showing the volumes and projections are available for review and include:

1. Inpatient Bed Volumes and Projections (Summary)
2. Inpatient Bed Volumes and Projections (Medium, Low and High Scenarios)
3. Inpatient Separations by Entry Type
4. Inpatient Bed Utilization by Provider Service
5. Inpatient Bed Utilization by MCC
6. Inpatient Bed Utilization by Patient Origin
7. Emergency Department Volumes by CTAS Compounding Adjustment
8. Emergency Department Volumes by CTAS Simple Adjustment
9. Emergency Department Volumes and Projections
10. Emergency Department Volumes by Patient Origin
11. Estimated and projected Population by HSDA and LHA
12. Inpatient Bed Separations by Entry Type Fiscal Year 2011
13. Outpatient Service Volumes and Projections.

Moen, Shelley L HLTH:EX

Subject: Updated: SPH Redevelopment Team Teleconference
Location: DIAL IN#: S. 15, S. 17 Participant Code S. 15, S. 17
Start: Wed 2013-07-17 9:30 AM
End: Wed 2013-07-17 10:30 AM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Maples, Bonnie [PH]
Required Attendees: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Hitchman, Harry J HLTH:EX; [FHA] Grossert, Alan; MacKinnon, Darlene [PH]; Feltham, Sandra HLTH:EX; Burd, Martha HLTH:EX; Evans, Jay HLTH:EX; XT:HLTH Ross, Cori; XT:HLTH Eliopoulos, Vivian
Optional Attendees: XT:Cruzelle, Dolores HLTH:IN

FORWARDED TO YOU ON BEHALF OF BONNIE MAPLES, ACTING CHIEF PROJECT OFFICER, SPH REDEVELOPMENT:

NOTE: THIS WEEK'S SPH REDEVELOPMENT TEAM TELECONFERENCE HAS BEEN RESCHEDULED TO JULY 17 2013 0930 - 1030

DATE: Every two weeks

TIME: 1500 - 1600

TELECONFERENCE:

DIAL-IN NUMBER:

Participant Code:

S. 15, S. 17

Chairperson Code

Attachments:

1. Project Team Meeting Agenda 130717
2. Project Team Meeting Minutes 130521
3. Briefing Note: Bed Projections 130710



Sect 13

SPH Project Team Team Meeting
Minutes 13061... genda 130717.

St. Paul's Hospital Redevelopment Project

Project Team

Minutes

June 18, 2013

Meeting Number 12

Present:

Members:

Shelley Moen, MOH
Patricia Summers, MOH
Mark Bell, MOH
Bonnie Maples, PHC
Darlene MacKinnon, PHC
Martha Burd, MOH
Alan Grossert, LMFM
John Relley, MOH
Harry Hitchman, MOH

Team Support:

n/a

Guests:

Regrets:

Cori Ross, VCH
Vivian Eliopoulos, VCH
Sandra Feltham, MOH
Jay Evans, MOH

Call to Order: 3:00pm

1.0 Agenda and Previous Minutes Amendments:

Sect 13, Sect 17

New Bus

2.0 Inpatient Beds:

- Darlene M. updated MoH on meeting with ED Regional Council meeting on June 17 2013

Sect 13, Sect 17

St. Paul's Hospital Redevelopment Project

3.0

Sect 13, Sect 17

– Bonnie M. went over the

Sect 17, Sect 13

Sect 17

Adjournment: 3:32pm



How you want to be treated.

ST. PAUL'S HOSPITAL REDEVELOPMENT PROJECT TEAM MEETING
WEDNESDAY, JULY 17 2013
9:30AM – 10:30AM
TELECONFERENCE

S. 15

DIAL-IN NUMBER:

MODERATOR CODE:
PARTICIPANT CODE:

S. 15, S. 17

AGENDA

Invitees: Shelley Moen, Director, Capital Services Branch, MOH
Mark Bell, Capital Analyst, Capital Services Branch, MOH
Patricia Summers, Director, Health Authority Division, MOH
Sandra Feltham, Senior Economist, Modeling and Analysis, MOH
Harry Hitchman, Director, Health Authority Funding, Regional Grants & Decision Support
Martha Burd, Director, Modeling and Analysis, Planning & Innovation Division, MOH
Bonnie Maples, Acting Chief Project Officer, PHC (Facilitator)
Darlene MacKinnon, Chief Clinical Planning Officer, PHC
Alan Grossert, Lower Mainland Facilities Management
Cori Ross, Vancouver Coastal Health Authority
Vivian Eliopoulos, Vancouver Coastal Health Authority

ITEM	DISCUSSION	RESPONSIBLE
1.0 Agenda and Previous minutes		All
NEW BUSINESS		
2.0 Sect 13	- For Review	Darlene M.
3.0 Next Meeting	3:00– 4:00PM Tuesday, July 30, 2013	

Attachments

1. Minutes of Meeting 130618
2. Briefing Note: Bed Projections 130710

ST PAUL'S HOSPITAL REDEVELOPMENT

BRIEFING NOTE: BED PROJECTIONS

Situation

Ministry of Health staff expects the Redevelopment Concept Plan to include projections of inpatient bed demand for St. Paul's Hospital (SPH) to 2030. The projections are to be acceptable to Ministry of Health Performance Measurement, Analysis and Reporting Branch and Vancouver Coastal Health (VCH) Authority.

Background

In reviewing the Concept Plan submitted in 2010, MOH staff has asked the Project Office to provide projections of inpatient bed demand to 2020 and 2030 based on population growth and aging within a regional context. Current funded capacity is 436 beds.

PHC Methodology

In preparing the inpatient utilization projections, the Canadian Institute for Health Information (CIHI) Discharge Abstract Data (DAD) was obtained for St. Paul's Hospital (SPH) patients for the Fiscal Year 2011/12, which contained one record for each inpatient discharged between April 1, 2011 and March 31, 2012. Each separation record contained detailed information about the patient's stay including age, Local Health Area (LHA) of residence, the number of acute and Alternate Level of Care (ALC) days and major clinical category.

In undertaking the projections, the following methodology was employed

- The SPH inpatient utilization data was summarized by Case Management Group (CMG) Grade Assignment, Method of Entry, place of residence and age category for fiscal year 2011/12.
- The SPH inpatient utilization data was summarized by CMG Grade Assignment, Method of Entry, place of residence and age category for fiscal year 2011/12.
- In the current fiscal year, the utilization data comprised separations, acute days and ALC days.
- The separations were projected by unique CMG Grade Assignment and Method of Entry categories from FY 2011/12 to FY 2020/21 and FY 2030/31 using the P.E.O.P.L.E. 36 estimates and projections. The growth projections were based on each patient's age category and their LHA of residence, from the DAD, and the corresponding population categories in P.E.O.P.L.E. 36.
- In FY 2011/12, the Average Length Of acute Stay (ALOS) was calculated for each CMG Grade Assignment and Method of Entry category.
- In FY 2011/12, the overall ALC rate was calculated, and the distribution between CMG Grade Assignment and Method of Entry categories was determined.
- A base case set of projections was developed by applying the FY 2011/12 ALOS and ALC distribution to the projected separations in FY 2020/21 and FY 2030/31.

- The base case presumes that no improvements or changes in the delivery of medical care would occur over the various time periods; whereas, historical information indicates that the ALOS drops between 0.5% and 2.0% per year, and that improvements can be made in the reduction of ALC days.

Methodology Assumptions: PHC & Not Responsive

Assumptions	PHC
Segmentation	Surgical, Medical, Mental Health, Maternity, Pregnancy/Newborn
Population/Demographics	PEOPLE36
Service mix & Distribution	Current proportional overall mix maintained. Distribution across segmentation and service mix analysed.
Market Share	Maintain current Health Authority se sufficiency except: - Repatriate Open Heart Surgery (OHS) caseload to Interior Health Authority (IHA) Market share across 6 LHAs, across VCH, across all health authorities and outside of BC analysed
Distribution VCH & PHC	Maintain current proportional distribution
Alternate Level of Care	7.1% of all cases
Length of Stay	1% efficiency improvement was applied to the ALOS

Sect 13

Not Responsive

Mental Health Projections

In developing the Mental Health projections, PHC used the methodology developed by VCH, which was based on the application of the following assumptions:

- A base year of FY 2011/12 was used to maintain consistency with the projections developed using the SPH methodology
- The inpatient Mental Health Population was defined by "Most Responsible Provider Service: Mental Health" for patients 17 years of age and older
- The Mental Health inpatients were divided between typical and atypical cases
- The Mental Health separations in each category were projected into future years on an age and LHA of residence basis using P.E.O.P.L.E. 36
- ~~An Average Length of Stay : Expected Length of Stay (ALOS:ELOS) efficiency target of 94% was applied~~ to the typical cases in each of the future projection years
- The atypical days were adjusted in a proportion that was consistent with typical case change in days
- The ALC days in the typical and atypical service categories were reduced to 0 in the future years; however, an additional 5% patient days for atypical stays was added to address future ALC requirements
- The bed requirements were based on a 95% occupancy, associated with the projected days, in each of the future years
- No changes to referral patterns were included

Page 141 redacted for the following reason:

Sect 13

Brewster, Kevin HLTH:EX

From: Ward, Lucinda HLTH:EX
Sent: Monday, July 22, 2013 2:33 PM
To: Brewster, Kevin HLTH:EX
Subject: RE: Fact Sheets on Capital Projects
Attachments:

Not Responsive

Not Responsive

Pauls Hospital Redevelopment FINAL

Not Responsive

E-Versions are attached. For items highlighted below – they were not in the latest fact sheets folder (June 2013) so pulled from either the last session (Jan 2013) or Spring 2012.

Let me know if there is anything else you need.

From: Brewster, Kevin HLTH:EX
Sent: Monday, July 22, 2013 1:47 PM
To: Ward, Lucinda HLTH:EX
Subject: Fact Sheets on Capital Projects

Hi – would you be able to assemble our fact sheets on the following list of projects please – e-versions.

When ready, pls e-mail to me - Thanks.

Not Responsive

Not Responsive

Pages 144 through 158 redacted for the following reasons:

S. 13, s. 17

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Thursday, August 1, 2013 2:47 PM
To: Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX
Subject: RE: Cost and phasing
Attachments: Financial Templates MOH 130801.xls; St. Paul's Hospital Master Plan Class D Estimate Report April 2, 2013.pdf; Appendix H SPH Renewal Program Estimate #1 Revision #1 December 15, 2010.pdf

Hello Shelley and Mark,

Attached is a revised spreadsheet for our discussion. I have added a sheet for each component that gives a little more detail on what is included in the construction cost and a reference source for the information.

Talk to you soon.

Also attached are the estimates by SSA and BTY.

Bonnie

From: Maples, Bonnie [PH]
Sent: Wednesday, July 31, 2013 5:10 PM
To: 'Moen, Shelley L HLTH:EX'; Bell, Mark J HLTH:EX
Subject: Cost and phasing

Hi Shelley and Mark,

Do you have time for a phone call tomorrow on cost and phasing?????

Attached is a memo that tries to summarize the issues. Shelley, I shared an earlier version with you previously. The only change is a reference that our Board is uncomfortable delaying the infrastructure (particularly seismic) upgrade of Burrard building. If that was advanced it would leave almost no money for any renovations. Tough call.

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Pages 160 through 231 redacted for the following reasons:

S. 13, S. 17

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Tuesday, August 6, 2013 9:02 AM
To: Moen, Shelley L HLTH:EX
Subject: ED at St. Paul's
Attachments: ED Study new Final Report 130801.pdf; ED Study reno Final report 130503.pdf

Good morning Shelley,

Attached are two studies done for the emergency department at St. Paul's.

Sect 13

If you can come over for the Risk Workshop on August 16 perhaps we could take a few minutes and walk around the areas.

Best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Pages 233 through 269 redacted for the following reasons:

s. 13

Moen, Shelley L HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, August 7, 2013 7:33 AM
To: Moen, Shelley L HLTH:EX
Cc: Brewster, Kevin HLTH:EX
Subject: RE: Capital powerpoint update

Thanks Shelley, looks good. Could you go through this and make sure we use the term "business plan" rather than "business case" (e.g. slide 7).....this is something that the minister insists on. Also on slide 7, we indicate some projects are in "planning".....how is this different from the business plan stage?

Manjit Sidhu, C.A.
Assistant Deputy Minister
Financial and Corporate Services
Ministry of Health

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, August 6, 2013 4:33 PM
To: Sidhu, Manjit HLTH:EX
Cc: Brewster, Kevin HLTH:EX
Subject: RE: Capital powerpoint update

Hi Manjit – attached is the revised power point including edits and a recommendation and implications slide, as per our discussion this afternoon.

<< File: Aug 6 - 10 Yr Capital Plan options summary.pptx >>

Please let me know if any further edits are required.

S

From: Sidhu, Manjit HLTH:EX
Sent: Tuesday, August 6, 2013 10:13 AM
To: Moen, Shelley L HLTH:EX
Subject: FW: Capital powerpoint update

Hi Shelley, can we discuss this sometime today. Thx.

From: Brewster, Kevin HLTH:EX
Sent: Friday, August 2, 2013 4:35 PM
To: Sidhu, Manjit HLTH:EX
Subject: Capital powerpoint update

<< File: Aug 1 - 10 Yr Capital Plan options summary.pptx >>

Hi Manjit – attached is a revised powerpoint based on feedback from the briefing this morning

I've added some context slides up front to better introduce the topic – added a graphic showing how St Pauls' cashflow was always beyond the 10 year plan

I've also added a slide referencing the capital planning process and how it doesn't always incent the appropriate outcomes.

Happy to discuss.

KB

Moen, Shelley L HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Tuesday, August 6, 2013 10:33 AM
To: Moen, Shelley L HLTH:EX
Cc: Armstrong, Ashley HLTH:EX
Subject: RE: Capital powerpoint update

3pm?

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, August 6, 2013 10:23 AM
To: Sidhu, Manjit HLTH:EX
Cc: Armstrong, Ashley HLTH:EX
Subject: RE: Capital powerpoint update

Yes – can we meet this afternoon?

Please let me know what time would work for you.

Thx.

S

From: Sidhu, Manjit HLTH:EX
Sent: Tuesday, August 6, 2013 10:13 AM
To: Moen, Shelley L HLTH:EX
Subject: FW: Capital powerpoint update

Hi Shelley, can we discuss this sometime today. Thx.

From: Brewster, Kevin HLTH:EX
Sent: Friday, August 2, 2013 4:35 PM
To: Sidhu, Manjit HLTH:EX
Subject: Capital powerpoint update

<< File: Aug 1 - 10 Yr Capital Plan options summary.pptx >>

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I've also added a slide referencing the capital planning process and how it doesn't always incent the appropriate outcomes.

Happy to discuss.

KB

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Tuesday, August 6, 2013 11:08 AM
To: Moen, Shelley L HLTH:EX
Subject: Re: Capital powerpoint update

OK - good luck - he like #2 - my guess is he's wanting another version - or changes to some slides

From: Moen, Shelley L HLTH:EX
Sent: Tuesday, August 06, 2013 10:36 AM Pacific Standard Time
To: Brewster, Kevin HLTH:EX
Subject: FW: Capital powerpoint update

FYI - mtg with Manjit at 3:00 this afternoon to discuss

Will give you an update after the mtg

Shelley Moen

Director | Capital Services Branch | Ministry of Health
Phone: 250-952-1518 **Email:** Shelley.Moen@gov.bc.ca

From: Sidhu, Manjit HLTH:EX
Sent: Tuesday, August 6, 2013 10:13 AM
To: Moen, Shelley L HLTH:EX
Subject: FW: Capital powerpoint update

Hi Shelley, can we discuss this sometime today. Thx.

From: Brewster, Kevin HLTH:EX
Sent: Friday, August 2, 2013 4:35 PM
To: Sidhu, Manjit HLTH:EX
Subject: Capital powerpoint update

<<Aug 1 - 10 Yr Capital Plan options summary.pptx>>

Hi Manjit - attached is a revised powerpoint based on feedback from the briefing this morning

I've added some context slides up front to better introduce the topic - added a graphic showing how St Pauls' cashflow was always beyond the 10 year plan

I've also added a slide referencing the capital planning process and how it doesn't always incent the appropriate outcomes.

Happy to discuss.

KB

Pages 274 through 285 redacted for the following reasons:

s. 17

Moen, Shelley L HLTH:EX

From: Moen, Shelley L HLTH:EX
Sent: Friday, August 9, 2013 9:38 AM
To: 'Maples, Bonnie [PH]'
Cc: Bell, Mark J HLTH:EX
Subject: Financial Templates MOH 130801_(MOH review).xls



Financial
Templates MOH 1308

Pages 287 through 317 redacted for the following reasons:

S. 17

Concept Plan ???

Historical Escalation for Institutional Construction in Vancouver.

year	price index	% increase over previous year
2002	100	
2003	102.6	2.60%
2004	113.9	11.00%
2005	122.3	7.40%
2006	137.7	12.60%
2007	150.9	9.60%
2008	157.4	4.30%
2009	136.8	-13.10%
2010	139.1	1.70%
2011	144.7	4.00%
2012	148.4	2.60%

	cumulative
	5.70%
	8.30%

* date of BTY cost report

Month	Rate	Cumulative
Jan-13	0.20%	8.50%
Feb-13	0.20%	8.70%
Mar-13	0.20%	8.90%
Apr-13	0.20%	9.10%
May-13	0.20%	9.30%
Jun-13	0.20%	9.50%
Jul-13	0.10%	9.60%
Aug-13	0.10%	9.70%
Sep-13	0.20%	9.90%
Oct-13	0.20%	10.10%
Nov-13	0.20%	10.30%

Source: Statistics Canada. Table 327-0043

Escalation Forecast by SSA Cost Consultants (April 30, 2013)

Month	Rate	Cumulative
Jan-13	-	
Feb-13	-	
Mar-13	0.20%	0.20%
Apr-13	0.20%	0.40%
May-13	0.20%	0.60%
Jun-13	0.20%	0.80%
Jul-13	0.10%	0.90%
Aug-13	0.10%	1.00%
Sep-13	0.20%	1.20%
Oct-13	0.20%	1.40%
Nov-13	0.20%	1.60%
Dec-13	0.20%	1.80%

Month	Rate	Cumulative
Jan-14	0.10%	1.90%
Feb-14	0.10%	2.00%
Mar-14	0.20%	2.20%
Apr-14	0.20%	2.40%
May-14	0.20%	2.60%
Jun-14	0.20%	2.80%
Jul-14	0.10%	2.90%
Aug-14	0.10%	3.00%
Sep-14	0.20%	3.20%
Oct-14	0.20%	3.40%
Nov-14	0.20%	3.60%
Dec-14	0.20%	3.80%

Month	Rate	Cumulative
Jan-15	0.20%	4.00%
Feb-15	0.25%	4.25%
Mar-15	0.25%	4.50%
Apr-15	0.25%	4.75%
May-15	0.25%	5.00%
Jun-15	0.25%	5.25%
Jul-15	0.25%	5.50%
Aug-15	0.25%	5.75%
Sep-15	0.25%	6.00%
Oct-15	0.25%	6.25%
Nov-15	0.25%	6.50%
Dec-15	0.25%	6.75%

Month	Rate	Cumulative
Jan-16	0.25%	7.00%
Feb-16	0.25%	7.25%
Mar-16	0.30%	7.55%
Apr-16	0.30%	7.85%
May-16	0.30%	8.15%
Jun-16	0.30%	8.45%
Jul-16	0.30%	8.75%
Aug-16	0.30%	9.05%
Sep-16	0.30%	9.35%
Oct-16	0.25%	9.60%
Nov-16	0.25%	9.85%
Dec-16	0.25%	10.10%

Month	Rate	Cumulative
Jan-17	0.25%	10.35%
Feb-17	0.30%	10.65%
Mar-17	0.30%	10.95%
Apr-17	0.50%	11.45%
May-17	0.50%	11.95%
Jun-17	0.50%	12.45%
Jul-17	0.50%	12.95%
Aug-17	0.50%	13.45%
Sep-17	0.50%	13.95%
Oct-17	0.30%	14.25%
Nov-17	0.30%	14.55%
Dec-17	0.30%	14.85%

Escalation assumption ongoing at 0.3% per month

Month	Rate	Cumulative
Jan-18	0.30%	15.15%
Feb-18	0.30%	15.45%
Mar-18	0.30%	15.75%
Apr-18	0.30%	16.05%
May-18	0.30%	16.35%
Jun-18	0.30%	16.65%
Jul-18	0.30%	16.95%
Aug-18	0.30%	17.25%
Sep-18	0.30%	17.55%
Oct-18	0.30%	17.85%
Nov-18	0.30%	18.15%
Dec-18	0.30%	18.45%

Month	Rate	Cumulative
Jan-19	0.30%	18.75%
Feb-19	0.30%	19.05%
Mar-19	0.30%	19.35%
Apr-19	0.30%	19.65%
May-19	0.30%	19.95%
Jun-19	0.30%	20.25%
Jul-19	0.30%	20.55%
Aug-19	0.30%	20.85%
Sep-19	0.30%	21.15%
Oct-19	0.30%	21.45%
Nov-19	0.30%	21.75%
Dec-19	0.30%	22.05%

Month	Rate	Cumulative
Jan-20	0.30%	22.35%
Feb-20	0.30%	22.65%
Mar-20	0.30%	22.95%
Apr-20	0.30%	23.25%
May-20	0.30%	23.55%
Jun-20	0.30%	23.85%
Jul-20	0.30%	24.15%
Aug-20	0.30%	24.45%
Sep-20	0.30%	24.75%
Oct-20	0.30%	25.05%
Nov-20	0.30%	25.35%
Dec-20	0.30%	25.65%

Month	Rate	Cumulative
Jan-21	0.30%	25.95%
Feb-21	0.30%	26.25%
Mar-21	0.30%	26.55%
Apr-21	0.30%	26.85%
May-21	0.30%	27.15%
Jun-21	0.30%	27.45%
Jul-21	0.30%	27.75%
Aug-21	0.30%	28.05%
Sep-21	0.30%	28.35%
Oct-21	0.30%	28.65%
Nov-21	0.30%	28.95%
Dec-21	0.30%	29.25%

Month	Rate	Cumulative
Jan-22	0.30%	29.55%
Feb-22	0.30%	29.85%
Mar-22	0.30%	30.15%
Apr-22	0.30%	30.45%
May-22	0.30%	30.75%
Jun-22	0.30%	31.05%
Jul-22	0.30%	31.35%
Aug-22	0.30%	31.65%
Sep-22	0.30%	31.95%
Oct-22	0.30%	32.25%
Nov-22	0.30%	32.55%
Dec-22	0.30%	32.85%

Month	Rate	Cumulative
Jan-23	0.30%	33.15%
Feb-23	0.30%	33.45%
Mar-23	0.30%	33.75%
Apr-23	0.30%	34.05%
May-23	0.30%	34.35%
Jun-23	0.30%	34.65%
Jul-23	0.30%	34.95%
Aug-23	0.30%	35.25%
Sep-23	0.30%	35.55%
Oct-23	0.30%	35.85%
Nov-23	0.30%	36.15%
Dec-23	0.30%	36.45%

Pages 320 through 322 redacted for the following reasons:

S. 17

Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Thursday, August 15, 2013 9:30 AM
To: Moen, Shelley L HLTH:EX
Subject: RE: FW: SPH - Preparatory Works Project Risk Workshop

Oh pooh. Was looking forward to reviewing ED and the preparatory projects – but understand. Bonnie

-----Original Appointment-----

From: Moen, Shelley L HLTH:EX [<mailto:Shelley.Moen@gov.bc.ca>]
Sent: Thursday, August 15, 2013 9:22 AM
To: Maples, Bonnie [PH]
Subject: Declined: FW: SPH - Preparatory Works Project Risk Workshop
When: Friday, August 16, 2013 8:30 AM-4:30 PM (GMT-08:00) Pacific Time (US & Canada).
Where: 1190 Hornby - Room 1117

Hi Bonnie – unfortunately due to conflicting work priorities, I will not be able to attend the Risk Workshop.

Look forward to discussing the results with you.

Regards -Shelley

Moen, Shelley L HLTH:EX

From: Brewster, Kevin HLTH:EX
Sent: Thursday, August 15, 2013 3:49 PM
To: Sidhu, Manjit HLTH:EX
Cc: Moen, Shelley L HLTH:EX
Subject: Briefing materials for St Pauls Hospital redevelopment

Hi Manjit – these are the materials we're proposing for the briefing next wk re: St Paul's



984557

ormation Note

Sect 13



PH Site Plan and
Preparatory ...

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff #984273

PREPARED FOR: Manjit Sidhu, Assistant Deputy Minister - **FOR INFORMATION**

Sect 13

Pages 326 through 328 redacted for the following reasons:

S. 13

Sect 13

St. Paul's Hospital Redevelopment Project

E. MEMO CONFIDENTIAL

To

Members of the Project Board

From

Bonnie Maples, Acting Chief Project Officer

Subject

Darlene Mackinnon, Chief Clinical Planning Officer

Date

Preparatory Projects

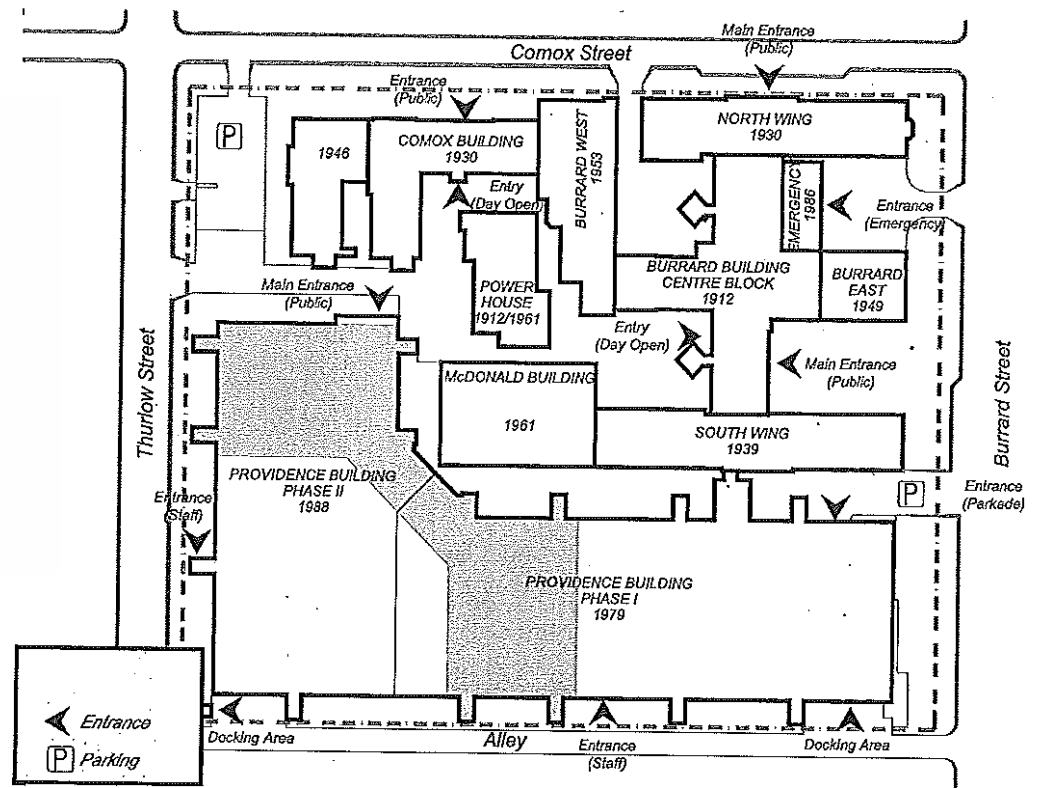
3 May 2013

BACKGROUND

This memo provides clarification of preparatory projects that must be completed in order to ready the St. Paul's Hospital (SPH) site for construction of the new Ambulatory Care building. The preparatory projects will be identified as the first phase of work as part of the overall phasing plan for the redevelopment project, and cost estimates are being confirmed.

Preparatory projects
include:

Sect 13



The appropriate time
to demolish the
(redundant) Power

Plant building is being examined and this work may be included as a preparatory project.

Moen, Shelley L HLTH:EX

From: Casanova, Tamara HLTH:EX
Sent: Wednesday, August 14, 2013 3:22 PM
To: Boomer, Joanne HLTH:EX; Clifford, Kate TRAN:EX
Subject: Confirmed Minister briefing re Not Responsive /St. Pauls Discussion
Attachments: St. Pau

Hi Joanne,

Program staff will be briefing the Minister next week regarding the Not Responsive and St. Pauls.

Date: Tuesday, August 20th

Time: 12:45 to 1:30 pm


Location: S. 15

Dial in for staff in Victoria: S. 15, S. 17 **Participant ID:** S. 15, S. 17 Minister Lake is the Moderator

Please send calendar invites to Elaine McKnight, A/DM, Manjit Sidhu, Shelley Moen, Director and Shannon Hagerman, GCPE.

Many thanks,

Tamara Casanova | Executive Coordinator & Minister's Office Liaison Officer | Office of the Deputy Minister | Ministry of Health | P:
250.952.1908 Sect 17 **F:** 250.952.1909 | tamara.casanova@gov.bc.ca

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Moen, Shelley L HLTH:EX

From: Jukes, Shaina HLTH:EX
Sent: Wednesday, August 14, 2013 10:06 AM
To: Casanova, Tamara HLTH:EX
Subject: St. Pauls/ Not Responsive

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Tamara,

I have confirmed that MTL would like to go ahead with this on the 20th and that they can do another one by phone when Stephen comes back if required.

Thanks,
S.

Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547 | Fax: 250-356-9587 | Hlth.Health@gov.bc.ca*

Moen, Shelley L HLTH:EX

From: Docs Processing HLTH:EX
Sent: Friday, August 16, 2013 8:16 AM
To: Loiacono, Sabrina HLTH:EX; Jukes, Shaina HLTH:EX
Cc: O'Brien, Kellie HLTH:EX; Miniaci, Mario HLTH:EX; Scott, Heidi HLTH:EX; Casanova, Tamara HLTH:EX; Foran, Grace E HLTH:EX; Boomer, Joanne HLTH:EX; Moir, Lindsay HLTH:EX; Hagerman, Shannon GCPE:EX; Belanger, Matthew GCPE:EX; Docs Processing HLTH:EX
Subject: Aug 20: Not Responsive and St Paul's Hospital Redevelopment Briefing Material
Attachments: Aug 15 - Not Responsive : SPH Site Plan and Preparatory Projects.doc; 98427 Not Responsive 984557 Information Note - St Paul's Hospital Redevelopment Site Decision.docx

Good Morning,

Please find attached material for the Minister's August 20th briefing regarding the Not Responsive and St. Paul's Hospital redevelopment. This material has been approved by Manjit Sidhu, ADM, and by Steve Brown, DM. If anything further is required, please let us know.

Regards,
Robin Pascoe
Documents Processing
Ministry of Health
Phone: (250) 952-2636
Email: robin.pascoe@gov.bc.ca

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Moen, Shelley L HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Friday, May 17, 2013 4:42 PM
To: Moen, Shelley L HLTH:EX
Cc: MacKinnon, Darlene [PH]; Nguyen, Erick [PH]
Subject: RE: Update

Hi Shelley,

We have a teleconference scheduled for next Tuesday. Suggest the agenda be

Sect 13

- operating budget (format and requirements from below)
- MSP billings (how to approach from below)
- construction cost escalation (from below)
- MOH financial templates (have not received these yet – but if you send them we could review)

Have a great long weekend.

Bonnie

From: Maples, Bonnie [PH]
Sent: Wednesday, May 15, 2013 1:58 PM
To: 'Moen, Shelley L HLTH:EX'
Cc: MacKinnon, Darlene [PH]
Subject: Update

Hello Shelley,

Some status updates and a couple of questions:

- **Functional Program** for Ambulatory Care – Darlene and I are doing final reviews with user groups and “tightening” the program, we expect to complete this by the end of the week so Sterling Planning Alliance can finalize their document
- **Emergency Department** - We are meeting with Stantec next Tuesday to review the functional program and also to have a design session on how to address the question of replacing the Emergency Department

Sect 13

Sect 13

- **Engineers** - In advancing the feasibility study for the ambulatory care building we are going to need some engineering (and cost consulting) input. *Can I post a request for proposals on BC Bid?* I would use the same wording as was on the RFP for Architects and run the draft by you first of course.
- **Boiler Plant Demolition** – I have asked the consultants involved with the Comox building demolition to look more closely at the Boiler Plant demolition. An immediate concern is the new electrical feeders and equipment being located there as part of the St. Paul's main electrical project. These should really go directly into the Burrard building. It is a relatively small portion of the big electrical project – but that project team is having a look at what it would mean to accommodate the change now (anticipating demolition).

Sect 13

- **Capital Cost and Cash Flow** - I have someone helping me with the overall project costing and cash flow (relative to phasing) including the factors you provided previously. We are using an escalation curve developed by SSA Quantity Surveyors (attached for reference) – these are the escalation percentages being used for Women's & Children's Hospital, but you might want to confirm that they are appropriate. If you *send the templates* (or examples) you referred that will help advance the financial analysis.

All for now, best regards,

Bonnie Maples, Architect AIBC, PP/FRAIC
Providence Health Care
Chief Project Officer, St. Paul's Hospital Redevelopment
bmaples@providencehealth.bc.ca
604-806-8933

Will, Jordan HLTH:EX

From: Hitchman, Harry J HLTH:EX
Sent: Tuesday, May 21, 2013 5:07 PM
To: 'Maples, Bonnie [PH]'
Cc: Moen, Shelley L HLTH:EX; Morelli, John HLTH:EX; Summers, Patricia HLTH:EX; Bell, Mark J HLTH:EX; Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX
Attachments: ProjectionsApril12013.xls

Hi Bonnie

Further to our conference call this afternoon, I have reviewed the attached spreadsheet (particularly the 'Volume Projections' tab) that was attached to today's meeting notice, and I am not sure how it relates to the operating cost information that we received back on Jan 14.

Feel free to give me a call as needed.

Harry Hitchman
Director, Health Authority Funding - VCHA & VIHA
Regional Grants & Decision Support
Ministry of Health
office telephone: (250)952-3673
email address: Harry.Hitchman@gov.bc.ca

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Will, Jordan HLTH:EX

From: Evans, Jay HLTH:EX
Sent: Tuesday, June 18, 2013 4:01 PM
To: Summers, Patricia HLTH:EX
Subject: RE: ED data

I hope you're not using this for anything technical because some of them are "projected need" due to concept planning rather than specifically a proposed number of spaces and the projection years are not specific matches.

	Current	Proposed
--	---------	----------

Not Responsive

SPH	49	69-89
-----	----	-------

From: Summers, Patricia HLTH:EX
Sent: Tuesday, June 18, 2013 12:39 PM
To: Evans, Jay HLTH:EX
Subject: ED data
Importance: High

Can you look at the 4 proposals we have in front of us (SPH, Not Responsive creating a summary of current spaces and projected spaces based on the increasing utilization? Doesn't need to be fancy. I'm just trying to figure out how much expansion they are looking at. i.e. double the size? You'll need to go back to the old data for SPH as they have backed away from this projection.

Thx.

Patricia Summers

Director, Hospital and Provincial Services Branch | Ministry of Health | 6-2, 1515 Blanshard St. | Victoria, BC V8W 3C8 | 250-952-1955 |

Sect 17

Will, Jordan HLTH:EX

From: Maples, Bonnie [PH] [BMaples@providencehealth.bc.ca]
Sent: Friday, July 12, 2013 4:18 PM
To: Summers, Patricia HLTH:EX
Subject: RE: Updated: SPH Redevelopment Team Teleconference

OK – Darlene has a Sect 13 It will be distributed Monday. MOH and VCH may need a chat about Fraser repatriation but it is a difference of about 20 beds to PHC – which we can accommodate or not – so it is not holding up the project. Bonnie

-----Original Appointment-----

From: Summers, Patricia HLTH:EX [<mailto:Patricia.Summers@gov.bc.ca>]
Sent: Friday, July 12, 2013 4:15 PM
To: Maples, Bonnie [PH]
Subject: Declined: Updated: SPH Redevelopment Team Teleconference
When: Occurs every 2 weeks on Tuesday effective 7/16/2013 until No end from 3:00 PM to 4:00 PM Pacific Standard Time.
Where: DIAL IN#: Sect 17, Sect 15

Sorry Bonnie... I am out of town that day on business. P

Will, Jordan HLTH:EX

From: MacKinnon, Darlene [PH] [DMacKinnon@providencehealth.bc.ca]
Sent: Wednesday, May 29, 2013 11:43 AM
To: Summers, Patricia HLTH:EX
Cc: Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX; Moen, Shelley L HLTH:EX
Subject: SPH Projection Summary rev14.xlsx
Attachments: SPH Projection Summary rev14.xlsx

Hi Pat,

In follow-up to our Ministry of Health Project Team meeting last week (May 21), I am attaching the projections for the SPH Redevelopment project. This is the final version of the work and is only slightly different than your version 8. The total bed projections for 2030 remains the same but we have now provided the projected bed growth by individual unit (program).

Of interest are the tabs IP bed maps, IP bed map detail and IP Grade Entry. You will notice the IP bed map detail sheet & the IP Entry grade sheet have the efficiency factor(s), ALC rate and occupancy rates in yellow. These sheet have been created so you can modify any or all of these to see the effect on patient days and beds.

I believe the breakdown of medical, surgical, critical care and mental health beds are clear in the document however below is the breakdown:

Medicine beds include : general medicine (clinical teaching units), cardiology, respiratory, family practice, HIV/AIDs, palliative care

Surgical beds include : surgical, orthopedic, rehabilitaion, cardiac surgery, renal (nephrology)and High Acuity Unit (4 beds)

Mental Health beds include: all mental health beds plus eating disorders (7 beds)

Critical Care beds include: intensive care (ICU), cardical surgery intensive care (CSICU), cardology intensive care (CICU)

Maternity
Neonatal ICU

Total 436 funded beds

Please feel free to contact me if you have any additional questions or need any additional information.

Regards,
Darlene

Will, Jordan HLTH:EX

From: Hitchman, Harry J HLTH:EX
Sent: Wednesday, May 22, 2013 8:03 AM
To: Morelli, John HLTH:EX; Moen, Shelley L HLTH:EX; Bell, Mark J HLTH:EX; Summers, Patricia HLTH:EX; Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX
Subject: St Paul's project

FYI also.

Harry Hitchman
Director, Health Authority Funding - VCHA & VIHA Regional Grants & Decision Support Ministry of Health office telephone: (250)952-3673 email address: Harry.Hitchman@gov.bc.ca

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-----Original Message-----

From: Maples, Bonnie [PH] [<mailto:BMaples@providencehealth.bc.ca>]
Sent: Wednesday, May 22, 2013 7:58 AM
To: Hitchman, Harry J HLTH:EX
Subject: RE:

Sorry it was a background piece and should have been deleted from the workbook. Bonnie

From: Hitchman, Harry J HLTH:EX [Harry.Hitchman@gov.bc.ca]
Sent: Tuesday, May 21, 2013 5:07 PM
To: Maples, Bonnie [PH]
Cc: Moen, Shelley L HLTH:EX; Morelli, John HLTH:EX; Summers, Patricia HLTH:EX; Bell, Mark J HLTH:EX; Burd, Martha HLTH:EX; Feltham, Sandra HLTH:EX
Subject:

Hi Bonnie

Further to our conference call this afternoon, I have reviewed the attached spreadsheet (particularly the 'Volume Projections' tab) that was attached to today's meeting notice, and I am not sure how it relates to the operating cost information that we received back on Jan 14.

Feel free to give me a call as needed.

Harry Hitchman
Director, Health Authority Funding - VCHA & VIHA Regional Grants & Decision Support Ministry of Health office telephone: (250)952-3673 email address:
Harry.Hitchman@gov.bc.ca<<mailto:Harry.Hitchman@gov.bc.ca>>

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Will, Jordan HLTH:EX

From: Korabek, Barbara HLTH:EX
Sent: Tuesday, July 16, 2013 12:26 PM
To: Evernden, Erica HLTH:EX; Henry, Effie HLTH:EX; Collins, Teri HLTH:EX; Marr, Ann HLTH:EX; Seller, Leigh Ann HLTH:EX
Subject: FW: Media Availability: Lake - health care overview

Don't share beyond yourself – but gives some insight thanks

From: Hagerman, Shannon GCPE:EX
Sent: Tuesday, July 16, 2013 12:15 PM
To: Barber, Cheryl A HLTH:EX; Brown, Stephen R HLTH:EX; Davidson, Heather (ADM) HLTH:EX; Foran, Grace E HLTH:EX; Godfrey, Debbie HLTH:EX; Hagerman, Shannon GCPE:EX; Kendall, Perry HLTH:EX; Kislock, Lindsay M HLTH:EX; Korabek, Barbara HLTH:EX; Manning, Nichola HLTH:EX; McKnight, Elaine L HLTH:EX; Paton, Arlene HLTH:EX; Patterson, Ted PSEC:EX; Sidhu, Manjit HLTH:EX; Walman, Barbara J. HLTH:EX
Cc: Jabs, Ryan GCPE:EX
Subject: Media Availability: Lake - health care overview

Below you will find the full transcript of the media interview with Pamela Fayerman, in addition to the topics I referenced yesterday, there was also some questions about

Not Responsive

Sect 13

and St. Paul's hospital redevelopment.

The reporter has stated she plans to publish it as a straight QA, with the content edited for grammar, redundancies and space constraints.

From: Lindstein, Sarah GCPE:EX
Sent: Tuesday, July 16, 2013 7:57 AM
To: Hagerman, Shannon GCPE:EX
Cc: Jabs, Ryan GCPE:EX; Belanger, Matthew GCPE:EX
Subject: FW: Media Availability: Lake - health care overview

Fayerman interview

From: tno@gov.bc.ca [<mailto:tno@gov.bc.ca>]
Sent: Monday, July 15, 2013 10:30 PM
Subject: Media Availability: Lake - health care overview

Media Availability
Lake/Fayerman interview
10-Jul-2013 09:04

Sect 3

Pages 341 through 358 redacted for the following reasons:

s. 3

Will, Jordan HLTH:EX

From: Summers, Patricia HLTH:EX
Sent: Thursday, June 13, 2013 3:32 PM
To: Evernden, Erica HLTH:EX
Subject: RE: Direction requested: HAD position on ED projections/sizing

Wonderful. Thanks!

From: Evernden, Erica HLTH:EX
Sent: Thursday, June 13, 2013 3:32 PM
To: Summers, Patricia HLTH:EX
Cc: Andrachuk, Andrea HLTH:EX
Subject: RE: Direction requested: HAD position on ED projections/sizing

Hi Pat –

1:00 on Monday should be fine. I will send you an invitation from Barbara's calendar.

Thx.

Sincerely,

Erica Evernden

A/Manager, Executive Operations

Assistant Deputy Minister's Office | Health Authorities Division | Ministry of Health

Phone: 250.952.2173 | Fax: 250.952.1052

6-2, 1515 Blanshard Street, Victoria, BC V8W 3C8

From: Summers, Patricia HLTH:EX
Sent: Thursday, June 13, 2013 3:30 PM
To: Evernden, Erica HLTH:EX
Subject: RE: Direction requested: HAD position on ED projections/sizing

What about 1:00 on Monday? I have something booked but can shift it. P

From: Evernden, Erica HLTH:EX
Sent: Thursday, June 13, 2013 3:25 PM
To: Summers, Patricia HLTH:EX
Cc: Andrachuk, Andrea HLTH:EX
Subject: RE: Direction requested: HAD position on ED projections/sizing

Hi Pat –

We have 9:30 tomorrow. Does that work for you?

Sincerely,

Erica Evernden

A/Manager, Executive Operations

Assistant Deputy Minister's Office | Health Authorities Division | Ministry of Health

Phone: 250.952.2173 | Fax: 250.952.1052

6-2, 1515 Blanshard Street, Victoria, BC V8W 3C8

From: Summers, Patricia HLTH:EX
Sent: Thursday, June 13, 2013 3:25 PM

To: Evernden, Erica HLTH:EX
Subject: FW: Direction requested: HAD position on ED projections/sizing

Over to you. Any chance of 15-20 minutes of Barbara's time? P

From: Summers, Patricia HLTH:EX
Sent: Thursday, June 13, 2013 3:24 PM
To: Andrachuk, Andrea HLTH:EX
Subject: FW: Direction requested: HAD position on ED projections/sizing

Hi Andrea,

Does Barbara have any time available tomorrow or Monday? Pat

From: Korabek, Barbara HLTH:EX
Sent: Thursday, June 13, 2013 3:13 PM
To: Summers, Patricia HLTH:EX; Henry, Effie HLTH:EX
Subject: RE: Direction requested: HAD position on ED projections/sizing

Yes – please do arrange a time to chat – I briefly actually put this in front of the new minister yesterday. I spoke to the need to look at capital planning not from a site by site – but rather from a system level planning perspective – regardless of HA boundaries.

Sect 13

Sect 13

From: Summers, Patricia HLTH:EX
Sent: Thursday, June 13, 2013 3:01 PM
To: Korabek, Barbara HLTH:EX; Henry, Effie HLTH:EX
Subject: Direction requested: HAD position on ED projections/sizing

Hi Barbara,

As I mentioned the last week, the capital review team would like your thoughts on some issues that have come up with proposed ED builds. We currently have a number of ED redevelopment proposals in front of us (some stand alone while others are part of a larger build) including St. Paul's Hospital (possibly phase 2 of the project),
Through the review process it became apparent that the Lower Mainland
Facility Management group recently began using a 4% compounding annual increase in utilization to generate projected ED visits.

Not Responsive

Not Responsive

Sect 13

Sect 13

Sect 13

Sect 13 This would be viewed as status quo.

Sect 13

Sect 13

Sandra Feltham is currently pulling together ED utilization data and we have a meeting set up with the ED physician from Nanaimo to discuss ED innovation and the issue of patient positions, chairs versus stretchers, etc (and also intend to engage with UBC).

Sect 13

Sect 13

Please let me know if you would like me to arrange for an appointment in your calendar to discuss.

Thanks. Pat

Patricia Summers

Director, Hospital and Provincial Services Branch | Ministry of Health | 6-2, 1515 Blanshard St. | Victoria, BC V8W 3C8 | 250-952-1955 |

Sect 17

SPH	Surgical	Day Surgery	1,070	1,113	1,163	1,219	1,271
SPH	Surgical	Direct Admission	28,695	30,117	31,857	33,571	35,126
SPH	Surgical	Emergency	20,593	21,306	22,200	23,177	24,152
SPH	Surgical	Total	50,358	52,536	55,220	57,967	60,549

SPH	Invalid	Emergency	59	59	56	56	57
SPH	Not Assigned	Day Surgery	12	12	11	14	18
SPH	Not Assigned	Direct Admission	34	33	32	31	30
SPH	NULL	Direct Admission	618	625	632	631	629
SPH	NULL	Emergency	179	183	188	195	204
SPH	Not Assigned	Total	902	911	919	926	937

SPH	Total	Total	139,606	143,584	148,816	154,421	159,375
-----	-------	-------	---------	---------	---------	---------	---------

			Inpatient Total Days: Actual and Projected				
Site	Program	EntryType	FY2011	FY2015	FY2020	FY2025	FY2030
SPH	Maternity	Clinic or Minor Surgery	2	2	2	2	2
SPH	Maternity	Direct Admission	5,902	5,778	5,716	5,610	5,403
SPH	Maternity	Emergency	434	422	414	401	382
SPH	Maternity	Newborn	4,562	4,724	4,990	5,170	5,234
SPH	Maternity	Total	10,900	10,926	11,121	11,184	11,021

SPH	Medical	Clinic or Minor Surgery	87	91	96	102	107
SPH	Medical	Day Surgery	185	193	202	214	225
SPH	Medical	Direct Admission	10,816	11,313	11,938	12,578	13,147
SPH	Medical	Emergency	44,932	46,384	48,263	50,701	53,104
SPH	Medical	Total	56,020	57,981	60,499	63,595	66,583

SPH	Psychiatry	Direct Admission	3,159	3,152	3,176	3,201	3,178
SPH	Psychiatry	Emergency	26,287	26,334	26,436	26,426	26,267
SPH	Psychiatry	Total	29,446	29,486	29,612	29,627	29,446

SPH	Surgical	Day Surgery	1,079	1,122	1,172	1,229	1,282
SPH	Surgical	Direct Admission	29,119	30,554	32,310	34,040	35,610
SPH	Surgical	Emergency	22,725	23,500	24,474	25,536	26,588
SPH	Surgical	Total	52,923	55,176	57,956	60,806	63,480

SPH	Invalid	Emergency	59	59	56	56	57
SPH	Not Assigned	Day Surgery	12	12	11	14	18
SPH	Not Assigned	Direct Admission	34	33	32	31	30
SPH	NULL	Direct Admission	651	659	667	668	666
SPH	NULL	Emergency	223	228	235	244	254
SPH	Not Assigned	Total	979	990	1,001	1,012	1,025

SPH	Total	Total	150,268	154,558	160,189	166,223	171,555
-----	-------	-------	---------	---------	---------	---------	---------

REFERENCE SCENARIO			Inpatient Total Beds: Actual and Projected				
Site	Program	EntryType	FY2011	FY2015	FY2020	FY2025	FY2030
SPH	Maternity	Clinic or Minor Surgery	0	0	0	0	0
SPH	Maternity	Direct Admission	18	17	17	17	16
SPH	Maternity	Emergency	1	1	1	1	1
SPH	Maternity	Newborn	14	14	15	16	16
SPH	Maternity	Total	33	33	33	34	33

SPH	Medical	Clinic or Minor Surgery	0	0	0	0	0
SPH	Medical	Day Surgery	1	1	1	1	1
SPH	Medical	Direct Admission	32	34	36	38	39

9	9	10	10	10
424	436	452	469	484
2,132	2,194	2,274	2,360	2,436
2,565	2,640	2,736	2,839	2,930

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
33	34	35	37	38
44	45	47	49	50
77	79	82	85	88

10,662	10,974	11,373	11,802	12,180
--------	--------	--------	--------	--------

Occupancy 91.2%

SPH	Medical	Emergency	135	139	145	152	160
SPH	Medical	Total	168	174	182	191	200
SPH	Psychiatry	Direct Admission	9	9	10	10	10
SPH	Psychiatry	Emergency	79	79	79	79	79
SPH	Psychiatry	Total	88	89	89	89	88
SPH	Surgical	Day Surgery	3	3	4	4	4
SPH	Surgical	Direct Admission	87	92	97	102	107
SPH	Surgical	Emergency	68	71	74	77	80
SPH	Surgical	Total	159	166	174	183	191
SPH	Invalid	Emergency	0	0	0	0	0
SPH	Not Assigned	Day Surgery	0	0	0	0	0
SPH	Not Assigned	Direct Admission	0	0	0	0	0
SPH	NULL	Direct Admission	2	2	2	2	2
SPH	NULL	Emergency	1	1	1	1	1
SPH	Not Assigned	Total	3	3	3	3	3
SPH	Total	Total	451	464	481	499	515

			Inpatient Total Beds: Actual and Projected				
LOW SCENARIO				3.0%	3.0%	5.0%	5.0%
Site	Program	EntryType	FY2011	FY2015	FY2020	FY2025	FY2030
SPH	Maternity	Clinic or Minor Surgery	0	0	0	0	0
SPH	Maternity	Direct Admission	18	17	17	16	15
SPH	Maternity	Emergency	1	1	1	1	1
SPH	Maternity	Newborn	14	14	15	15	15
SPH	Maternity	Total	33	32	32	32	31
SPH	Medical	Clinic or Minor Surgery	0	0	0	0	0
SPH	Medical	Day Surgery	1	1	1	1	1
SPH	Medical	Direct Admission	32	33	35	36	38
SPH	Medical	Emergency	135	135	141	145	152
SPH	Medical	Total	168	169	176	181	190
SPH	Psychiatry	Direct Admission	9	9	9	9	9
SPH	Psychiatry	Emergency	79	77	77	75	75
SPH	Psychiatry	Total	88	86	86	85	84
SPH	Surgical	Day Surgery	3	3	3	4	4
SPH	Surgical	Direct Admission	87	89	94	97	102
SPH	Surgical	Emergency	68	68	71	73	76
SPH	Surgical	Total	159	161	169	174	181
SPH	Invalid	Emergency	0	0	0	0	0
SPH	Not Assigned	Day Surgery	0	0	0	0	0
SPH	Not Assigned	Direct Admission	0	0	0	0	0
SPH	NULL	Direct Admission	2	2	2	2	2
SPH	NULL	Emergency	1	1	1	1	1
SPH	Not Assigned	Total	3	3	3	3	3
SPH	Total	Total	451	450	467	474	490

			Inpatient Total Beds: Actual and Projected				
HIGH SCENARIO				3.0%	3.0%	5.0%	5.0%
Site	Program	EntryType	FY2011	FY2015	FY2020	FY2025	FY2030
SPH	Maternity	Clinic or Minor Surgery	0	0	0	0	0

SPH	Maternity	Direct Admission	18	18	18	18	17
SPH	Maternity	Emergency	1	1	1	1	1
SPH	Maternity	Newborn	14	15	15	16	17
SPH	Maternity	Total	33	34	34	35	35
SPH	Medical	Clinic or Minor Surgery	0	0	0	0	0
SPH	Medical	Day Surgery	1	1	1	1	1
SPH	Medical	Direct Admission	32	35	37	40	41
SPH	Medical	Emergency	135	144	149	160	168
SPH	Medical	Total	168	179	187	201	210
SPH	Psychiatry	Direct Admission	9	10	10	10	10
SPH	Psychiatry	Emergency	79	81	82	83	83
SPH	Psychiatry	Total	88	91	92	93	93
SPH	Surgical	Day Surgery	3	3	4	4	4
SPH	Surgical	Direct Admission	87	95	100	107	112
SPH	Surgical	Emergency	68	73	76	81	84
SPH	Surgical	Total	159	171	179	192	200
SPH	Invalid	Emergency	0	0	0	0	0
SPH	Not Assigned	Day Surgery	0	0	0	0	0
SPH	Not Assigned	Direct Admission	0	0	0	0	0
SPH	NULL	Direct Admission	2	2	2	2	2
SPH	NULL	Emergency	1	1	1	1	1
SPH	Not Assigned	Total	3	3	3	3	3
SPH	Total	Total	451	478	496	524	541

SPH Actual and Projected Inpatient Utilization by Provider Service: FY 2011 to FY 2035

Notes:

- 1) SPH operated 436 beds in FY 2011/12. 435 beds are accounted for in the attached analysis, with the remaining bed being associated with a long stay patient.
2) Projections assume that the current ALC rate of 7.1% will remain constant over the projected time horizons.

Provider Service	Inpatient Separations: Actual and Projected					
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030
Anesthesia	22	32	34	36	38	41
Cardiac Surgery	1,095	1,124	1,214	1,380	1,573	1,909
Cardiology	1,967	2,014	2,159	2,415	2,709	3,017
Diagnostic Radiology	1	1	1	1	1	2
Endocrinology and Metabolism	59	60	63	70	78	86
Family Practitioner/General Practitioner	1,433	1,451	1,521	1,660	1,817	1,960
Gastroenterology	217	220	229	245	261	277
General Surgery	1,439	1,465	1,551	1,697	1,852	2,012
Geriatric Medicine	95	97	103	113	123	135
Hematology	130	133	141	155	167	178
Internal Medicine	3,651	3,716	3,924	4,286	4,730	5,202
Midwife	402	407	426	464	497	521
Nephrology	417	426	454	503	563	628
Neurology	24	24	26	28	30	32
Neurosurgery	5	5	5	5	5	6
Obstetrics and Gynecology	2,060	2,071	2,121	2,220	2,366	2,430
Orthopedic Surgery	928	946	1,008	1,115	1,233	1,435
Otolaryngology	188	191	203	225	243	260
Pediatrics	1,250	1,268	1,346	1,494	1,628	1,798
Plastic Surgery	87	88	91	96	101	107
Psychiatry	1,580	1,592	1,639	1,719	1,785	1,836
Respirology	297	302	317	345	381	418
Rheumatology	293	298	315	345	384	427
Urology	474	483	513	563	616	672
Vascular Surgery	225	230	247	279	320	362
Total*	18,353	18,645	19,651	21,460	23,490	25,392

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Patient Days	Actual and Projected			
	Total	Acute	ALC	%ALC
Anesthesia	295	295	0	0.0%
Cardiac Surgery	12,173	11,932	241	2.0%
Cardiology	10,685	10,514	171	1.6%
Diagnostic Radiology	2	2	0	0.0%
Endocrinology and Metabolism	741	605	136	18.4%
Family Practitioner/General Practitioner	14,236	12,222	2,014	14.1%
Gastroenterology	1,398	1,391	7	0.5%
General Surgery	9,182	9,119	63	0.7%
Geriatric Medicine	934	799	135	14.5%
Hematology	1,935	1,847	88	4.5%
Internal Medicine	40,706	36,016	4,690	11.5%
Midwife	662	662	0	0.0%
Nephrology	5,178	4,915	263	5.1%
Neurology	92	92	0	0.0%
Neurosurgery	19	19	0	0.0%
Obstetrics and Gynecology	5,247	5,247	0	0.0%
Orthopedic Surgery	6,048	4,967	1,081	17.9%
Otolaryngology	545	545	0	0.0%
Pediatrics	4,635	4,634	1	0.0%
Plastic Surgery	339	339	0	0.0%
Psychiatry	25,261	23,903	1,358	5.4%
Respirology	3,166	3,028	138	4.4%
Rheumatology	2,613	2,360	253	9.7%
Urology	1,970	1,966	4	0.2%
Vascular Surgery	2,206	2,187	19	0.9%
Total*	150,268	139,606	10,662	7.1%

Provider Service	Reference Scenario					
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030
Anesthesia	295	296	298	301	307	314
Cardiac Surgery	12,173	12,375	12,961	14,001	15,151	16,158
Cardiology	10,685	10,830	11,260	11,967	12,752	13,494
Diagnostic Radiology	2	2	2	2	2	2
Endocrinology and Metabolism	741	745	765	804	849	891
Family Practitioner/General Practitioner	14,236	14,270	14,514	15,043	15,646	16,109
Gastroenterology	1,398	1,400	1,415	1,437	1,456	1,470
General Surgery	9,182	9,254	9,506	9,860	10,240	10,573
Geriatric Medicine	934	941	969	1,009	1,052	1,094
Hematology	1,935	1,954	2,016	2,100	2,148	2,183
Internal Medicine	40,706	40,976	41,967	43,551	45,652	47,700
Midwife	662	663	674	698	710	706
Nephrology	5,178	5,237	5,415	5,702	6,051	6,417
Neurology	92	92	94	97	99	101
Neurosurgery	19	19	19	18	18	17
Obstetrics and Gynecology	5,247	5,222	5,187	5,159	5,091	4,961
Orthopedic Surgery	6,048	6,106	6,311	6,632	6,908	7,163
Otolaryngology	545	549	566	595	610	620
Pediatrics	4,635	4,655	4,792	5,053	5,332	5,601
Plastic Surgery	339	339	340	341	342	343
Psychiatry	25,261	25,202	25,157	25,071	24,729	24,190
Respirology	3,166	3,183	3,246	3,351	3,518	3,669
Rheumatology	2,613	2,632	2,700	2,808	2,968	3,137
Urology	1,970	1,986	2,046	2,136	2,217	2,300
Vascular Surgery	2,206	2,235	2,328	2,500	2,718	2,923
Total*	150,268	151,165	154,551	160,258	166,471	171,834

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Efficiency: 1.0%

Provider Service	Negative Growth Adjustment					
	1%	3%	5%	5%	5%	5%
Low Scenario						
Inpatient Total Days: Actual and Projected						
FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Anesthesia	295	293	289	292	291	298
Cardiac Surgery	12,173	12,251	12,572	13,581	14,395	15,350
Cardiology	10,685	10,722	10,922	11,608	12,115	12,819
Diagnostic Radiology	2	2	2	2	2	2
Endocrinology and Metabolism	741	738	742	780	807	846
Family Practitioner/General Practitioner	14,236	14,127	14,079	14,591	14,863	15,303
Gastroenterology	1,398	1,386	1,372	1,394	1,384	1,399
General Surgery	9,182	9,161	9,221	9,584	9,728	10,044
Geriatric Medicine	934	932	940	979	999	1,039
Hematology	1,935	1,934	1,956	2,037	2,041	2,073
Internal Medicine	40,706	40,566	40,708	42,245	43,369	45,315
Midwife	662	656	654	677	674	656
Nephrology	5,178	5,185	5,233	5,531	5,752	6,096
Neurology	92	91	92	94	94	96
Neurosurgery	19	19	18	18	17	16
Obstetrics and Gynecology	5,247	5,170	5,032	5,004	4,836	4,713
Orthopedic Surgery	6,048	6,045	6,121	6,433	6,563	6,805
Otolaryngology	545	544	549	577	599	589
Pediatrics	4,635	4,609	4,648	4,901	4,971	5,036
Plastic Surgery	339	336	330	331	325	326
Psychiatry	25,261	24,950	24,402	24,319	23,493	22,980
Respirology	3,166	3,152	3,148	3,251	3,342	3,486
Rheumatology	2,613	2,605	2,619	2,724	2,820	2,980
Urology	1,970	1,967	1,985	2,072	2,106	2,185
Vascular Surgery	2,206	2,213	2,258	2,425	2,582	2,777
Total*	150,268	149,654	149,914	155,451	158,147	163,242

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Provider Service	Positive Growth Adjustment					
	1%	3%	3%	5%	5%	5%
Low Scenario						
Inpatient Total Days: Actual and Projected						
FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Anesthesia	295	299	307	310	322	329
Cardiac Surgery	12,173	12,499	13,350	14,421	15,910	16,966
Cardiology	10,685	10,938	11,598	12,326	13,390	14,168
Diagnostic Radiology	2	2	2	2	2	2
Endocrinology and Metabolism	741	753	788	828	892	935
Family Practitioner/General Practitioner	14,236	14,413	14,950	15,494	16,428	16,914
Gastroenterology	1,398	1,414	1,457	1,480	1,529	1,543
General Surgery	9,182	9,346	9,792	10,176	10,752	11,101
Geriatric Medicine	934	951	998	1,040	1,104	1,149
Hematology	1,935	1,973	2,077	2,163	2,256	2,291
Internal Medicine	40,706	41,386	43,226	44,858	47,934	50,805
Midwife	662	670	695	718	745	742
Nephrology	5,178	5,289	5,578	5,874	6,357	6,737
Neurology	92	93	97	100	104	106
Neurosurgery	19	19	19	19	18	18
Obstetrics and Gynecology	5,247	5,274	5,343	5,314	5,345	5,209
Orthopedic Surgery	6,048	6,167	6,500	6,831	7,254	7,521
Otolaryngology	545	555	583	613	640	651
Pediatrics	4,635	4,702	4,936	5,205	5,494	5,566
Plastic Surgery	339	342	351	351	359	360
Psychiatry	25,261	25,454	25,911	25,824	25,966	25,399
Respirology	3,166	3,215	3,343	3,452	3,694	3,853
Rheumatology	2,613	2,658	2,781	2,892	3,116	3,294
Urology	1,970	2,006	2,108	2,200	2,328	2,415
Vascular Surgery	2,206	2,258	2,398	2,575	2,854	3,069
Total*	150,268	152,677	159,188	165,066	174,795	180,426

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Provider Service	Reference Scenario					
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030
Anesthesia	1	1	1	1	1	1
Cardiac Surgery	35	36	37	41	44	47
Cardiology	31	31	33	35	37	39
Diagnostic Radiology	0	0	0	0	0	0
Endocrinology and Metabolism	2	2	2	2	2	3
Family Practitioner/General Practitioner	41	41	42	44	45	47
Gastroenterology	4	4	4	4	4	4
General Surgery	27	27	28	29	30	31
Geriatric Medicine	3	3	3	3	3	3
Hematology	6	6	6	6	6	6
Internal Medicine	118	119	121	126	132	138
Midwife	2	2	2	2	2	2
Nephrology	15	15	16	16	18	19
Neurology	0	0	0	0	0	0
Neurosurgery	0	0	0	0	0	0
Obstetrics and Gynecology	15	15	15	15	14	14
Orthopedic Surgery	17	18	18	19	20	21
Otolaryngology	2	2	2	2	2	2
Pediatrics	13	13	14	15	15	15
Plastic Surgery	1	1	1	1	1	1
Psychiatry	73	73	73	73	72	70
Respirology	9	9	9	10	10	11
Rheumatology	8	8	8	8	9	9
Urology	6	6	6	6	7	7
Vascular Surgery	6	6	7	7	8	8
Total*	435	437	447	464	482	497

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Occupancy: 95%

Provider Service	Negative Growth Adjustment					
	1%	3%	3%	5%	5%	5%
	Low Scenario					
Inpatient Beds: Actual and Projected						
FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Anesthesia	1	1	1	1	1	1
Cardiac Surgery	35	35	36	39	42	44
Cardiology	31	31	32	34	35	37
Diagnostic Radiology	0	0	0	0	0	0
Endocrinology and Metabolism	2	2	2	2	2	2
Family Practitioner/General Practitioner	41	41	41	42	43	44
Gastroenterology	4	4	4	4	4	4
General Surgery	27	27	27	28	28	29
Geriatric Medicine	3	3	3	3	3	3
Internal Medicine	6	6	6	6	6	6
Midlevel	118	117	118	122	125	131
Nephrology	15	15	15	16	17	18
Neurology	0	0	0	0	0	0
Neurosurgery	0	0	0	0	0	0
Obstetrics and Gynecology	13	13	13	14	14	15
Orthopedic Surgery	17	17	18	19	20	20
Otolaryngology	2	2	2	2	2	2
Pediatrics	13	13	13	14	14	15
Plastic Surgery	1	1	1	1	1	1
Psychiatry	73	72	71	70	68	66
Respirology	9	9	9	9	10	10
Rheumatology	8	8	8	8	8	9
Urology	6	6	6	6	6	6
Vascular Surgery	6	6	6	7	7	8
Total*	435	433	434	450	458	472

SPH Actual and Projected Inpatient Utilization by MCC: FY 2011 to FY 2035

Notes:

- 1) SPH operated 436 beds in FY 2011/12. 435 beds are accounted for in the attached analysis, with the remaining bed being associated with a long stay patient.
- 2) Projections assume that the current ALC rate of 7.1% will remain constant over the projected time horizons.

MCC Description	Inpatient Separations: Actual and Projected					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2030
Undefined	431	444	451	451	451	558
Burns	1	1	1	1	1	1
D&D Blood & Lymphatic System	250	255	271	299	328	356
D&D Circulatory System	3,589	3,676	3,946	4,433	5,005	5,598
D&D Digestive System	1,765	1,729	1,828	2,002	2,197	2,405
D&D Ear, Nose, Mouth & Throat	165	168	177	194	210	227
D&D Endo System, Nutrit & Met	491	499	525	569	616	664
D&D Eye	8	8	9	10	11	12
D&D Female Reproductive System	508	515	539	576	610	648
D&D Hepatobill Sys & Pancreas	368	375	397	434	474	517
D&D Kid, Urin Tr & M Repr Sys	967	986	1,046	1,149	1,269	1,400
D&D MSK Sys & Connect Tissue	840	856	911	1,003	1,097	1,194
D&D Nervous System	388	394	416	454	502	555
D&D Respiratory System	930	948	1,008	1,116	1,258	1,409
D&D Skin, Subcu Tiss & Breast	280	284	299	326	354	384
Mental Diseases & Disorders	1,826	1,842	1,900	2,002	2,100	2,188
Misc CMG & Ungroupable Data	16	16	16	17	17	18
Multisys or Unspec Site Infect	537	544	569	608	654	705
Nb & Neo w Cond Orig Perin Per	1,855	2,062	2,094	2,174	2,239	2,263
Not Applicable	1	1	1	1	1	1
Other Reasons for Hosp	704	718	766	854	958	1,071
Pregnancy & Childbirth	2,091	2,095	2,127	2,208	2,275	2,299
Trauma Inj Pois & Tox Eff Drug	795	808	854	931	1,019	1,106
Total*	18,353	18,824	19,745	21,412	23,246	25,075

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

mom to birth ratio

0.9844

Patient Days	Actual		
	Total	Acute	ALC
	874	797	77
	2	2	0
	3,000	2,908	92
	28,512	27,682	830
	12,144	11,898	246
	537	537	0
	2,878	2,786	92
	53	53	0
	1,163	1,163	0
	2,745	2,655	90
	6,227	5,942	285
	8,167	7,004	1,163
	5,396	4,320	1,076
	8,426	7,569	857
	2,923	2,597	326
	29,446	26,887	2,559
	46	46	0
	2,859	7,378	472
	5,507	5,509	1
	59	59	0
	11,771	9,955	1,816
	5,176	5,176	0
	7,366	6,694	672
	150,268	139,606	10,662
			7.1%

ALDS with Efficiency Gain	Actual				
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
	20.3	20.2	19.5	18.5	17.6
	2.0	2.0	1.9	1.8	1.7
	12.0	11.9	11.5	10.9	10.4
	7.9	7.9	7.6	7.2	6.9
	7.1	7.1	6.9	6.5	6.2
	3.3	3.2	3.1	3.0	2.8
	5.9	5.8	5.6	5.3	5.1
	6.6	6.6	6.4	6.0	5.7
	2.3	2.3	2.2	2.1	2.0
	7.5	7.4	7.2	6.8	6.5
	6.4	6.4	6.2	5.9	5.6
	9.7	9.6	9.3	8.9	8.4
	13.9	13.8	13.4	12.7	12.1
	9.1	9.0	8.7	8.3	7.9
	10.4	10.3	10.0	9.5	9.0
	16.1	16.0	15.5	14.7	14.0
	2.9	2.8	2.8	2.6	2.5
	14.6	14.5	14.0	13.3	12.7
	3.0	2.9	2.9	2.7	2.6
	59.0	58.4	56.7	53.8	51.1
	16.7	16.6	16.1	15.3	14.5
	2.5	2.5	2.4	2.3	2.1
	9.3	9.2	8.9	8.5	8.0

MCC Description	Inpatient Total Days: Actual and Projected					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2030
Undefined	874	877	886	899	907	915
Burns	2	2	2	2	2	2
D&D Blood & Lymphatic System	3,000	3,026	3,122	3,276	3,407	3,512
D&D Circulatory System	28,512	28,910	30,104	32,129	34,457	36,615
D&D Digestive System	12,144	12,210	12,542	13,044	13,601	14,139
D&D Ear, Nose, Mouth & Throat	537	540	553	575	593	609
D&D Endo System, Nutrit & Met	2,878	2,895	2,957	3,044	3,128	3,205
D&D Eye	53	54	56	59	62	64
D&D Female Reproductive System	1,163	1,167	1,186	1,203	1,211	1,221
D&D Hepatobill Sys & Pancreas	2,745	2,768	2,846	2,954	3,064	3,173
D&D Kid, Urin Tr & M Repr Sys	6,227	6,283	6,465	6,749	7,082	7,424
D&D MSK Sys & Connect Tissue	8,167	8,244	8,502	8,896	9,245	9,559
D&D Nervous System	5,396	5,430	5,552	5,759	6,055	6,324
D&D Respiratory System	8,426	8,502	8,774	9,222	9,875	10,511
D&D Skin, Subcu Tiss & Breast	2,923	2,938	3,002	3,101	3,206	3,297
Mental Diseases & Disorders	29,446	29,404	29,422	29,453	29,349	29,654
Misc CMG & Ungroupable Data	46	46	45	43	42	41
Multisys or Unspec Site Infect	7,850	7,880	7,987	8,106	8,281	8,466
Nb & Neo w Cond Orig Perin Per	5,507	6,061	5,969	5,888	5,762	5,532
Not Applicable	59	59	59	56	56	57
Other Reasons for Hosp	11,771	11,880	12,293	13,028	13,878	14,738
Pregnancy & Childbirth	5,176	5,134	5,056	4,967	4,881	4,686
Trauma Inj Pois & Tox Eff Drug	7,366	7,415	7,600	7,901	8,182	8,607
Total*	150,268	151,744	154,978	160,374	166,327	171,631

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Efficiency 1.0%

MCC Description	Negative Growth Adjustment					
	1%	3%	3%	5%	5%	5%
	Low Scenario					
Inpatient Total Days: Actual and Projected	Actual					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2030
Undefined	874	868	859	872	861	859
Burns	2	2	2	2	2	2
D&D Blood & Lymphatic System	3,000	2,996	3,029	3,178	3,237	3,381
D&D Circulatory System	28,512	28,621	29,200	31,165	32,734	34,784
D&D Digestive System	12,144	12,107	12,166	12,601	13,028	13,437
D&D Ear, Nose, Mouth & Throat	537	534	536	558	563	578
D&D Endo System, Nutrit & Met	2,878	2,866	2,868	2,953	2,972	3,045
D&D Eye	53	53	54	57	59	61
D&D Female Reproductive System	1,163	1,156	1,150	1,167	1,151	1,160
D&D Hepatobill Sys & Pancreas	2,745	2,741	2,761	2,865	2,911	3,015
D&D Kid, Urin Tr & M Repr Sys	6,227	6,220	6,271	6,546	6,728	7,052
D&D MSK Sys & Connect Tissue	8,167	8,162	8,247	8,629	8,782	9,081
D&D Nervous System	5,396	5,476	5,585	5,598	5,752	6,037
D&D Respiratory System	8,426	8,417	8,511	8,845	9,382	9,985
D&D Skin, Subcu Tiss & Breast	2,923	2,909	2,912	3,008	3,046	3,132
Mental Diseases & Disorders	29,446	29,110	28,539	28,569	27,882	27,601
Misc CMG & Ungroupable Data	46	45	43	42	40	41
Multisys or Unspec Site Infect	7,850	7,801	7,747	7,863	7,867	8,062
Nb & Neo w Cond Orig Perin Per	5,507	6,001	5,790	5,711	5,474	5,256
Not Applicable	59	58	57	54	53	54
Other Reasons for Hosp	11,771	11,763	11,924	12,638	13,185	14,001
Pregnancy & Childbirth	5,176	5,083	4,904	4,817	4,637	4,452
Trauma Inj Pois & Tox Eff Drug	7,366	7,340	7,272	7,654	7,773	8,015
Total*	150,268	150,227	150,328	155,563	158,011	163,055

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

MCC Description	Positive Growth Adjustment					
	1%	3%	3%	5%	5%	5%
	Low Scenario					
Inpatient Total Days: Actual and Projected	Actual					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2030
Undefined	874	886	915	926	952	960
Burns	2	2	2	2	2	2
D&D Blood & Lymphatic System	3,000	3,057	3,216	3,374	3,577	3,688
D&D Circulatory System	28,512	29,199	31,007	33,093	36,179	38,445
D&D Digestive System	12,144	12,352	12,918	13,436	14,383	14,851
D&D Ear, Nose, Mouth & Throat	537	545	560	592	623	639
D&D Endo System, Nutrit & Met	2,878	2,924	3,046	3,136	3,285	3,408
D&D Eye	53	54	57	61	65	67
D&D Female Reproductive System	1,163	1,179	1,221	1,240	1,272	1,290
D&D Hepatobill Sys & Pancreas	2,745	2,796	2,932	3,042	3,218	3,312
D&D Kid, Urin Tr & M Repr Sys	6,227	6,346	6,659	6,951	7,436	7,795
D&D MSK Sys & Connect Tissue	8,167	8,326	8,757	9,163	9,707	10,196
D&D Nervous System	5,396	5,485	5,718	5,931	6,357	6,672
D&D Respiratory System	8,426	8,587	9,027	9,499	10,368	11,038
D&D Skin, Subcu Tiss & Breast	2,923	2,968	3,092	3,194	3,366	3,462
Mental Diseases & Disorders	29,446	29,698	30,305	30,336	30,816	30,507
Misc CMG & Ungroupable Data	46	46	46	45	44	44
Multisys or Unspec Site Infect	7,850	7,958	8,227	8,349	8,695	8,910
Nb & Neo w Cond Orig Perin Per	5,507	6,122	6,148	6,004	6,050	5,809
Not Applicable	59	60	61	58	59	60
Other Reasons for Hosp	11,771	11,998	12,662	13,419	14,572	15,475
Pregnancy & Childbirth	5,176	5,185	5,208	5,137	5,125	4,921
Trauma Inj Pois & Tox Eff Drug	7,366	7,489	7,427	8,118	8,591	8,959
Total*	150,268	153,262	159,627	165,185	174,641	180,218

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

MCC Description	Inpatient Beds: Actual and Projected					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2030
Undefined	3	3	3	3	3	3
Burns	0	0	0	0	0	0
D&D Blood & Lymphatic System	8	9	9	10	10	10
D&D Circulatory System	82	84	87	93	100	106
D&D Digestive System	35	35	36	38	39	41
D&D Ear, Nose, Mouth & Throat	2	2	2	2	2	2
D&D Endo System, Nutrit & Met	8	8	8	9	9	9
D&D Eye	0	0	0	0	0	0
D&D Female Reproductive System	3	3	3	3	4	4
D&D Hepatobill Sys & Pancreas	8	8	8	9	9	9
D&D Kid, Urin Tr & M Repr Sys	18	18	19	20	20	22
D&D MSK Sys & Connect Tissue	24	24	25	26	27	28
D&D Nervous System	16	16	16	17	18	19
D&D Respiratory System	24	25	25	27	29	30
D&D Skin, Subcut Tis & Breast	8	8	8	9	9	9
Mental Diseases & Disorders	85	85	85	85	84	83
CMG & Unreparable Data						
Multisite or Unique Site Infect	23	23	23	23	24	25
Trans & New or Cong Infect Peris Per	18	18	17	18	18	18
Not Applicable	0	0	0	0	0	0
Other Reasons for Hosp	34	34	36	38	40	43
Pregnancy & Childbirth	15	15	15	14	14	13
Transm Inj Ppls & Tox Eff Drug	21	21	21	22	24	25
Total*	435	439	448	464	481	497

MSJ ED CTAS Groups by Fiscal Year: FY 2011/12 to FY 2035/36 (Compounded Adjustment)

Reference Scenario - Base

CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	270	281	301	12.8%	321	337	26.4%	357
2	7,198	7,290	7,609	8,160	13.4%	8,750	9,354	30.0%	9,942
3	28,695	29,016	30,170	32,172	12.1%	34,230	36,268	26.4%	38,311
4	30,399	30,694	31,784	33,672	10.8%	35,506	37,251	22.5%	38,992
5	6,189	6,245	6,451	6,808	10.0%	7,149	7,470	20.7%	7,801
Blank	76	77	79	83	9.7%	88	94	23.9%	100
Total	72,824	73,592	76,375	81,196	11.5%	86,044	90,775	24.6%	95,504

Reference Scenario - Adjusted

Adjustment

4.0%

CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	281	304	339	26.9%	375	411	53.8%	452
2	7,198	7,582	8,230	9,179	27.5%	10,236	11,381	58.1%	12,580
3	28,695	30,177	32,632	36,189	26.1%	40,045	44,125	53.8%	48,476
4	30,399	31,922	34,378	37,876	24.6%	41,537	45,321	49.1%	49,338
5	6,189	6,494	6,978	7,658	23.7%	8,363	9,089	46.9%	9,871
Blank	76	80	86	94	23.4%	103	115	50.8%	127
Total	72,824	76,536	82,608	91,335	25.4%	100,659	110,442	51.7%	120,843

Low Scenario

Low Adjustment

Low Scenario		1.0%	3.0%	3.0%		5.0%	5.0%		5.0%
CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	278	295	329	23.0%	356	390	46.1%	429
2	7,198	7,506	7,983	8,904	23.7%	9,724	10,812	50.2%	11,951
3	28,695	29,875	31,653	35,103	22.3%	38,042	41,919	46.1%	46,052
4	30,399	31,603	33,346	36,740	20.9%	39,460	43,055	41.6%	46,871
5	6,189	6,429	6,768	7,428	20.0%	7,945	8,634	39.5%	9,378
Blank	76	79	83	91	19.7%	98	109	43.2%	120
Total	72,824	75,770	80,129	88,595	21.7%	95,626	104,919	44.1%	114,801

High Scenario

High Adjustment

High Scenario		1.0%	3.0%	3.0%		5.0%	5.0%		5.0%
CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	284	313	349	30.7%	394	431	61.5%	474
2	7,198	7,658	8,477	9,455	31.4%	10,748	11,950	66.0%	13,209
3	28,695	30,479	33,611	37,274	29.9%	42,047	46,332	61.5%	50,900
4	30,399	32,241	35,409	39,013	28.3%	43,614	47,587	56.5%	51,805
5	6,189	6,559	7,187	7,888	27.4%	8,781	9,543	54.2%	10,365
Blank	76	81	88	97	27.1%	109	120	58.3%	133
Total	72,824	77,301	85,086	94,075	29.2%	105,692	115,964	59.2%	126,885

MSJ ED CTAS Groups by Fiscal Year: FY 2011/12 to FY 2035/36 (Simple Adjustment)

Reference Scenario - Base

CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	270	281	301	12.8%	321	337	26.4%	357
2	7,198	7,290	7,609	8,160	13.4%	8,750	9,354	30.0%	9,942
3	28,695	29,016	30,170	32,172	12.1%	34,230	36,268	26.4%	38,311
4	30,399	30,694	31,784	33,672	10.8%	35,506	37,251	22.5%	38,992
5	6,189	6,245	6,451	6,808	10.0%	7,149	7,470	20.7%	7,801
Blank	76	77	79	83	9.7%	88	94	23.9%	100
Total	72,824	73,592	76,375	81,196	11.5%	86,044	90,775	24.6%	95,504

Reference Scenario - Adjusted

		Adjustment		4.0%					
CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	281	292	313	17.3%	333	351	31.5%	371
2	7,198	7,582	7,914	8,487	17.9%	9,100	9,728	35.2%	10,340
3	28,695	30,177	31,377	33,458	16.6%	35,600	37,719	31.4%	39,844
4	30,399	31,922	33,055	35,019	15.2%	36,926	38,741	27.4%	40,552
5	6,189	6,494	6,709	7,080	14.4%	7,435	7,769	25.5%	8,113
Blank	76	80	82	87	14.1%	92	98	28.9%	104
Total	72,824	76,536	79,430	84,444	16.0%	89,485	94,406	29.6%	99,324

		Low Adjustment							
Low Scenario		1.0%	3.0%	3.0%		5.0%	5.0%		5.0%
CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	278	284	304	13.8%	317	333	24.9%	353
2	7,198	7,506	7,676	8,232	14.4%	8,645	9,242	28.4%	9,823
3	28,695	29,875	30,436	32,455	13.1%	33,820	35,833	24.9%	37,852
4	30,399	31,603	32,064	33,968	11.7%	35,080	36,804	21.1%	38,525
5	6,189	6,429	6,508	6,868	11.0%	7,063	7,381	19.3%	7,708
Blank	76	79	80	84	10.7%	87	93	22.4%	99
Total	72,824	75,770	77,047	81,911	12.5%	85,011	89,686	23.2%	94,358

		High Adjustment							
High Scenario		1.0%	3.0%	3.0%		5.0%	5.0%		5.0%
CTAS Level	FY 2011/12	FY 2012/13	FY 2015/16	FY 202/21	%Growth from FY 2011	FY 2025/26	FY 2030/31	%Growth from FY 2011	FY 2035/36
1	267	284	301	323	20.8%	350	369	38.0%	390
2	7,198	7,658	8,151	8,741	21.4%	9,555	10,215	41.9%	10,857
3	28,695	30,479	32,319	34,462	20.1%	37,380	39,604	38.0%	41,836
4	30,399	32,241	34,047	36,069	18.7%	38,773	40,678	33.8%	42,580
5	6,189	6,559	6,911	7,293	17.8%	7,806	8,158	31.8%	8,519
Blank	76	81	85	89	17.5%	97	103	35.3%	109
Total	72,824	77,301	81,813	86,977	19.4%	93,960	99,126	36.1%	104,291

SPH Actual and Projected ED Separations: FY 2011 to FY 2035

CTAS Level	Reference Scenario						
	ED Separations						
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
1	267	270	281	301	321	337	357
2	7,198	7,290	7,609	8,160	8,750	9,354	9,942
3	28,695	29,016	30,170	32,172	34,230	36,268	38,311
4	30,399	30,694	31,784	33,672	35,506	37,251	38,992
5	6,189	6,245	6,451	6,808	7,149	7,470	7,801
Undefined	76	77	79	83	88	94	100
Total	72,824	73,592	76,375	81,196	86,044	90,775	95,504

Source: Providence Health Care

CTAS Level	Low Scenario						
	Negative Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
ED Separations							
FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035	
1	267	267	273	292	305	321	339
2	7,198	7,217	7,381	7,915	8,312	8,887	9,445
3	28,695	28,726	29,265	31,206	32,519	34,454	36,396
4	30,399	30,387	30,831	32,662	33,731	35,388	37,043
5	6,189	6,182	6,258	6,604	6,791	7,097	7,411
Undefined	76	76	77	81	84	89	95
Total	72,824	72,856	74,084	78,760	81,742	86,236	90,729

Source: Providence Health Care

CTAS Level	High Scenario						
	Positive Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
ED Separations							
FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035	
1	267	273	290	310	337	354	375
2	7,198	7,363	7,837	8,405	9,187	9,822	10,439
3	28,695	29,307	31,076	33,137	35,942	38,081	40,227
4	30,399	31,001	32,738	34,682	37,281	39,113	40,942
5	6,189	6,307	6,645	7,012	7,506	7,844	8,191
Undefined	76	78	82	86	93	99	105
Total	72,824	74,328	78,667	83,632	90,346	95,314	100,279

Source: Providence Health Care

SPH Actual and Projected Inpatient Utilization by Patient Origin (LHA): FY 2011 to FY 2035

Notes:

- 1) SPH operated 436 beds in FY 2011/12. 435 beds are accounted for in the attached analysis, with the remaining bed being associated with a long stay patient.
2) Projections assume that the current ALC rate of 7.1% will remain constant over the projected time horizons.

Patient Origin (LHA)	Inpatient Separations: Actual and Projected						
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Vancouver-City Centre	3,577	3,632	3,815	4,155	4,526	4,915	5,317
Vancouver-Downtown Eastside	2,481	2,521	2,687	2,984	3,329	3,648	3,940
Undefined	1,560	1,580	1,652	1,771	1,902	2,044	2,173
Vancouver-Westside	1,120	1,130	1,172	1,247	1,338	1,445	1,558
Burnaby	980	997	1,058	1,172	1,285	1,393	1,491
Richmond	795	807	851	932	1,020	1,107	1,183
Vancouver-North East	773	785	822	880	945	1,018	1,084
Vancouver-South	760	770	804	861	929	1,001	1,059
North Vancouver	657	666	692	745	810	870	913
Vancouver-Midtown	648	655	681	727	781	844	906
Surrey	599	613	660	741	826	909	995
Coquitlam	403	411	441	503	563	617	657
West Vancouver-Bowen Island	356	360	371	392	424	460	490
Delta	267	269	275	288	304	315	324
Prince George	266	272	291	324	353	378	387
Howe Sound	262	271	297	342	389	440	488
Langley	201	206	224	258	295	333	372
South Surrey/White Rock	193	196	207	223	239	252	266
Abbotsford	177	181	195	218	242	268	291
Sunshine Coast	175	180	193	218	238	247	245
New Westminster	174	177	187	208	230	251	266
Maple Ridge	132	135	145	161	179	196	210
Chilliwack	128	130	138	151	163	175	187
Powell River	128	129	134	142	147	148	147
Other	1,541	1,573	1,661	1,816	1,973	2,116	2,218
Total*	18,353	18,645	19,652	21,460	23,430	25,392	27,167

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Patient Days		
Total	Acute	ALC
29,434	26,270	3,164
26,841	23,764	3,077
15,220	13,850	1,370
7,654	7,087	567
5,610	5,426	184
7,480	6,907	573
5,158	4,913	245
6,273	5,658	615
4,391	4,253	138
4,186	3,980	206
4,159	4,125	34
2,695	2,501	194
2,119	2,099	20
1,734	1,719	15
1,855	1,855	0
1,352	1,352	0
1,313	1,311	2
1,506	1,476	30
1,485	1,485	0
1,282	1,282	0
1,411	1,268	143
1,073	1,073	0
1,171	1,162	9
1,218	1,218	0
13,648	13,572	76
150,268	139,606	10,662
		7.1%

%Separation Distribution by Origin	
Patient Origin (LHA)	FY 2011
Vancouver-City Centre	19.5%
Vancouver-Downtown Eastside	13.5%
Undefined	8.5%
Vancouver-Westside	6.1%
Burnaby	5.3%
Richmond	4.3%
Vancouver-North East	4.2%
Vancouver-South	4.1%
North Vancouver	3.6%
Vancouver-Midtown	3.5%
Surrey	3.3%
Coquitlam	2.2%
West Vancouver-Bowen Island	1.9%
Delta	1.5%
Prince George	1.4%
Howe Sound	1.4%
Langley	1.1%
South Surrey/White Rock	1.1%
Abbotsford	1.0%
Sunshine Coast	1.0%
New Westminster	0.9%
Maple Ridge	0.7%
Chilliwack	0.7%
Powell River	0.7%
Other	8.4%
Total*	100.0%

Patient Origin (LHA)	Reference Scenario						
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Vancouver-City Centre	29,434	29,586	30,144	31,188	32,279	33,298	34,220
Vancouver-Downtown Eastside	26,841	27,000	27,920	29,449	31,213	32,497	33,344
Undefined	15,220	15,265	15,476	15,763	16,082	16,421	16,585
Vancouver-Westside	7,654	7,646	7,689	7,777	7,923	8,132	8,328
Burnaby	5,610	5,649	5,817	6,126	6,378	6,566	6,728
Richmond	7,480	7,519	7,686	7,999	8,317	8,578	8,709
Vancouver-North East	5,158	5,183	5,266	5,357	5,467	5,594	5,659
Vancouver-South	6,273	6,289	6,374	6,481	6,643	6,802	6,839
North Vancouver	4,391	4,405	4,442	4,544	4,692	4,788	4,773
Vancouver-Midtown	4,186	4,191	4,223	4,284	4,371	4,491	4,579
Surrey	4,159	4,217	4,401	4,695	4,968	5,199	5,403
Coquitlam	2,695	2,718	2,835	3,070	3,265	3,396	3,435
West Vancouver-Bowen Island	2,119	2,121	2,119	2,127	2,188	2,253	2,281
Delta	1,734	1,728	1,715	1,709	1,710	1,685	1,648
Prince George	1,855	1,876	1,949	2,058	2,134	2,173	2,109
Howe Sound	1,352	1,384	1,471	1,610	1,739	1,870	1,969
Langley	1,313	1,331	1,406	1,540	1,673	1,793	1,899
South Surrey/White Rock	1,506	1,515	1,548	1,591	1,613	1,622	1,621
Abbotsford	1,485	1,505	1,570	1,668	1,757	1,850	1,910
Sunshine Coast	1,282	1,304	1,360	1,456	1,513	1,492	1,405
New Westminster	1,411	1,418	1,457	1,537	1,618	1,672	1,689
Maple Ridge	1,073	1,086	1,130	1,198	1,259	1,308	1,333
Chilliwack	1,171	1,181	1,211	1,256	1,290	1,318	1,336
Powell River	1,218	1,214	1,220	1,233	1,214	1,161	1,093
Other	13,648	13,789	14,128	14,674	15,141	15,427	15,366
Total*	150,268	151,121	154,556	160,390	166,448	171,387	174,209

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Efficiency: 1.0%

Patient Origin (LHA)	Negative Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
Low Scenario							
Inpatient Total Days: Actual and Projected							
Patient Origin (LHA)	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Vancouver-City Centre	29,434	29,290	29,240	30,252	30,665	31,633	32,509
Vancouver-Downtown Eastside	26,841	26,730	27,082	28,565	29,652	30,873	31,677
Undefined	15,220	15,112	15,012	15,290	15,278	15,600	15,756
Vancouver-Westside	7,654	7,570	7,458	7,543	7,527	7,725	7,932
Burnaby	5,610	5,592	5,643	5,942	6,059	6,238	6,341
Richmond	7,480	7,444	7,455	7,759	7,901	8,149	8,273
Vancouver-North East	5,158	5,131	5,108	5,197	5,194	5,314	5,376
Vancouver-South	6,273	6,226	6,183	6,287	6,311	6,462	6,498
North Vancouver	4,391	4,361	4,309	4,408	4,457	4,548	4,534
Vancouver-Midtown	4,186	4,149	4,096	4,156	4,153	4,267	4,350
Surrey	4,159	4,175	4,269	4,554	4,719	4,939	5,133
Coquitlam	2,695	2,691	2,750	2,978	3,102	3,226	3,263
West Vancouver-Bowen Island	2,119	2,100	2,055	2,064	2,079	2,141	2,167
Delta	1,734	1,711	1,664	1,658	1,625	1,600	1,566
Prince George	1,855	1,858	1,890	1,997	2,028	2,065	2,004
Howe Sound	1,352	1,370	1,427	1,561	1,652	1,777	1,871
Langley	1,313	1,318	1,364	1,494	1,589	1,703	1,804
South Surrey/White Rock	1,506	1,500	1,501	1,543	1,533	1,541	1,540
Abbotsford	1,485	1,490	1,523	1,618	1,669	1,758	1,815
Sunshine Coast	1,282	1,291	1,319	1,412	1,437	1,417	1,335
New Westminster	1,411	1,404	1,413	1,491	1,537	1,589	1,605
Maple Ridge	1,073	1,075	1,096	1,162	1,196	1,243	1,266
Chilliwack	1,171	1,169	1,175	1,219	1,226	1,252	1,269
Powell River	1,218	1,202	1,183	1,196	1,153	1,103	1,039
Other	13,648	13,651	13,705	14,234	14,384	14,656	14,598
Total*	150,268	149,610	149,919	155,578	158,126	162,818	165,498

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

Patient Origin (LHA)	Positive Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
Low Scenario							
Inpatient Total Days: Actual and Projected							
Patient Origin (LHA)	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Vancouver-City Centre	29,434	29,882	31,048	32,124	33,893	34,963	35,931
Vancouver-Downtown Eastside	26,841	27,270	28,757	30,332	32,774	34,122	35,011
Undefined	15,220	15,417	15,940	16,235	16,886	17,242	17,414
Vancouver-Westside	7,654	7,723	7,915	8,010	8,319	8,538	8,745
Burnaby	5,610	5,705	5,992	6,310	6,696	6,894	7,009
Richmond	7,480	7,595	7,916	8,239	8,733	9,007	9,144
Vancouver-North East	5,158	5,235	5,424	5,518	5,741	5,873	5,942
Vancouver-South	6,273	6,352	6,565	6,675	6,975	7,142	7,181
North Vancouver	4,391	4,449	4,575	4,681	4,926	5,027	5,011
Vancouver-Midtown	4,186	4,233	4,350	4,413	4,590	4,716	4,808
Surrey	4,159	4,259	4,533	4,836	5,216	5,459	5,673
Coquitlam	2,695	2,746	2,920	3,162	3,428	3,566	3,606
West Vancouver-Bowen Island	2,119	2,142	2,183	2,191	2,298	2,366	2,395
Delta	1,734	1,746	1,767	1,761	1,796	1,769	1,730
Prince George	1,855	1,895	2,007	2,120	2,241	2,282	2,215
Howe Sound	1,352	1,398	1,515	1,658	1,826	1,964	2,067
Langley	1,313	1,345	1,448	1,586	1,756	1,883	1,993
South Surrey/White Rock	1,506	1,530	1,594	1,638	1,694	1,703	1,702
Abbotsford	1,485	1,520	1,617	1,718	1,845	1,943	2,006
Sunshine Coast	1,282	1,317	1,400	1,499	1,589	1,566	1,476
New Westminster	1,411	1,432	1,501	1,583	1,699	1,756	1,774
Maple Ridge	1,073	1,097	1,164	1,234	1,322	1,374	1,399
Chilliwack	1,171	1,193	1,247	1,294	1,355	1,384	1,403
Powell River	1,218	1,226	1,257	1,270	1,274	1,219	1,148
Other	13,648	13,927	14,552	15,114	15,898	16,198	16,135
Total*	150,268	152,633	159,193	165,202	174,771	179,956	182,919

* Excluding Long Stay Patient discharged in FY 2011/12

Source: Providence Health Care

	Reference Scenario						
	Inpatient Beds: Actual and Projected						
Patient Origin (LHA)	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
Vancouver-City Centre	85	86	87	90	93	96	99
Vancouver-Downtown Eastside	78	78	81	85	90	94	96
Undefined	44	44	45	46	47	48	48
Vancouver-Westside	22	22	22	22	23	24	24
Burnaby	16	16	17	18	18	19	19
Richmond	22	22	22	23	24	25	25
Vancouver-North East	15	15	15	15	16	16	16
Vancouver-South	18	18	18	19	19	20	20
North Vancouver	13	13	13	13	14	14	14
Vancouver-Midtown	12	12	12	12	13	13	13
Surrey	12	12	13	14	14	15	16
Coquitlam	8	8	8	9	9	10	10
West Vancouver-Bowen Island	6	6	6	6	6	7	7
Delta	5	5	5	5	5	5	5

Prince George	5	5	6	6	6	6	6
Howe Sound	4	4	4	5	5	5	6
Langley	4	4	4	4	5	5	5
South Surrey/White Rock	4	4	4	5	5	5	5
Abbotsford	4	4	5	5	5	5	6
Sunshine Coast	4	4	4	4	4	4	4
New Westminster	4	4	4	4	5	5	5
Maple Ridge	3	3	3	3	4	4	4
Chilliwack	3	3	4	4	4	4	4
Powell River	4	4	4	4	4	3	3
Other	39	40	41	42	44	45	44
Total*	435	437	447	464	482	496	504

* Excluding Long Stay Patient discharged in FY 2011/12
Source: Providence Health Care

Prince George	5	5	5	6	6	6	6
Howe Sound	4	4	4	5	5	5	5
Langley	4	4	4	4	5	5	5
South Surrey/White Rock	4	4	4	4	4	4	4
Abbotsford	4	4	4	5	5	5	5
Sunshine Coast	4	4	4	4	4	4	4
New Westminster	4	4	4	4	4	5	5
Maple Ridge	3	3	3	3	3	4	4
Chilliwack	3	3	3	4	4	4	4
Powell River	4	3	3	3	3	3	3
Other	39	39	40	41	42	42	42
Total*	435	433	434	450	457	471	479

* Excluding Long Stay Patient discharged in FY 2011/12
Source: Providence Health Care

Prince George	5	5	6	6	6	7	6
Howe Sound	4	4	4	5	5	6	6
Langley	4	4	4	5	5	5	6
South Surrey/White Rock	4	4	5	5	5	5	5
Abbotsford	4	4	5	5	5	6	6
Sunshine Coast	4	4	4	4	5	5	4
New Westminster	4	4	4	5	5	5	5
Maple Ridge	3	3	3	4	4	4	4
Chilliwack	3	3	4	4	4	4	4
Powell River	4	4	4	4	4	4	3
Other	39	40	42	44	46	47	47
Total*	435	442	461	478	506	521	529

* Excluding Long Stay Patient discharged in FY 2011/12
Source: Providence Health Care

SPH Actual and Projected ED Separations by Patient Origin (LHA): FY 2011 to FY 2035

LHA	Reference Scenario						
	ED Separations						
	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
City Centre	22,546	22,765	23,556	25,046	26,673	28,407	30,275
Downtown Eastside	14,157	14,362	15,107	16,280	17,446	18,544	19,579
Unknown	6,090	6,124	6,269	6,522	6,752	6,946	7,178
Westside	3,889	3,927	4,064	4,309	4,577	4,866	5,152
Richmond	3,817	3,849	3,966	4,179	4,340	4,447	4,556
North East	2,724	2,746	2,820	2,938	3,054	3,176	3,290
Burnaby	2,536	2,571	2,704	2,951	3,207	3,455	3,689
South Vancouver	2,349	2,368	2,440	2,557	2,680	2,804	2,901
Midtown	2,281	2,306	2,410	2,587	2,760	2,937	3,099
Surrey	1,595	1,626	1,726	1,895	2,059	2,211	2,365
North Vancouver	1,545	1,562	1,617	1,708	1,780	1,831	1,870
Out of Province	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Unknown BC	1,152	1,160	1,192	1,241	1,286	1,326	1,369
Coquitlam	1,033	1,051	1,121	1,252	1,361	1,449	1,533
Other	5,810	5,875	6,083	6,430	6,768	7,076	7,347
Total	72,824	73,592	76,375	81,196	86,044	90,775	95,504

Source: Providence Health Care

%Sep Distribution by Origin	
LHA	FY 2011
City Centre	31.0%
Downtown Eastside	19.4%
Unknown	8.4%
Westside	5.3%
Richmond	5.2%
North East	3.7%
Burnaby	3.5%
South Vancouver	3.2%
Midtown	3.1%
Surrey	2.2%
North Vancouver	2.1%
Out of Province	1.8%
Unknown BC	1.6%
Coquitlam	1.4%
Other	8.0%
Total	100.0%

LHA	Low Scenario						
	Negative Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
ED Separations							
LHA	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
City Centre	22,546	22,537	22,850	24,294	25,339	26,986	28,762
Downtown Eastside	14,157	14,218	14,654	15,792	16,574	17,617	18,600
Unknown	6,090	6,063	6,081	6,327	6,415	6,599	6,819
Westside	3,889	3,888	3,942	4,180	4,348	4,623	4,894
Richmond	3,817	3,811	3,847	4,054	4,123	4,224	4,329
North East	2,724	2,718	2,736	2,850	2,901	3,017	3,125
Burnaby	2,536	2,546	2,622	2,863	3,047	3,283	3,505
South Vancouver	2,349	2,344	2,367	2,481	2,546	2,663	2,756
Midtown	2,281	2,283	2,338	2,510	2,622	2,790	2,944
Surrey	1,595	1,610	1,674	1,838	1,956	2,101	2,247
North Vancouver	1,545	1,546	1,569	1,657	1,691	1,739	1,777
Out of Province	1,300	1,287	1,261	1,261	1,235	1,235	1,235
Unknown BC	1,152	1,149	1,156	1,204	1,222	1,260	1,301
Coquitlam	1,033	1,040	1,088	1,214	1,293	1,377	1,456
Other	5,810	5,817	5,901	6,237	6,430	6,722	6,979
Total	72,824	72,856	74,084	78,760	81,742	86,236	90,729

Source: Providence Health Care

LHA	High Scenario						
	Positive Growth Adjustment						
	1%	3%	3%	5%	5%	5%	
ED Separations							
LHA	FY 2011	FY 2012	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035
City Centre	22,546	22,992	24,263	25,797	28,006	29,827	31,789
Downtown Eastside	14,157	14,506	15,560	16,768	18,319	19,471	20,558
Unknown	6,090	6,185	6,457	6,718	7,090	7,294	7,537
Westside	3,889	3,966	4,186	4,439	4,805	5,109	5,410
Richmond	3,817	3,888	4,085	4,304	4,557	4,669	4,784
North East	2,724	2,773	2,905	3,027	3,207	3,335	3,454
Burnaby	2,536	2,597	2,785	3,040	3,368	3,628	3,874
South Vancouver	2,349	2,392	2,513	2,634	2,814	2,944	3,046
Midtown	2,281	2,329	2,482	2,665	2,898	3,084	3,254
Surrey	1,595	1,642	1,778	1,951	2,162	2,322	2,484
North Vancouver	1,545	1,577	1,666	1,759	1,869	1,922	1,964
Out of Province	1,300	1,313	1,339	1,339	1,365	1,365	1,365
Unknown BC	1,152	1,172	1,228	1,278	1,350	1,392	1,438
Coquitlam	1,033	1,061	1,155	1,289	1,429	1,522	1,609
Other	5,810	5,934	6,266	6,623	7,106	7,429	7,714
Total	72,824	74,328	78,667	83,632	90,346	95,314	100,279

Source: Providence Health Care

Estimated and Projected Population by HSDA and LHA: FY 2011 to FY 2035

				Estimated and Projected Population							
Health Authority	HSDA	Local Health Area	Age Cats	2010	2011	2012	2015	2020	2025	2030	2035
Vancouver Coastal	Vancouver	City Centre	0-14	7,807	8,335	8,853	10,489	13,110	15,485	17,382	18,552
Vancouver Coastal	Vancouver	City Centre	15-44	71,994	72,081	72,148	73,087	74,878	76,129	76,686	76,690
Vancouver Coastal	Vancouver	City Centre	45-64	27,776	28,259	28,736	30,169	32,627	35,500	38,973	43,193
Vancouver Coastal	Vancouver	City Centre	65-74	6,698	6,912	7,119	7,761	9,033	10,376	11,595	12,611
Vancouver Coastal	Vancouver	City Centre	75-84	3,713	3,687	3,694	3,776	4,040	4,555	5,362	6,399
Vancouver Coastal	Vancouver	City Centre	85+	1,779	1,782	1,783	1,757	1,759	1,800	1,880	2,071
Vancouver Coastal	Vancouver	City Centre	Total	119,767	121,056	122,333	127,039	135,447	143,845	151,878	159,516
Vancouver Coastal	Vancouver	Downtown Eastside	0-14	7,737	7,563	7,426	7,557	8,191	9,201	10,348	10,973
Vancouver Coastal	Vancouver	Downtown Eastside	15-44	33,602	33,770	34,007	34,974	36,908	36,801	36,654	37,740
Vancouver Coastal	Vancouver	Downtown Eastside	45-64	21,384	21,761	22,024	22,640	22,696	23,796	25,404	27,203
Vancouver Coastal	Vancouver	Downtown Eastside	65-74	3,481	3,760	4,081	5,497	8,369	10,167	10,811	10,187
Vancouver Coastal	Vancouver	Downtown Eastside	75-84	2,613	2,591	2,578	2,500	2,475	4,064	6,179	7,511
Vancouver Coastal	Vancouver	Downtown Eastside	85+	1,047	1,033	1,034	1,066	1,074	1,044	1,036	1,886
Vancouver Coastal	Vancouver	Downtown Eastside	Total	69,864	70,478	71,150	74,234	79,713	85,073	90,432	95,500
Vancouver Coastal	Vancouver	Midtown	0-14	13,724	13,875	13,992	13,979	14,134	13,621	13,221	13,093
Vancouver Coastal	Vancouver	Midtown	15-44	43,819	43,621	43,546	43,935	44,440	44,362	44,830	46,654
Vancouver Coastal	Vancouver	Midtown	45-64	24,751	25,565	26,197	27,981	30,448	33,439	34,594	34,459
Vancouver Coastal	Vancouver	Midtown	65-74	4,808	4,984	5,267	6,564	9,259	10,777	12,692	14,001
Vancouver Coastal	Vancouver	Midtown	75-84	3,540	3,507	3,479	3,286	2,983	4,425	6,502	7,672
Vancouver Coastal	Vancouver	Midtown	85+	1,404	1,421	1,427	1,464	1,461	1,317	1,152	1,984
Vancouver Coastal	Vancouver	Midtown	Total	92,046	92,973	93,908	97,209	102,725	107,941	112,991	117,863
Vancouver Coastal	Vancouver	North East	0-14	15,450	15,503	15,613	16,079	16,626	16,595	15,735	14,739
Vancouver Coastal	Vancouver	North East	15-44	47,093	46,628	46,173	45,316	44,522	43,559	41,684	41,349
Vancouver Coastal	Vancouver	North East	45-64	28,695	29,651	30,323	31,961	33,387	34,309	35,600	35,861
Vancouver Coastal	Vancouver	North East	65-74	6,767	6,764	6,993	8,167	11,261	13,479	15,537	16,306
Vancouver Coastal	Vancouver	North East	75-84	5,430	5,608	5,718	5,757	5,288	6,524	9,049	10,894
Vancouver Coastal	Vancouver	North East	85+	1,941	2,026	2,149	2,561	3,208	3,483	3,324	4,228
Vancouver Coastal	Vancouver	North East	Total	105,376	106,180	106,969	109,841	114,292	117,949	120,929	123,377
Vancouver Coastal	Vancouver	South Vancouver	0-14	19,228	19,304	19,384	19,824	20,758	20,919	20,076	19,071
Vancouver Coastal	Vancouver	South Vancouver	15-44	58,508	58,088	57,825	57,178	57,096	56,875	55,356	54,282
Vancouver Coastal	Vancouver	South Vancouver	45-64	38,764	39,660	40,122	41,725	42,662	43,198	44,371	45,998
Vancouver Coastal	Vancouver	South Vancouver	65-74	8,874	9,104	9,637	11,719	15,737	18,167	20,647	21,024
Vancouver Coastal	Vancouver	South Vancouver	75-84	6,904	6,982	7,051	7,105	7,066	9,562	12,877	14,908
Vancouver Coastal	Vancouver	South Vancouver	85+	3,136	3,268	3,364	3,686	4,161	4,380	4,489	6,136
Vancouver Coastal	Vancouver	South Vancouver	Total	135,414	136,406	137,383	141,237	147,480	153,101	157,816	161,419
Vancouver Coastal	Vancouver	West Side	0-14	19,131	19,101	19,067	19,376	19,839	20,087	20,306	20,388
Vancouver Coastal	Vancouver	West Side	15-44	65,543	64,983	64,485	64,223	65,789	69,294	70,388	72,129
Vancouver Coastal	Vancouver	West Side	45-64	35,294	36,489	37,552	39,417	40,290	39,033	38,803	37,878
Vancouver Coastal	Vancouver	West Side	65-74	8,081	8,417	8,757	10,327	13,092	14,698	16,618	18,618
Vancouver Coastal	Vancouver	West Side	75-84	5,522	5,465	5,468	5,482	6,013	7,908	10,212	11,505
Vancouver Coastal	Vancouver	West Side	85+	3,176	3,277	3,359	3,565	3,681	3,739	4,097	5,321
Vancouver Coastal	Vancouver	West Side	Total	136,747	137,732	138,688	142,390	148,704	154,759	160,424	165,839
Vancouver Coastal	Vancouver	HSDA Total	0-14	83,077	83,681	84,335	87,304	92,658	95,908	97,068	96,816
Vancouver Coastal	Vancouver	HSDA Total	15-44	320,559	319,171	318,184	318,713	323,633	327,020	325,598	328,844
Vancouver Coastal	Vancouver	HSDA Total	45-64	176,664	181,385	184,954	193,893	202,110	209,275	217,745	224,592
Vancouver Coastal	Vancouver	HSDA Total	65-74	38,709	39,941	41,854	50,035	66,751	77,664	87,900	92,747
Vancouver Coastal	Vancouver	HSDA Total	75-84	27,722	27,840	27,988	27,906	27,865	37,038	50,181	58,889
Vancouver Coastal	Vancouver	HSDA Total	85+	12,483	12,807	13,116	14,099	15,344	15,763	15,978	21,626
Vancouver Coastal	Vancouver	HSDA Total	Total	659,214	664,825	670,431	691,950	728,361	762,668	794,470	823,514

				Percentage Growth Relative to 2010							
Health Authority	HSDA	Local Health Area	Age Cats	2010	2011	2012	2015	2020	2025	2030	2035
Vancouver Coastal	Vancouver	City Centre	0-14	0.0%	6.8%	13.4%	34.4%	67.9%	98.3%	122.6%	137.6%
Vancouver Coastal	Vancouver	City Centre	15-44	0.0%	0.1%	0.2%	1.5%	4.0%	5.7%	6.5%	6.5%
Vancouver Coastal	Vancouver	City Centre	45-64	0.0%	1.7%	3.5%	8.6%	17.5%	27.8%	40.3%	55.5%
Vancouver Coastal	Vancouver	City Centre	65-74	0.0%	3.2%	6.3%	15.9%	34.9%	54.9%	73.1%	88.3%
Vancouver Coastal	Vancouver	City Centre	75-84	0.0%	-0.7%	-0.5%	1.7%	8.8%	22.7%	44.4%	72.3%
Vancouver Coastal	Vancouver	City Centre	85+	0.0%	0.2%	0.2%	-1.2%	-1.1%	1.2%	5.7%	16.4%
Vancouver Coastal	Vancouver	City Centre	Total	0.0%	1.1%	2.1%	6.1%	13.1%	20.1%	26.8%	33.2%
Vancouver Coastal	Vancouver	Downtown Eastside	0-14	0.0%	-2.2%	-4.0%	-2.3%	5.9%	18.9%	33.7%	41.8%
Vancouver Coastal	Vancouver	Downtown Eastside	15-44	0.0%	0.5%	1.2%	4.1%	9.8%	9.5%	9.1%	12.3%
Vancouver Coastal	Vancouver	Downtown Eastside	45-64	0.0%	1.8%	3.0%	5.9%	6.1%	11.3%	18.8%	27.2%
Vancouver Coastal	Vancouver	Downtown Eastside	65-74	0.0%	8.0%	17.2%	57.9%	140.4%	192.1%	210.6%	192.6%
Vancouver Coastal	Vancouver	Downtown Eastside	75-84	0.0%	-0.8%	-1.3%	-4.3%	-5.3%	55.5%	136.5%	187.4%
Vancouver Coastal	Vancouver	Downtown Eastside	85+	0.0%	-1.3%	-1.2%	1.8%	2.6%	-0.3%	-1.1%	80.1%
Vancouver Coastal	Vancouver	Downtown Eastside	Total	0.0%	0.9%	1.8%	6.3%	14.1%	21.8%	29.4%	36.7%
Vancouver Coastal	Vancouver	Midtown	0-14	0.0%	1.1%	2.0%	1.9%	3.0%	-0.8%	-3.7%	-4.6%
Vancouver Coastal	Vancouver	Midtown	15-44	0.0%	-0.5%	-0.6%	0.3%	1.4%	1.2%	2.3%	6.5%
Vancouver Coastal	Vancouver	Midtown	45-64	0.0%	3.3%	5.8%	13.0%	23.0%	35.1%	39.8%	39.2%
Vancouver Coastal	Vancouver	Midtown	65-74	0.0%	3.7%	9.5%	36.5%	92.6%	124.1%	164.0%	191.2%
Vancouver Coastal	Vancouver	Midtown	75-84	0.0%	-0.9%	-1.7%	-7.2%	-15.7%	25.0%	83.7%	116.7%
Vancouver Coastal	Vancouver	Midtown	85+	0.0%	1.2%	1.6%	4.3%	4.1%	-6.2%	-17.9%	41.3%
Vancouver Coastal	Vancouver	Midtown	Total	0.0%	1.0%	2.0%	5.6%	11.6%	17.3%	22.8%	28.0%
Vancouver Coastal	Vancouver	North East	0-14	0.0%	0.3%	1.1%	4.1%	7.6%	7.4%	1.8%	-4.6%
Vancouver Coastal	Vancouver	North East	15-44	0.0%	-1.0%	-2.0%	-3.8%	-5.5%	-7.5%	-11.5%	-12.2%
Vancouver Coastal	Vancouver	North East	45-64	0.0%	3.3%	5.7%	11.4%	16.4%	19.6%	24.1%	25.0%
Vancouver Coastal	Vancouver	North East	65-74	0.0%	0.0%	3.3%	20.7%	66.4%	99.2%	129.6%	141.0%
Vancouver Coastal	Vancouver	North East	75-84	0.0%	3.3%	5.3%	6.0%	-2.6%	20.1%	66.6%	100.6%
Vancouver Coastal	Vancouver	North East	85+	0.0%	4.4%	10.7%	31.9%	65.3%	79.4%	71.3%	117.8%
Vancouver Coastal	Vancouver	North East	Total	0.0%	0.8%	1.5%	4.2%	8.5%	11.9%	14.8%	17.1%
Vancouver Coastal	Vancouver	South Vancouver	0-14	0.0%	0.4%	0.8%	3.1%	8.0%	8.8%	4.4%	-0.8%
Vancouver Coastal	Vancouver	South Vancouver	15-44	0.0%	-0.7%	-1.2%	-2.3%	-2.4%	-2.8%	-5.4%	-7.2%
Vancouver Coastal	Vancouver	South Vancouver	45-64	0.0%	2.3%	3.5%	7.6%	10.1%	11.4%	14.5%	18.7%
Vancouver Coastal	Vancouver	South Vancouver	65-74	0.0%	2.6%	8.6%	32.1%	77.3%	104.7%	132.7%	136.9%
Vancouver Coastal	Vancouver	South Vancouver	75-84	0.0%	1.1%	2.1%	2.9%	2.3%	38.5%	86.5%	115.9%
Vancouver Coastal	Vancouver	South Vancouver	85+	0.0%	4.2%	7.3%	17.5%	32.7%	39.7%	43.1%	95.7%
Vancouver Coastal	Vancouver	South Vancouver	Total	0.0%	0.7%	1.5%	4.3%	8.9%	13.1%	16.5%	19.2%
Vancouver Coastal	Vancouver	West Side	0-14	0.0%	-0.2%	-0.3%	1.3%	3.7%	5.0%	6.1%	6.6%
Vancouver Coastal	Vancouver	West Side	15-44	0.0%	-0.9%	-1.6%	-2.0%	0.4%	5.7%	7.4%	10.0%
Vancouver Coastal	Vancouver	West Side	45-64	0.0%	3.4%	6.4%	11.7%	14.2%	10.6%	9.9%	7.3%
Vancouver Coastal	Vancouver	West Side	65-74	0.0%	4.2%	8.4%	27.8%	62.0%	81.9%	105.6%	130.4%
Vancouver Coastal	Vancouver	West Side	75-84	0.0%	-1.0%	-1.0%	-0.7%	8.9%	43.2%	84.9%	108.3%
Vancouver Coastal	Vancouver	West Side	85+	0.0%	3.2%	5.8%	12.2%	15.9%	17.7%	29.0%	67.5%
Vancouver Coastal	Vancouver	West Side	Total	0.0%	0.7%	1.4%	4.1%	8.7%	13.2%	17.3%	21.3%
Vancouver Coastal	Vancouver	HSDA Total	0-14	0.0%	0.7%	1.5%	5.1%	11.5%	15.4%	16.8%	16.5%
Vancouver Coastal	Vancouver	HSDA Total	15-44	0.0%	-0.4%	-0.7%	-0.6%	1.0%	2.0%	1.6%	2.6%
Vancouver Coastal	Vancouver	HSDA Total	45-64	0.0%	2.7%	4.7%	9.8%	14.4%	18.5%	23.3%	27.1%
Vancouver Coastal	Vancouver	HSDA Total	65-74	0.0%	3.2%	8.1%	29.3%	72.4%	100.6%	127.1%	139.6%
Vancouver Coastal	Vancouver	HSDA Total	75-84	0.0%	0.4%	1.0%	0.7%	0.5%	33.6%	81.0%	112.4%
Vancouver Coastal	Vancouver	HSDA Total	85+	0.0%	2.6%	5.1%	12.9%	22.9%	26.3%	28.0%	73.2%
Vancouver Coastal	Vancouver	HSDA Total	Total	0.0%	0.9%	1.7%	5.0%	10.5%	15.7%	20.5%	24.9%

SPH Inpatient Separations by Entry Type: FY 2011

EntryType	Separations	%Separations
Clinic or Minor Surgery	11	0.1%
Day Surgery	358	2.0%
Direct Admission	7,325	39.9%
Emergency	8,888	48.4%
Newborn	1,771	9.6%
Total	18,353	100.0%

** Excluding Long Stay Patient discharged in FY 2011/12*

Source: Providence Health Care