

Brown, Stephen R HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Saturday, November 8, 2014 2:29 PM
To: Diacu, Mariana HLTH:EX; Trotter, Wendy HLTH:EX; Moen, Shelley L HLTH:EX; Bell, Carolyn P HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Sidhu, Manjit HLTH:EX; Godfrey, Debbie HLTH:EX
Subject: LMA, RCH and SPH Options.docx
Attachments: LMA, RCH and SPH Options.docx

Hi All

Here is a confidential draft (so please don't share this further for the present) that I have edited and now submitted to the Minister for his review. A really big thank you for all of your significant work over the summer and over the last month. I hope that I have done justice to your efforts with my editing and shaping of the final draft from the component documents. I have really enjoyed working with you on this project. I will keep you linked in as Lynn, Sabine and I discuss this with the Minister. Have a good rest of the weekend. Steve

Hospital Acute Care Services in the Lower Mainland

A Discussion Paper Prepared for the Minister of Health

**Ministry Of Health
November 7 2014**

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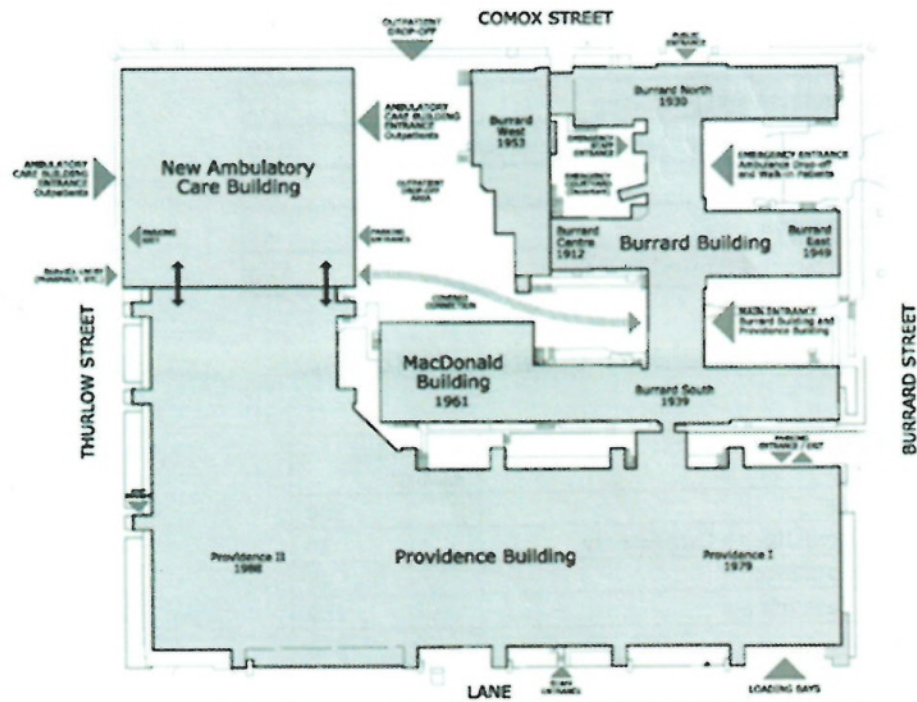
Item	Amount (\$ millions)
Hospital Design and Construction	s.17
Escalation	
P3 Procurement and Financing	
Total Hospital Design and Construction	
Equipment and IMIT	
Project Reserve	
Total Estimated Capital Budget	

Funding sources identified to date are as follows:

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Diagram 2 – SPH Revitalization on Burrard Street



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Appendix 2: A Vision for a Redeveloped Providence and St. Paul's Within the B.C. Health System - A Proposal to Providence Health Care Board

Priorities for the B.C. Health System

In February 2014 the Ministry of Health set out a refreshed strategic direction for the health system in *Setting Priorities for the B.C. Health System*. In April 2014, the Ministry of Health published *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach*. This follow-up document set out three key areas of focus linked to the eight priorities:

- Delivering patient centred services and care.
- Driving performance management through continuous improvement across service and operational accountabilities.
- Driving a cross sector focus on five key patient population and service delivery areas linked to the eight priority areas:
 - (1) Cost-effectively and significantly improve patient outcomes in the community to reduce the flow of three key medical patient populations (complex chronic illness, frail elderly, and moderate to severe mentally ill patients) into emergency departments and through to medical inpatient beds, and residential care:
 - This will be achieved by establishing efficient and effective inter-professional teams and functions (**PRIORITY 3**) and improving access to specialist services and supports (**PRIORITY 4**), quality diagnostics (**PRIORITY 5**) and evidence informed and clinically- and cost-effective pharmaceuticals (**PRIORITY 6**).
 - Hospital inpatient bed management will continue to be an important strategy in managing demand for hospital beds, but significantly more effort is required to reduce the flow of patients into emergency departments and through to medical inpatient beds and residential care if the system is to achieve longer term sustainability and reduced inpatient congestion of hospitals
 - Effective proactive case identification, quality case and medical management of at risk patients, and proactive planning to access residential care to reduce access to hospitals are required. This will also include proactive planning to maximize appropriate community and residential care to better manage access to hospitals. This shorter term effort needs to be supported by longer term effective prevention strategies designed to reduce the flow of individuals into these high risk patient categories (see **PRIORITY 2** above).

(2) Achieve significant improvement in timely access to appropriate **medical** treatments and procedures:

- Measurement of improvement will be from problem presentation to diagnosis, to timely and functionally efficacious treatment, and to functional recovery (see **PRIORITIES 3, 4, 5, 6, 7**).
- Ensuring an effective regional and provincial system of service delivery across the four geographic service areas – metro, urban/rural, rural and remote.
- Improving capacity through the cost-effective and quality provision of these services outside the current hospital structure where appropriate.

(3) Achieve significant improvement in timely access to appropriate **surgical** treatments and procedures:

- Measurement of improvement will be from problem presentation to diagnosis, to timely and functionally efficacious treatment, and to functional recovery (see **PRIORITIES 3, 4, 5, 6, 7**).
- Ensuring an effective regional and provincial system of service delivery across the four geographic service areas – metro, urban/rural, rural and remote.
- Improving capacity through the cost-effective and quality provision of these services outside the current hospital structure where appropriate.

(4) Radically rethink and reposition hospital care (**PRIORITY 7**):

- Immediately drive toward a coherent system of regional and cross regional planned hospital services including tertiary academic health resources.
- In the short term implement regional and provincial hub and spoke configuration of hospital assets or a network of hospital care to improve flow of patients in meeting demand.
- Rethink hospital care and hospital development to better meet changing needs of the population.

(5) Ensure access to an appropriate continuum of residential care (**PRIORITY 8**):

- Immediately drive toward a consistent system of quality residential care services.
- Develop residential care models that meet the changing needs of the population especially with respect to the continuum of needs but also across geographies.

- Ensure consistent quality of residential care services for patients with severe addictions and/or mental illnesses.
- Ensure residential capacity meets the needs of the population.

Providence Health Care including St Paul's is well positioned to make a significant contribution to achieving this agenda.

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Mount Saint Joseph is an acute care community hospital and residential home, offering emergency services, acute care, residential care, ambulatory care services and a full range of diagnostic services.

St. Paul's Hospital is an acute care, teaching and research hospital. It is home to many world-class medical and surgical programs, including cardiac services, HIV/AIDS and kidney care. St. Paul's serves both the local community and patients from across British Columbia and the Yukon.

St. Paul's provides care to more than 380,000 patients from throughout BC each year – including many of our most vulnerable and marginalized populations. A renowned teaching hospital with a strong research focus, St. Paul's is recognized provincially, nationally and internationally for its work in the areas of heart disease, kidney disease, nutritional disorders, HIV/AIDS and the care of the disadvantaged. Looking to the future, the hospital is committed to strengthening the goals of the Sisters of Providence to provide compassionate, effective care to those in need.

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Core Hospital Services

St Paul's Hospital currently plays an important role in terms of both providing significant medical and surgical bed capacity to the Vancouver area and three areas of expertise for specific populations: HIV/aids; heart and lung disease; kidney risks or disease

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Revitalization of St. Paul's Hospital and Providence Health Care

Ministry of Health
Presentation to Premier Christy Clark
February 2015



Strictly Confidential

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Brown, Stephen R HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 25, 2015 5:06 PM
To: Brown, Stephen R HLTH:EX; Feulgen, Sabine HLTH:EX
Cc: Moen, Shelley L HLTH:EX
Subject: Proposal to Revitalize St Paul's Hospital (2).ppt
Attachments: Proposal to Revitalize St Paul's Hospital (2).ppt

Here is the first draft of the power-point. **s.13**

s.13

I will be in at around 7am tomorrow so can make further edits as required.

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

Revitalization of St. Paul's Hospital

Ministry of Health
Presentation to Premier Christy Clark
February 2015



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Page 113 to/à Page 114

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Brown, Stephen R HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Saturday, November 8, 2014 2:15 PM
To: Lake, Terry HLTH:EX
Cc: Loiacono, Sabrina HLTH:EX; Stevenson, Lynn HLTH:EX; Feulgen, Sabine FIN:EX
Subject: LMA, RCH and SPH Options.docx
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Hi Minister

Here is the draft of the next expected paper – the Lower Mainland Acute Hospital System. As you said last week you will need time to read, digest and think about it's content so let me know when you would like to discuss. Steve

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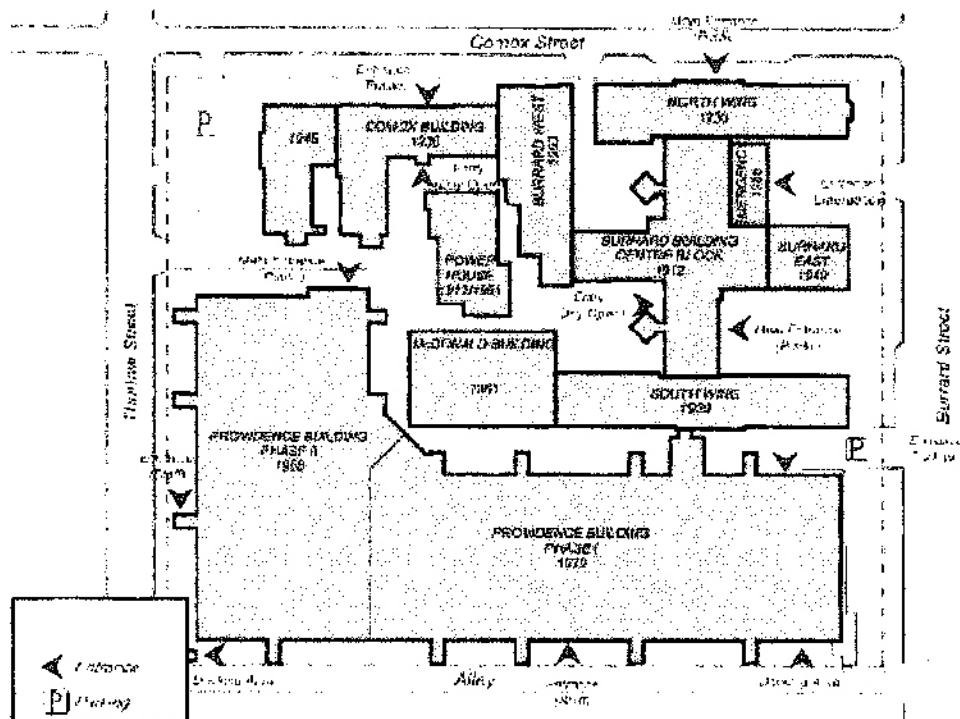
Options to Address the Revitalization of St. Paul's Hospital in Vancouver

BACKGROUND:

Challenges Facing St. Paul's Hospital (SPH)

SPH has been in its current location in downtown Vancouver since 1894; is overcrowded and operating at capacity and its aging infrastructure will not allow it to keep pace with demand. Sixty percent of its buildings are more than 50 years old. Even the newest Providence buildings constructed in the 1970s and 80's are only half sprinklered, the operating rooms are half the size of today's standard and the building systems are at the end of their expected life.

Diagram 1-SPH Campus



There is also significant concern regarding the seismic/structural integrity of the buildings. PHC advises the Providence building meets approximately 60-70% of the current post-disaster standard but the heritage Burrard building, which houses the Emergency Department, has little ability to withstand even a moderate earthquake.

Not that long ago, ambulatory care was a small component of services provided at SPH. Today, SPH operates 86 outpatient clinics and services in 19 different locations around the campus s.13,s.17
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The site plan illustrates the layout of Providence Hospital. The main complex consists of several interconnected buildings: the New Ambulatory Care Building (top left), Burrard Building (top right, containing Burrard North 1933, Burrard West 1933, Burrard Center 1912, and Burrard East 1949), MacDonald Building (center), and Providence Building (bottom, containing Providence II 1968 and Providence I 1979). A central corridor, labeled 'CORRIDOR (CLIMATE CONTROLLED)', connects the MacDonald Building to the other structures. Entrances are marked with arrows and labels: 'AMBULATORY CARE BUILDING ENTRANCE OVERHEAD' (top left), 'ENTRANCE BURRARD BUILDING' (top right), 'MAIN ENTRANCE Burrard Building and Providence Building' (bottom right), and 'ENTRANCE MacDonald Building' (center). The plan also shows 'OUTPATIENT PARKING' (top center), 'BUS PARKING' (top right), and 'LOADING BAYS' (bottom right). Surrounding streets include COMOX STREET (top), BURRARD STREET (right), THURLOW STREET (left), and LANE (bottom). A 'RAILWAY' is indicated on the left side, and a 'PROVIDENCE DRIVE' is shown at the bottom right.

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Priorities for the B.C. Health System

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Page 152 to/à Page 156

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Other relevant services

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