

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, April 5, 2017 1:55 PM
To: Stusek, Glen HLTH:EX; Mah, Brandon HLTH:EX
Cc: Garcia, Rogelio HLTH:EX
Subject: RE: IHA change - KBRH ED project

Requested change, approval letter forwarded.

From: Stusek, Glen HLTH:EX
Sent: Wednesday, April 5, 2017 1:04 PM
To: Cavelti, John HLTH:EX; Mah, Brandon HLTH:EX
Cc: Garcia, Rogelio HLTH:EX
Subject: IHA change - KBRH ED project

Hi –

According to the latest extract, IHA has set up project #18087 for the KBRH ED Reno & Expansion and linked it to CPS # HEALTHA0572, as a PI project. This is all good, however, the Capital Plan status is shown as Requested. Can you please work with IHA to ensure it's changed to Capital Plan before the close of Q4?

Capital Plan - Requested Sort	Requested
CGCD Name	Priority Investment
FSS Name	(All)
HA Name	Interior Health Authority
CC Name	2016/2017 Q4

Detail of Yearly Amount SUM					Fiscal Year				Grar Tota
Pr MOH Project Number	Pr CPS Number	Pr Name	Si Name	FS Name	2016/2017	2017/2018	2018/2019	2019/2020	
18087	HEALTHA0572	KBH Emergency Department Reno & Expansion	Kootenay Boundary Regional Hospital	Other	s.13,s.17				
Grand Total									

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Thursday, March 16, 2017 10:17 AM
To: Mah, Brandon HLTH:EX
Subject: FW: KBRH

Please include in file

From: Stusek, Glen HLTH:EX
Sent: Thursday, March 16, 2017 10:11 AM
To: Des Mazes, Christian FIN:EX
Cc: Palmer, Joel HLTH:EX; Cavelti, John HLTH:EX; Garcia, Rogelio HLTH:EX
Subject: RE: KBRH

Thanks, Christian

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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From: Des Mazes, Christian FIN:EX
Sent: Thursday, March 16, 2017 10:05 AM
To: Stusek, Glen HLTH:EX
Subject: KBRH

Hi Glen,

New project HEALTHA0572 (Kootenay Boundary Regional Hospital Emergency Department) has been entered into the CPS-database today, as requested.

Cheers,

*Christian Des Mazes, MBA, CFA
Treasury Board Staff
Ministry of Finance
Office: 250 387-9067
Email: Christian.DesMazes@gov.bc.ca*

Mah, Brandon HLTH:EX

From: Koster, Birgit <Birgit.Koster@interiorhealth.ca>
Sent: Thursday, March 16, 2017 9:45 AM
To: Mah, Brandon HLTH:EX
Cc: Glassford, Anne
Subject: RE: KBH ED

Done.

Thanks,
Birgit

From: Mah, Brandon HLTH:EX [<mailto:Brandon.Mah@gov.bc.ca>]
Sent: Thursday, March 16, 2017 10:35 AM
To: Koster, Birgit
Cc: Glassford, Anne
Subject: RE: KBH ED

Hi Birgit,

For this Project (#18087), can you please input CPS# HEALTHA0572?

Thank you
Brandon

From: Koster, Birgit [<mailto:Birgit.Koster@interiorhealth.ca>]
Sent: Monday, March 13, 2017 9:07 AM
To: Mah, Brandon HLTH:EX
Cc: Glassford, Anne
Subject: KBH ED

Hi Brandon,

The project is in WebCAPS now with MOH Project #18087.

If there is anything else you require, pls. let us know.

Thanks,
Birgit

Birgit Koster, CPA, CA
Director Business Support, Capital Planning
Interior Health
PO Box 2069
Invermere, B.C.
VOA 1K0
250-342-2327
Phoning from within IH? Use QuickDial: 8-406-2327

Cavelti, John HLTH:EX

From: Stusek, Glen HLTH:EX
Sent: Thursday, March 16, 2017 9:17 AM
To: Cavelti, John HLTH:EX; Mah, Brandon HLTH:EX
Cc: Garcia, Rogelio HLTH:EX
Subject: FW: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department
Attachments: NPR #6 - IHA - KBRH ED.xlsx

Project has been added to CPS – it's # is HEALTHA0572

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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From: Stusek, Glen HLTH:EX
Sent: Wednesday, March 15, 2017 3:16 PM
To: Des Mazes, Christian FIN:EX
Subject: RE: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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From: Des Mazes, Christian FIN:EX
Sent: Wednesday, March 15, 2017 2:05 PM
To: Stusek, Glen HLTH:EX
Subject: RE: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Glen,

s.13

Can you take a look and see what you think? s.1

From: Stusek, Glen HLTH:EX
Sent: Tuesday, March 14, 2017 10:20 AM
To: Des Mazes, Christian FIN:EX
Cc: Cavelti, John HLTH:EX; Palmer, Joel HLTH:EX
Subject: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Hi Christian –

The Interior Health Authority (IHA) would like to proceed with the Kootenay Boundary Regional Hospital Emergency Department project, recently approved by the ministry, in accordance with direction provided by Treasury Board Staff (see attached).

This project involves redesigning and expanding the Emergency Department at the Kootenay Boundary Regional Hospital in Trail. The project will address the immediate space and service delivery challenges experienced by the current site due to facility constraints and workload volumes, and will accommodate projected ED needs to 2034. The ED will be increased to 1,303 square metres (including a covered ambulance bay) from the current 378 square metres.

s.13,s.17 million exceeds \$5 million, a new CPS # must be obtained for this project. The completed New Project Template for this project is attached, as New Project Template #6 for Q4 16/17.

The project is cash flowed over 3 fiscal years, from 2017/18 to 2019/20, and is being funded as follows –

- \$ 6.240 million from the West Kootenay Boundary Regional Hospital District (Municipal/Regional);
- \$ 1.000 million from the Kootenay Boundary Regional Hospital & Health Foundation (Third Party); and
- \$ 9.360 million from IHA internal sources (Agency).

IHA is to manage all incremental operating cost requirements within its annual operating funding allocations.

s.13

Please advise when the new CPS # has been approved for this project.

Thanks

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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New Project Import Template for entry into the CPS Database

All fields are mandatory except ESTIMATES STAFF USE and where indicated by "if applicable"
Worksheet can be copied to submit several requests in one workbook.

MINISTRY STAFF USE

Submitted By: Brandon Mah
Date Submitted: 13-Mar-17
Notes: Total project cost exceeds \$5 million, new CPS number required

TB ANALYST USE

TB Analyst:
Date Approved:
Notes:

GENERAL TAB

Ministry Name: Health
Agency: Interior Health Authority
Project Name: Kootenay Boundary Regional Hospital Emergency Department

Project Description: Renovate and expand the Emergency Department (ED) at Kootenay Boundary Regional Hospital. The ED will be increased to 1303 square metres from 378 square metres. The project also includes an electrical transformer upgrade.

Variable #1 (if applicable):
Variable #2 (if applicable):
Asset Type: Building
Description of Asset Type if Other:

LOCATION TAB

Location: Trail
Development Region: Kootenay

STATUS TAB

Project Start Date (yyyy-mm-dd): s.13
Project End Date (yyyy-mm-dd):
Dev Construct Start Date (yyyy-mm-dd): *
Dev Construct End Date (yyyy-mm-dd): **

*Dev Construct Start Date must be later than Project Start Date.
**Dev Construct End Date must be earlier than Project End Date.

ESTIMATES STAFF USE

Estimates Analyst:
Date Entered:
CPS Identifier:
Screening Tier:
Fiscal/Quarter:

FINANCIAL TAB (in 000s)

Provincial Debt Type: Self Supported
Approved Provincial Debt: -
Federal: s.13,s.17
Municipal/Regional:
Third Party:
Agency Funds:
Approved Amount:

Cash Flow	Total (in 000s)	Provincial (in 000s)
Prior 05/06	-	-
06/07	-	-
07/08	-	-
08/09	-	-
09/10	-	-
10/11	-	-
11/12	-	-
12/13	-	-
13/14	-	-
14/15	-	-
15/16	-	-
16/17	s.13,s.17	-
17/18	-	-
18/19	-	-
19/20	-	-
20/21	-	-
21/22	-	-
22/23	-	-
23/24	-	-
24/25	-	-
25/26	-	-
After 25/26	-	-
Total	s.13,s.17	-

Approved/ Cash Flow Variance

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, March 15, 2017 2:42 PM
To: Mah, Brandon HLTH:EX
Subject: FW: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department
Attachments: NPR #6 - IHA - KBRH ED.xlsx

From: Stusek, Glen HLTH:EX
Sent: Wednesday, March 15, 2017 2:24 PM
To: Cavelti, John HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: FW: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

A little help from my friends, please.....

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250.952.1646 | C: 250.216.6831 | F: 250.952.2873 |

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From: Des Mazes, Christian FIN:EX
Sent: Wednesday, March 15, 2017 2:05 PM
To: Stusek, Glen HLTH:EX
Subject: RE: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Glen,

s.13

Can you take a look and see what you think?s.13

From: Stusek, Glen HLTH:EX
Sent: Tuesday, March 14, 2017 10:20 AM
To: Des Mazes, Christian FIN:EX
Cc: Cavelti, John HLTH:EX; Palmer, Joel HLTH:EX
Subject: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Hi Christian –

The Interior Health Authority (IHA) would like to proceed with the **Kootenay Boundary Regional Hospital Emergency Department** project, recently approved by the ministry, in accordance with direction provided by Treasury Board Staff (see attached).

This project involves redesigning and expanding the Emergency Department at the Kootenay Boundary Regional Hospital in Trail. The project will address the immediate space and service delivery challenges experienced by the current site due to facility constraints and workload volumes, and will accommodate projected ED needs to 2034. The ED will be increased to 1,303 square metres (including a covered ambulance bay) from the current 378 square metres.

s.13,s.17

exceeds \$5 million, a new CPS # must be obtained for this project.

The completed New Project Template for this project is attached, as New Project Template #6 for Q4 16/17.

The project is cash flowed over 3 fiscal years, from 2017/18 to 2019/20, and is being funded as follows –

- \$ 6.240 million from the West Kootenay Boundary Regional Hospital District (Municipal/Regional);
- \$ 1.000 million from the Kootenay Boundary Regional Hospital & Health Foundation (Third Party); and
- \$ 9.360 million from IHA internal sources (Agency).

IHA is to manage all incremental operating cost requirements within its annual operating funding allocations.

s.13,s.17

Please advise when the new CPS # has been approved for this project.

Thanks

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Tuesday, March 14, 2017 9:09 AM
To: Stusek, Glen HLTH:EX
Cc: Cavelti, John HLTH:EX
Subject: RE: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department
Attachments: KBRH Emergency Expansion and Electrical Transformer Upgrade

Looks good Glen, thanks

Please proceed. You could include the following email as an attachment, in case Christian needs a reminder about approvals...

From: Stusek, Glen HLTH:EX
Sent: Monday, March 13, 2017 5:16 PM
To: Palmer, Joel HLTH:EX
Cc: Cavelti, John HLTH:EX
Subject: New Project Template #6 - Q4 16/17 - IHA KBRH Emergency Department

Hi Joel –

The Interior Health Authority (IHA) would like to proceed with the **Kootenay Boundary Regional Hospital Emergency Department** project, recently approved by the ministry, in accordance with direction provided by Treasury Board Staff (see below).

This project involves redesigning and expanding the Emergency Department at the Kootenay Boundary Regional Hospital in Trail. The project will address the immediate space and service delivery challenges experienced by the current site due to facility constraints and workload volumes, and will accommodate projected ED needs to 2034. The ED will be increased to 1,303 square metres (including a covered ambulance bay) from the current 378 square metres.

s.13,s.17 exceeds \$5 million, a new CPS # must be obtained for this project. The completed New Project Template for this project is attached, as New Project Template **#6** for Q4 16/17.

The project is cash flowed over 3 fiscal years, from 2017/18 to 2019/20, and is being funded as follows –

- \$ 6.240 million from the West Kootenay Boundary Regional Hospital District (Municipal/Regional);
- \$ 1.000 million from the Kootenay Boundary Regional Hospital & Health Foundation; and
- \$ 9.360 million from IHA internal sources (Agency).

IHA is to manage all incremental operating cost requirements within its annual operating funding allocations.

s.13,s.17

Please advise if changes are needed, or whether this request can be submitted to Treasury Board Staff for approval of the new CPS # for this project

Thanks

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250 952 1646 | C: 250 216 6831 | F: 250 952 2873 |

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From: Palmer, Joel HLTH:EX
Sent: Monday, March 6, 2017 12:13 PM
To: Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX; Stusek, Glen HLTH:EX
Subject: FW: KBRH Emergency Expansion and Electrical Transformer Upgrade

fyi

From: Des Mazes, Christian FIN:EX
Sent: Monday, March 6, 2017 12:11 PM
To: Palmer, Joel HLTH:EX
Cc: Enemark, Gord FIN:EX
Subject: KBRH Emergency Expansion and Electrical Transformer Upgrade

Hi Joel,

We have discussed the KBRH Emergency Expansion and Transformer Upgrade project with our DM and it has been agreed that because this project is mostly low risk based on the risk assessment tool (there is no provincial debt involved, IHA has experienced project management staff and a track record of success with projects of roughly the same size), that this project can have approval at the Ministry of Health level. s.13

s.13

Thanks,

*Christian Des Mazes, MBA, CFA
Treasury Board Staff
Ministry of Finance
Office: 250 387-9067
Email: Christian.DesMazes@gov.bc.ca*

Mah, Brandon HLTH:EX

From: Koster, Birgit <Birgit.Koster@interiorhealth.ca>
Sent: Monday, March 13, 2017 9:07 AM
To: Mah, Brandon HLTH:EX
Cc: Glassford, Anne
Subject: KBH ED

Hi Brandon,

The project is in WebCAPS now with MOH Project #18087.

If there is anything else you require, pls. let us know.

Thanks,
Birgit

Birgit Koster, CPA, CA
Director Business Support, Capital Planning
Interior Health
PO Box 2069
Invermere, B.C.
VOA 1K0
250-342-2327
Phoning from within IH? Use QuickDial: 8-406-2327

Cavelti, John HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Monday, March 13, 2017 8:35 AM
To: Cavelti, John HLTH:EX
Subject: RE: KBRH Emergency Expansion and Electrical Transformer Upgrade

Birgit is working to get this into webcaps.

However she will be leaving it in "Requested" status because she says she doesn't have internal or external (Ministry) approvals yet.

Brandon

From: Cavelti, John HLTH:EX
Sent: Friday, March 10, 2017 1:32 PM
To: Mah, Brandon HLTH:EX
Subject: FW: KBRH Emergency Expansion and Electrical Transformer Upgrade

Brandon,

Where are we at with this?

We will need a CPS request and approval letter.

Thanks,

John

From: Stusek, Glen HLTH:EX
Sent: Friday, March 10, 2017 12:46 PM
To: Cavelti, John HLTH:EX
Subject: FW: KBRH Emergency Expansion and Electrical Transformer Upgrade

Hi John --

Any luck getting any further information about this project yet?

Glen Stusek | Director | Decision Support - Capital Finance | Finance and Corporate Services | Ministry of Health | PO Box 9647 STN Prov Govt
Victoria BC V8W 9P4 | P: 250.952.1646 | C: 250.216.6831 | F: 250.952.2873 |

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From: Palmer, Joel HLTH:EX
Sent: Monday, March 6, 2017 12:13 PM
To: Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX; Stusek, Glen HLTH:EX
Subject: FW: KBRH Emergency Expansion and Electrical Transformer Upgrade

fyi

From: Des Mazes, Christian FIN:EX
Sent: Monday, March 6, 2017 12:11 PM
To: Palmer, Joel HLTH:EX
Cc: Enemark, Gord FIN:EX
Subject: KBRH Emergency Expansion and Electrical Transformer Upgrade

Hi Joel,

We have discussed the KBRH Emergency Expansion and Transformer Upgrade project with our DM and it has been agreed that because this project is mostly low risk based on the risk assessment tool (there is no provincial debt involved, IHA has experienced project management staff and a track record of success with projects of roughly the same size), that this project can have approval at the Ministry of Health level. s.13

Thanks,

Christian Des Mazes, MBA, CFA
Treasury Board Staff
Ministry of Finance
Office: 250 387-9067
Email: Christian.DesMazes@gov.bc.ca

Mah, Brandon HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Tuesday, March 7, 2017 11:02 AM
To: Reyes, Aureleo P HLTH:EX
Subject: FW: KBRH Emergency Redesign and Electrical Transformer Upgrade
Attachments: Final SFBP KBRH - Service Priority Renovations Phase 1 Feb 20 2017.pdf

Importance: High

Hi Aureleo, still need your comment on this via email for our files.

Thanks,
Brandon

From: Mah, Brandon HLTH:EX
Sent: Tuesday, February 21, 2017 10:24 AM
To: Reyes, Aureleo P HLTH:EX
Subject: KBRH Emergency Redesign and Electrical Transformer Upgrade
Importance: High

Hi Aureleo,

s.13

Please let me know if you have concerns.
Thanks,

Brandon Mah
Capital Analyst, Interior and Vancouver Island
Capital Services
Ministry of Health
250-952-2645

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Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Monday, March 6, 2017 12:13 PM
To: Des Mazes, Christian FIN:EX
Cc: Enemark, Gord FIN:EX
Subject: RE: KBRH Emergency Expansion and Electrical Transformer Upgrade

Thanks Christian

From: Des Mazes, Christian FIN:EX
Sent: Monday, March 6, 2017 12:11 PM
To: Palmer, Joel HLTH:EX
Cc: Enemark, Gord FIN:EX
Subject: KBRH Emergency Expansion and Electrical Transformer Upgrade

Hi Joel,

We have discussed the KBRH Emergency Expansion and Transformer Upgrade project with our DM and it has been agreed that because this project is mostly low risk based on the risk assessment tool (there is no provincial debt involved, IHA has experienced project management staff and a track record of success with projects of roughly the same size), that this project can have approval at the Ministry of Health level. s.13

s.13

Thanks,

Christian Des Mazes, MBA, CFA
Treasury Board Staff
Ministry of Finance
Office: 250 387-9067
Email: Christian.DesMazes@gov.bc.ca

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Friday, March 3, 2017 8:59 AM
To: Cavelti, John HLTH:EX
Subject: FW: IHA

Importance: High

s.13,s.17

Need it this morning sadly... s.13

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

From: Des Mazes, Christian FIN:EX
Sent: Friday, March 3, 2017 8:21 AM
To: Palmer, Joel HLTH:EX
Subject: IHA

Joel,

s.13

Thanks

Sent from my iPhone

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 28, 2017 4:50 PM
To: Mah, Brandon HLTH:EX; Dolynny, Curtis HLTH:EX; Lloyd, Lisa HLTH:EX
Subject: Fwd: TB Subs

FYI

John Cavelti
Sent from my iPhone

Begin forwarded message:

From: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Date: February 28, 2017 at 4:46:27 PM PST
To: "Cavelti, John HLTH:EX" <John.Cavelti@gov.bc.ca>, "Bell, Mark J HLTH:EX" <Mark.J.Bell@gov.bc.ca>, "Moen, Shelley L HLTH:EX" <Shelley.Moen@gov.bc.ca>
Subject: TB Subs

Talked with Christian today to get a sense of timing for all our projects. Survey says.....
s.13

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Friday, February 24, 2017 2:41 PM
To: Cavelti, John HLTH:EX
Subject: FW: H16-38 KBRH Emergency Department Project.docx
Attachments: H16-38 KBRH Emergency Department Project.pdf

From: Ryall, Karen HLTH:EX
Sent: Friday, February 24, 2017 2:06 PM
To: Des Mazes, Christian FIN:EX
Cc: Palmer, Joel HLTH:EX; Sidhu, Manjit HLTH:EX
Subject: FW: H16-38 KBRH Emergency Department Project.docx

Hi Christian,

Please find the signed TB Sub for KBRH attached.

Kind Regards,

Karen Ryall

Manager, Divisional Operations | Assistant Deputy Minister's Office | Finance and Corporate Services | Ministry of Health Office |
250-952-1011 | Cell 250-882-4033

From: Will, Jordan HLTH:EX
Sent: Friday, February 24, 2017 11:02 AM
To: Docs Processing HLTH:EX
Cc: Ryall, Karen HLTH:EX; HLTH FCS Documents Processing HLTH:EX
Subject: H16-38 KBRH Emergency Department Project.docx

Please see the attached approved TB Sub for KBRH. Let me know if you need anything further.

Thank you,

JORDAN WILL

Director, Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | jordan.Will@gov.bc.ca

Cavelti, John HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Friday, February 24, 2017 1:19 PM
To: Palmer, Joel HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Ok thanks. As the submission is signed, I don't plan on making any changes.

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

From: Palmer, Joel HLTH:EX
Sent: Friday, February 24, 2017 1:14 PM
To: Sidhu, Manjit HLTH:EX
Subject: FW: Kootenay Boundary Regional Hospital

Manjit
FYI
s.13
Joel

From: Cavelti, John HLTH:EX
Sent: Friday, February 24, 2017 1:12 PM
To: Palmer, Joel HLTH:EX
Subject: FW: Kootenay Boundary Regional Hospital

Joel,

FYI.
s.13

John

From: Hallin, Lillian MTIC:EX
Sent: Friday, February 24, 2017 12:52 PM
To: Cavelti, John HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Hi John

s.13

Let me know if you have any further questions.

Lillian

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 7:25 AM
To: Hallin, Lillian MTIC:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Lillian,

As usual (sorry) as soon as possible would be appreciated, but early next week would work.

Thanks for your help,

John

From: Hallin, Lillian MTIC:EX
Sent: Tuesday, February 21, 2017 5:56 PM
To: Cavelti, John HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Thanks for sending this. I will get to this as soon as I can. Will next week work for you?

Lillian

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 21, 2017 2:58 PM
To: Hallin, Lillian MTIC:EX
Cc: Mah, Brandon HLTH:EX
Subject: Kootenay Boundary Regional Hospital
Importance: High

Lillian,

We are currently preparing a TB Submission so your earliest response would be greatly appreciated.

Many thanks,

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

Cavelti, John HLTH:EX

From: Hallin, Lillian MTIC:EX
Sent: Friday, February 24, 2017 12:52 PM
To: Cavelti, John HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Hi John

s.13,s.17

Let me know if you have any further questions.

Lillian

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 7:25 AM
To: Hallin, Lillian MTIC:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Lillian,

As usual (sorry) as soon as possible would be appreciated, but early next week would work.

Thanks for your help.

John

From: Hallin, Lillian MTIC:EX
Sent: Tuesday, February 21, 2017 5:56 PM
To: Cavelti, John HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: RE: Kootenay Boundary Regional Hospital

Thanks for sending this. I will get to this as soon as I can. Will next week work for you?

Lillian

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 21, 2017 2:58 PM
To: Hallin, Lillian MTIC:EX
Cc: Mah, Brandon HLTH:EX
Subject: Kootenay Boundary Regional Hospital
Importance: High

Lillian,

s.13

We are currently preparing a TB Submission so your earliest response would be greatly appreciated.

Many thanks,

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 23, 2017 9:31 AM
To: Cavelti, John HLTH:EX; Forsberg, Nicole A HLTH:EX
Subject: KBRH
Attachments: H16-38 KBRH Emergency Department Project.docx

Nicole

This was a rush so I sent it straight to FCS mailbox in e-approvals.

John

s.13

Thanks

Joel

Joel Palmer | Executive Director | Capital Services | Ministry Of Health | Gov't of BC
Desk: 250-952-1102 | Mobile: 250-216-4627 | Joel.Palmer@gov.bc.ca

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 4:08 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: KBRH TB Sub
Attachments: KBRH Emergency Department Project.docx

Manjit,

Dated with Sub number as requested.

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 3:02 PM
To: Sidhu, Manjit HLTH:EX; Palmer, Joel HLTH:EX
Subject: RE: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project
Attachments: KBRH Emergency Department Project.docx

As requested, all changes accepted for clarity.

John

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 22, 2017 2:55 PM
To: Cavelti, John HLTH:EX; Palmer, Joel HLTH:EX
Subject: RE: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project

Yes please....can you insert them into the version I sent and e-mail back to me. thanks.

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 2:42 PM
To: Palmer, Joel HLTH:EX; Sidhu, Manjit HLTH:EX
Subject: RE: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project

s.13

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 22, 2017 2:41 PM
To: Sidhu, Manjit HLTH:EX
Cc: Cavelti, John HLTH:EX
Subject: Re: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project

s.13

On Feb 22, 2017, at 2:35 PM, Sidhu, Manjit HLTH:EX <Manjit.Sidhu@gov.bc.ca> wrote:

Here are my edits... s.13

Thanks.

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 2:37 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project

s.13

to see if I can get them, they weren't expected until next week.

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 22, 2017 2:35 PM
To: Cavelti, John HLTH:EX; Palmer, Joel HLTH:EX
Subject: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project

Here are my edits... s.13

Thanks.

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 2:26 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail

s.13

John

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 22, 2017 2:19 PM
To: Cavelti, John HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail

Thanks. s.13

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 1:32 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail

Sorry, blank page removed.

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 1:29 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail

Manjit,

Here is our draft TB Sub. Joel has already reviewed it once and his comments have been addressed in the attached.

Please let me know if you need anything further.

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 22, 2017 1:22 PM
To: Palmer, Joel HLTH:EX; Cavelti, John HLTH:EX
Subject: Trail

Are we close to having a draft TB sub. I have a meeting with the Minister this afternoon and I know he will ask me....

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 1:32 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail
Attachments: KBRH Emergency Department Redesign and Electrical Transformer Upgrade Project.docx

Sorry, blank page removed.

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 1:29 PM
To: Sidhu, Manjit HLTH:EX
Cc: Palmer, Joel HLTH:EX
Subject: RE: Trail

Manjit,

Here is our draft TB Sub. Joel has already reviewed it once and his comments have been addressed in the attached.

Please let me know if you need anything further,

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, February 22, 2017 1:22 PM
To: Palmer, Joel HLTH:EX; Cavelti, John HLTH:EX
Subject: Trail

Are we close to having a draft TB sub. I have a meeting with the Minister this afternoon and I know he will ask me....

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 22, 2017 10:45 AM
To: Mah, Brandon HLTH:EX
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

From: Miller, Brian [mailto:Brian.Miller@interiorhealth.ca]
Sent: Wednesday, February 22, 2017 10:10 AM
To: Cavelti, John HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi John,

s.13,s.17

Let me know if you need anything else.

Thanks!

Brian

From: Cavelti, John HLTH:EX [mailto:John.Cavelti@gov.bc.ca]
Sent: Wednesday, February 22, 2017 8:02 AM
To: Miller, Brian
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Brian,

Many thanks.

John

From: Miller, Brian [mailto:Brian.Miller@interiorhealth.ca]
Sent: Tuesday, February 21, 2017 3:58 PM
To: Cavelti, John HLTH:EX
Cc: McEachern, Colleen (CRP); Kruschel, Brent; Mah, Brandon HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi John,
s.13

s.13

Thanks for your time today!
Brian

From: Cavelti, John HLTH:EX [<mailto:John.Cavelti@gov.bc.ca>]
Sent: Tuesday, February 21, 2017 10:31 AM
To: Millier, Brian
Cc: McEachern, Colleen (CRP); Kruschel, Brent; Mah, Brandon HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Brian,

s.13,s.17

Many thanks,

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

From: Miller, Brian [<mailto:Brian.Miller@interiorhealth.ca>]
Sent: Tuesday, February 21, 2017 10:15 AM
To: Cavelti, John HLTH:EX
Cc: McEachern, Colleen (CRP); Kruschel, Brent
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi John,

Please find below responses (in black) to your questions concerning the Business Plan for KBRH. If you require any additional information and/or clarification of the below responses please do not hesitate to contact me.

Thanks
Brian

Brian Miller, SCMP | Manager, Capital Planning | 250-469-7070 ext 12576
505 Doyle Ave, 4th floor Kelowna BC V1Y 0C5



Interior Health
Every generation.

From: Cavelti, John HLTH:EX [<mailto:John.Cavelti@gov.bc.ca>]
Sent: Friday, February 17, 2017 2:46 PM
To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
Cc: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Good afternoon Brent,

s.13,s.17

Please feel free to call me if you have any questions or concerns.

Many thanks and have a good weekend,

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

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

From: Kruschel, Brent [<mailto:Brent.Kruschel@interiorhealth.ca>]

Sent: Tuesday, February 14, 2017 4:53 PM

To: Palmer, Joel HLTH:EX

Cc: XT:Koster, Birgit HLTH:IN; XT:HLTH Lommer, Donna; McEachern, Colleen (CRP)

Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

s.13

The signatures for this plan will be sent tomorrow. -brent

Brent Kruschel

Chief Project Officer & Corporate Director Capital Planning, Interior Health

(w) 250 469-7070 x 12571

(m)250 864 7318

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

From: McEachern, Colleen (CRP)

Sent: Tuesday, February 14, 2017 4:48 PM

To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>

Cc: Miller, Brian <Brian.Miller@interiorhealth.ca>

Subject: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Brent (cc Brian)

As requested, attached is 'version 7' (Feb 14 at 1:32 pm) of the KBRH Phase 1 (ED and Electrical Transformer) Project SFBP plus Appendix A.

As discussed, the signature blocks in this version have not been completed/ inserted.

Regards,

Colleen

Colleen McEachern

Director Capital Planning & Clinical Design

INTERIOR HEALTH Capital Planning / Projects

505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5

Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 21, 2017 3:11 PM
To: Palmer, Joel HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: KBRH TB Sub

Joel,

Following discussions with IHA I have adjusted the following table in the TB Sub:

Milestone	Start	Finish
Design/Planning	s.13	
Construction		
Occupancy		

Design/Planning was shown as s.13

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 21, 2017 2:00 PM
To: Mah, Brandon HLTH:EX
Subject: Capital Budgets KBRH.xlsx
Attachments: Capital Budgets KBRH.xlsx

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Friday, February 17, 2017 2:46 PM
To: Kruschel, Brent
Cc: Mah, Brandon HLTH:EX
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Importance: High

Good afternoon Brent,

s.13,s.17

Please feel free to call me if you have any questions or concerns.

Many thanks and have a good weekend,

John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

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

From: Kruschel, Brent [mailto:Brent.Kruschel@interiorhealth.ca]
Sent: Tuesday, February 14, 2017 4:53 PM
To: Palmer, Joel HLTH:EX
Cc: XT:Koster, Birgit HLTH:IN; XT:HLTH Lommer, Donna; McEachern, Colleen (CRP)
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

s.13

The signatures for this plan will be sent tomorrow. -brent

Brent Kruschel
Chief Project Officer & Corporate Director Capital Planning, Interior Health

(w) 250 469-7070 x 12571
(m) 250 864 7318

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

From: McEachern, Colleen (CRP)
Sent: Tuesday, February 14, 2017 4:48 PM
To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
Cc: Miller, Brian <Brian.Miller@interiorhealth.ca>
Subject: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Brent (cc Brian)

As requested, attached is 'version 7' (Feb 14 at 1:32 pm) of the KBRH Phase 1 (ED and Electrical Transformer) Project SFBP plus Appendix A.

As discussed, the signature blocks in this version have not been completed/ inserted.

Regards,
Colleen

Colleen McEachern
Director Capital Planning & Clinical Design

INTERIOR HEALTH Capital Planning / Projects
505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5

Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504



PDF - [illegible]
[illegible]

Mah, Brandon HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Tuesday, February 21, 2017 10:24 AM
To: Reyes, Aureleo P HLTH:EX
Subject: KBRH Emergency Redesign and Electrical Transformer Upgrade
Attachments: Final SFBP KBRH - Service Priority Renovations Phase 1 Feb 20 2017.pdf

Importance: High

Hi Aureleo,

s.13

Please let me know if you have concerns.
Thanks,

Brandon Mah
Capital Analyst, Interior and Vancouver Island
Capital Services
Ministry of Health
250-952-2645

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.

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Friday, February 17, 2017 2:33 PM
To: Des Mazes, Christian FIN:EX
Cc: Enemark, Gord FIN:EX; Hill, Heather K FIN:EX; Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX
Subject: RE: KBRH ED Expansion

Thanks for the response Christian
We will have a draft done early next week.
Joel

From: Des Mazes, Christian FIN:EX
Sent: Friday, February 17, 2017 1:46 PM
To: Palmer, Joel HLTH:EX
Cc: Enemark, Gord FIN:EX; Hill, Heather K FIN:EX
Subject: KBRH ED Expansion

Hi Joel,

s.13,s.17

Thanks,

*Christian Des Mazes, MBA, CFA
Treasury Board Staff
Ministry of Finance
Office: 250 387-9067
Email: Christian.DesMazes@gov.bc.ca*

Mah, Brandon HLTH:EX

From: Levell, Doug <Doug.Levell@interiorhealth.ca>
Sent: Friday, February 17, 2017 9:03 AM
To: Mah, Brandon HLTH:EX
Subject: RE: Seismic Ratings

Brandon,

I checked with Steve McEwan, our Director of Plant Services, and he is not aware of any seismic risk ratings having been completed for our buildings. This is due largely to the low risk of the area.

Of course all buildings have been constructed to the seismic requirements of the BC Building Code, for at least as long as those requirements have existed.

The following comments was from a facility assessment report completed in 2014 for Kootenay Boundary Regional Hospital in Trail.

While a full seismic analysis is required in order to predict how each structure would perform in a seismic event, given the low seismic zone for this location, it is our opinion that this is a minimal risk item. It should be noted however, that any major additions or alterations to the deficient buildings could trigger a seismic design upgrade.

Doug

From: Mah, Brandon HLTH:EX [<mailto:Brandon.Mah@gov.bc.ca>]
Sent: Thursday, February 09, 2017 9:42 AM
To: Levell, Doug
Subject: Seismic Ratings

Hi Doug,

Does IHA have seismic risk ratings for any of it's owned buildings? – looking in particular for KBRH.

Btw, what is your new phone #? I phoned the old one apparently.

Thanks,

Brandon Mah
Capital Analyst, Interior and Vancouver Island
Capital Services
Ministry of Health
250-952-2645

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.

Cavelti, John HLTH:EX

From: Gardner, Anna HLTH:EX
Sent: Thursday, February 16, 2017 2:55 PM
To: Mah, Brandon HLTH:EX
Cc: Feltham, Sandra HLTH:EX
Subject: FW: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Brandon, please see HSIAR comments- Interior Health has not provided projections; as such, we are unable to provide opinion about IH's methodology and rationale for the expansion based off of future population needs.

Note that in my earlier note, the HA did provide a limited amount of information about their rationale re: meeting CSA and infection control standards.

Please let me know if you need anything further, or if IH does provide projections for us to look at

Anna

From: Feltham, Sandra HLTH:EX
Sent: Thursday, February 16, 2017 2:41 PM
To: Gardner, Anna HLTH:EX; Fung, Kevin (Ka) L HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

This is great Kevin. Thank you for reviewing and providing feedback (Anna, see Kevin's note below). Anna, bottom line is they haven't provided projections. If there is an expectation that they justify their expansion numbers in terms of meeting future population needs, then we would need to see something more for that....

From: Fung, Kevin (Ka) L HLTH:EX
Sent: Thursday, February 16, 2017 9:16 AM
To: Feltham, Sandra HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Sandra,

Here is a summary of the business plan:

- There are approximately 16,000 patients from the community of Trail that visits the KBRH ED annually.
- The current ED does not meet physical standards and will not meet anticipated increase in volumes and patient acuity for Emergency Services.
- In addition to volume and patient acuity constraints, there are issues with privacy and
- The expansion will go from 378 square meters to 1303 square meter (see page 5 of the business plan)
- The expansion will accommodate projected ED needs up to 2034, approximately 14-15 years into the future once the ED expansion is designed and constructed

s.13

Let me know if you have any questions

Kevin

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

From: Feltham, Sandra HLTH:EX
Sent: Wednesday, February 15, 2017 4:22 PM
To: Fung, Kevin (Ka) L HLTH:EX
Cc: Gardner, Anna HLTH:EX
Subject: FW: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi Kevin.

Can you please have a look at this. I don't think there is much there. In my initial scan I didn't see the usual projected need section where they project future ED visits and then translate that into spaces. I only saw a table that has current spaces and proposed spaces, but I only gave it a cursory look.

Thanks, Sandra.

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

From: Gardner, Anna HLTH:EX
Sent: Wednesday, February 15, 2017 2:47 PM
To: Muttersbach, Paige HLTH:EX; Feltham, Sandra HLTH:EX
Cc: Evans, Jay HLTH:EX
Subject: Fw: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi Paige and Sandra,

Have received this from Capital - I have not read yet but focus I believe is ED this phase. Could you please review as per Brandon's note. Particular focus on any major issues/concerns/red flags or questions for the HA. I'll find out from Brandon on timelines but I know there are very limited time for treasury Anna

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message

From: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>
Sent: Wednesday, February 15, 2017 12:57 PM
To: Gardner, Anna HLTH:EX
Subject: FW: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Anna,

It appears that this project is going to happen. Can you please provide a "cursory" review for any critical concerns?

Thanks,
Brandon

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 2:19 PM
To: Des Mazes, Christian FIN:EX
Subject: RE: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: Appendix A.PDF

And Appendix A....

From: Des Mazes, Christian FIN:EX
Sent: Thursday, February 16, 2017 2:00 PM
To: Palmer, Joel HLTH:EX
Subject: RE: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Joel,

Can you send me something on the overall project? The risk screen doesn't describe what is being done.

Thanks,

Christian

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 10:03 AM
To: Des Mazes, Christian FIN:EX
Cc: Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX
Subject: Fwd: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Christian

Risk screen attached for your review and direction

Joel

Begin forwarded message:

From: "Cavelti, John HLTH:EX" <John.Cavelti@gov.bc.ca>
Date: February 16, 2017 at 9:52:47 AM PST
To: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Joel,

Updated as discussed.

John

Cavelti, John HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Thursday, February 16, 2017 2:11 PM
To: Cavelti, John HLTH:EX
Subject: Program area comments re: KBRH
Attachments: Kootenay Boundary Regional Hospital.pdf

Their concerns have been filed appropriately on the K:

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

From: Gardner, Anna HLTH:EX
Sent: Thursday, February 16, 2017 1:44 PM
To: Mah, Brandon HLTH:EX
Cc: Muttersbach, Paige HLTH:EX; Rains, Derek HLTH:EX; Abbott, Brendan HLTH:EX; Feltham, Sandra HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Thanks Brandon,

We've done a cursory review as requested; given the time restraints we are unable to provide the normal thorough review that we would usually provide. FYI Derek (acting) and Brendan.

s.13

s.13 I did find
a IH facility profile for the hospital (Here:
<https://www.interiorhealth.ca/AboutUs/QuickFacts/PopulationLocalAreaProfiles/Documents/Kootenay%20Boundary%20Regional%20Hospital.pdf>), that suggests current use, works out to roughly 30 case/year for CTAS level 1 (resuscitation), and about 2250/yr for CTAS-2, with the majority in CTAS 3 and 4 (over 11000 or 76%), and then about 1300 cases CTAS 5. s.13
s.13

Thanks,
Anna

Anna Gardner, RN, BScN, MPA
Manager, Planning & Evaluation (Capital), Acute and Provincial Services, Ministry of Health, PO Box 9638 Stn Prov Govt, Victoria, BC, V8W 9P1, Office: 250-952-2423, Cell: 250-896-6773
This e-mail is intended solely for the person or entity to which it is addressed and may contain confidential and/or privileged information. Any review, dissemination, copying, printing or other use of this e-mail by persons or entities

other than the addressee is prohibited. If you have received this e-mail in error, please contact the sender immediately and delete the material from any computer.

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

From: Mah, Brandon HLTH:EX
Sent: Wednesday, February 15, 2017 2:55 PM
To: Gardner, Anna HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Anna, this project is moving forward very quickly - if you could just do a quick cursory review that would be great.

Thanks,
Brandon

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

From: Gardner, Anna HLTH:EX
Sent: Wednesday, February 15, 2017 2:52 PM
To: Mah, Brandon HLTH:EX
Subject: Fw: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Brandon - what is timeline, ED swamped - is next week ok?

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message

From: Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>
Sent: Wednesday, February 15, 2017 2:47 PM
To: Gardner, Anna HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

I was just about to ask about timelines - pretty swamped for the rest of the week so doubt I could get around to it.

Paige Muttersbach M.P.A. M.P.H.

Manager – Acute Care Programs

Acute & Provincial Services Branch, Hospital, Diagnostic and Clinical Services Division, Ministry of Health 1st Floor, 1515
Blanshard Street, Victoria, B.C.

Phone: (250) 952-3005

Mobile: (250) 893-7184

E-mail: paige.muttersbach@gov.bc.ca

WARNING - CONFIDENTIALITY NOTICE

This email message and any attachments thereto are intended solely for the use of the individual or entity to whom it is addressed. If you have received this email in error, please notify the sender immediately by return email and delete the message unread without making any copies.

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

From: Gardner, Anna HLTH:EX
Sent: Wednesday, February 15, 2017 2:47 PM
To: Muttersbach, Paige HLTH:EX; Feltham, Sandra HLTH:EX
Cc: Evans, Jay HLTH:EX

Subject: Fw: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi Paige and Sandra,

Have received this from Capital - I have not read yet but focus I believe is ED this phase. Could you please review as per Brandon's note. Particular focus on any major issues/concerns/red flags or questions for the HA. I'll find out from Brandon on timelines but I know there are very limited time for treasury Anna

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message

From: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>

Sent: Wednesday, February 15, 2017 12:57 PM

To: Gardner, Anna HLTH:EX

Subject: FW: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Anna,

It appears that this project is going to happen. Can you please provide a " cursory " review for any critical concerns?

Thanks,
Brandon

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 2:07 PM
To: Des Mazes, Christian FIN:EX
Subject: RE: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Oops, meant to send this with the risk screen

From: Des Mazes, Christian FIN:EX
Sent: Thursday, February 16, 2017 2:00 PM
To: Palmer, Joel HLTH:EX
Subject: RE: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Joel,

Can you send me something on the overall project? The risk screen doesn't describe what is being done.

Thanks,

Christian

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 10:03 AM
To: Des Mazes, Christian FIN:EX
Cc: Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX
Subject: Fwd: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Christian
Risk screen attached for your review and direction
Joel

Begin forwarded message:

From: "Cavelti, John HLTH:EX" <John.Cavelti@gov.bc.ca>
Date: February 16, 2017 at 9:52:47 AM PST
To: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Joel,

Updated as discussed.

John

Mah, Brandon HLTH:EX

From: McEachern, Colleen (CRP) <Colleen.McEachern@interiorhealth.ca>
Sent: Thursday, February 16, 2017 1:54 PM
To: Mah, Brandon HLTH:EX
Cc: XT:Koster, Birgit HLTH:IN
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Brandon (cc Birgit)

I understand that you were making inquiries about the likely procurement method for the Kootenay Boundary Regional Hospital Emergency Room and Electrical Upgrade Project.

This would be likely procured as a design bid build (DBB). Please let me know if you need any additional information.

Regards,
Colleen

Colleen McEachern
Director Capital Planning & Clinical Design

INTERIOR HEALTH Capital Planning / Projects
505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5
Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 10:03 AM
To: Des Mazes, Christian FIN:EX
Cc: Sidhu, Manjit HLTH:EX; Cavelti, John HLTH:EX
Subject: Fwd: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: Capital Project Risk Screen - KBRH - ED Redesign and Expansion.docx; ATT00001.htm

Christian
Risk screen attached for your review and direction
Joel

Begin forwarded message:

From: "Cavelti, John HLTH:EX" <John.Cavelti@gov.bc.ca>
Date: February 16, 2017 at 9:52:47 AM PST
To: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

Joel,
Updated as discussed.
John

Capital Project Risk Screen Tool

Purpose:

To perform a risk assessment of priority capital projects (new, replacement and expansion projects) to determine the level of oversight and approval required by either Treasury Board, the Chair of Treasury Board or Ministry project/programming boards.

Approach:

The risk assessment considers both organization-level (Part A) and project-level (Part B) risk factors. The level of residual risk remaining (after mitigation measures are taken) will help inform the level of approval required for:

- o Concept plans and/or business cases
- o Contract award/term sheets
- o Reporting of project status/changes

Part A: Key Organization-Level Risk Factors

These factors include the following:

1. **Organization's track record:** achievement of ministry's annual financial targets (operating and capital) and previous projects' budget, scope and schedule targets
2. **Governance:** effective governance structures/processes in place including clear accountabilities
3. **Management Processes:** appropriate capital planning and budgeting, project management, risk management, and asset management processes are in place

Part B: Key Project-Level Risk Factors

Key factors include:

1. **Expertise:** Ministry/agency has recent experience managing similar types of projects and the project manager and team members have expertise/experience in the type of project being undertaken
2. **Risk Management:** Preliminary project risk assessment completed
3. **Project Objectives:** Objectives are clearly stated and align with the needs in the ministry's approved service plan
4. **Scope/Readiness:** Site selected/issues identified, early to mid-stage of design/scope and schedule development, and evidence of need for proposed capital solution
5. **Financial:** Magnitude of project cost and impact on fiscal plan, early to mid-stage of capital budget development and assumptions underlying budget are reasonable, ministry can manage operating costs within multi-year operating targets
6. **Procurement:** Ministry/agency has experience and achieved positive results with identified procurement options
7. **Complexity/Profile:** Confirm level of technical complexity in terms of design/scope, construction method and/or procurement method, clarify whether project impacts a large number and/or health/safety of citizens, multiple partners involved

Application of Risk Screen

Part A: Once initially completed, the organizational level risk assessment should be updated at least annually. The assessment will involve gaining an understanding of the management processes/structures at each level of the organization e.g. ministry and school district.

Part B: Project level risk assessment will be completed for each project, with a focus on the agency delivering the project.

Both assessments (Part A and B) will be conducted by TBS with input from senior capital and financial managers within the ministry that is responsible for the particular capital project as well as input from agencies for the Part B - Project level risk assessment.

Capital Project Risk-Based Oversight Screening Tool

Category	Risk Factor	Initial Risk Rating <small>Low / Med /High</small>	Ministry / Agency mitigation measures/ comments	TBS Comments/ Rationale	Residual Risk Rating <small>Low/Med/High</small>
Part A: Organizational level risk assessment <i>(Assessment required to be completed annually, and updated for major changes)</i>					
1.) Track Record	s.13				
2.) Governance					
3.) Management Processes					

Category	Risk Factor	Initial Risk Rating Low / Med / High	Ministry / Agency mitigation measures/ comments	TBS Comments/ Rationale	Residual Risk Rating Low/Med/High
Part B: Project level risk assessment <i>(assessment required for all projects over \$10 million)</i>					
1.) Expertise	s.13				
2.) Risk Management					
3.) Project Objectives					
4.) Scope/ Readiness					

	potential cost increases as design/scope details are further refined and confirmed?				
Category	Risk Factor	Initial Risk Rating Low / Med /High	Ministry / Agency mitigation measures/ comments	TBS Comments/ Rationale	Residual Risk Rating Low/Med/High
5.) Financial	s.13				
6.) Procurement					

s.13
7.) Complexity/ Profile

Category	Risk Factor	Initial Risk Rating Low / Med / High	Ministry / Agency mitigation measures/ comments	TBS Comments/ Rationale	Residual Risk Rating Low/Med/High
7.) Complexity/ Profile (Continued)	s.13				
8.) Other					

Overall Risk Assessment

Final (Residual) Risk Rating s.13	Approval Level	Rationale (including key considerations)

s.13

s.13

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 9:58 AM
To: Sidhu, Manjit HLTH:EX
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: Capital Project Risk Screen - KBRH - ED Redesign and Expansion.docx

Importance: High

For review

Mah, Brandon HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Thursday, February 16, 2017 9:40 AM
To: Cavelti, John HLTH:EX
Subject: RE: KBRH

It looks fine.

s.13

Brandon

From: Cavelti, John HLTH:EX
Sent: Thursday, February 16, 2017 9:28 AM
To: Mah, Brandon HLTH:EX
Subject: KBRH

Brandon,

Can you please review the draft email below:

Brent,

I have a number of questions concerning the attached B/P:

s.13

Please also note that we have attached the provided 1553 roll up to your appendix to have the totals match the budget identified in the business plan.

<< File: 1553 KBH ED and Transformer.xlsx >>

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

<< File: 1553 KBH ED and Transformer.xlsx >> << File: KBRH FCI-RCI.pdf >>

Cavelti, John HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Thursday, February 16, 2017 9:04 AM
To: Cavelti, John HLTH:EX
Subject: KBRH

Questions (some of which I've already mentioned before. 1st one is yours):

s.13

Brandon Mah
Capital Analyst, Interior and Vancouver Island
Capital Services
Ministry of Health
250-952-2645

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.

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Thursday, February 16, 2017 8:55 AM
To: Cavelti, John HLTH:EX
Subject: FW: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: Capital Project Risk Screen - KBRH - ED Redesign and Expansion.docx

Importance: High

A few edits, suggestions. Can you update and resend?

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 15, 2017 3:52 PM
To: Palmer, Joel HLTH:EX
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Importance: High

Risk screen updated to DBB as per email

Cavelti, John HLTH:EX

From: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
Sent: Wednesday, February 15, 2017 3:49 PM
To: Palmer, Joel HLTH:EX
Cc: Mah, Brandon HLTH:EX; Cavelti, John HLTH:EX
Subject: RE: Emailing - IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Sure thing. We've had some discussions on the procurement front, initial assessment suggests DBB (Design bid build). - brent

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

From: Palmer, Joel HLTH:EX [<mailto:Joel.Palmer@gov.bc.ca>]
Sent: Wednesday, February 15, 2017 3:47 PM
To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
Cc: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>; Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca>
Subject: Re: Emailing - IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Thanks for getting this all in so quickly Brent. Much appreciated. Will let you know if we have follow up questions. May need more on procurement analysis.
Joel

On Feb 15, 2017, at 2:54 PM, Kruschel, Brent
<Brent.Kruschel@interiorhealth.ca<<mailto:Brent.Kruschel@interiorhealth.ca>>> wrote:

Updated SFBP with signatures. -brent
<IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf>

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 15, 2017 3:48 PM
To: Mah, Brandon HLTH:EX
Subject: FW: Emailing - IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf
Attachments: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf; ATT00001.htm

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 15, 2017 3:46 PM
To: Cavelti, John HLTH:EX
Subject: Fwd: Emailing - IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Begin forwarded message:

From: "Kruschel, Brent" <Brent.Kruschel@interiorhealth.ca>
Date: February 15, 2017 at 2:54:39 PM PST
To: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>, "Mah, Brandon HLTH:EX" <Brandon.Mah@gov.bc.ca>
Subject: Emailing - IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Updated SFBP with signatures. -brent

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 15, 2017 3:45 PM
To: Cavelti, John HLTH:EX
Subject: Re: KBRH

I haven't asked for that from him.

On Feb 15, 2017, at 3:15 PM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

Joel,
Have you seen anything on the procurement method from Brent?
John Cavelti
Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

Cavelti, John HLTH:EX

From: Mah, Brandon HLTH:EX
Sent: Wednesday, February 15, 2017 12:38 PM
To: Cavelti, John HLTH:EX
Subject: FW: 1553s and Business Plan Project Budgets (for future reference)
Attachments: 1553 KBH ED and Transformer.xlsx

fyi

From: Koster, Birgit [<mailto:Birgit.Koster@interiorhealth.ca>]
Sent: Wednesday, February 15, 2017 12:00 PM
To: Mah, Brandon HLTH:EX
Cc: Kruschel, Brent
Subject: RE: 1553s and Business Plan Project Budgets (for future reference)

Hi Brandon,

Pls. use the attached copy and disregard the earlier sent spreadsheet.

Thanks,
Birgit

From: Koster, Birgit
Sent: Wednesday, February 15, 2017 12:35 PM
To: 'Mah, Brandon HLTH:EX'
Cc: Kruschel, Brent
Subject: RE: 1553s and Business Plan Project Budgets (for future reference)

Hi Brandon,

As requested attached pls. find the combined 1553 for the KBH ED & Transformer SFBP.

If you have any further questions, pls. let me know.

Thanks,
Birgit

From: Mah, Brandon HLTH:EX [<mailto:Brandon.Mah@gov.bc.ca>]
Sent: Wednesday, February 15, 2017 12:12 PM
To: Koster, Birgit
Subject: 1553s and Business Plan Project Budgets (for future reference)

Hi Birgit,

Just so there is no confusion. In the future, can you please ensure that all business plan project budgets exactly align with 1 Total Project Cost 1553 document (not multiple 1553's for each component)

Thanks!

Brandon Mah

Capital Analyst, Interior and Vancouver Island
Capital Services
Ministry of Health
250-952-2645

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Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 15, 2017 10:55 AM
To: Palmer, Joel HLTH:EX
Subject: FW: Capital Project Risk Screen - KBRH - ED Redesign and Expansion
Attachments: Capital Project Risk Screen - KBRH - ED Redesign and Expansion.docx

Joel,

Here is the updated Risk Screen, s.13,s.17

John

From: Mah, Brandon HLTH:EX
Sent: Wednesday, February 15, 2017 10:36 AM
To: Cavelti, John HLTH:EX
Subject: Capital Project Risk Screen - KBRH - ED Redesign and Expansion

As discussed. This has been saved to the IHA/Projects/KBRH folder.

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 15, 2017 10:51 AM
To: Palmer, Joel HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

s.13,s.17

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 15, 2017 10:38 AM
To: Cavelti, John HLTH:EX
Subject: Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Thanks. The funding section was silent on funding source for the 60%. Was it stated elsewhere?

On Feb 15, 2017, at 10:36 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

A couple things:

s.13,s.17

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

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 15, 2017 10:31 AM
To: Cavelti, John HLTH:EX
Subject: Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

s.13

> On Feb 15, 2017, at 10:29 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

>

s.13

>

> -----Original Message-----

> **From:** Palmer, Joel HLTH:EX
> **Sent:** Wednesday, February 15, 2017 10:21 AM
> **To:** Cavelti, John HLTH:EX
> **Subject:** Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

>
> Under the circumstances we need to let it go.
>
>> On Feb 15, 2017, at 10:08 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:
>>
>> Joel,
>>
s.13

>> John
>>
>>
>> -----Original Message-----
>> From: Palmer, Joel HLTH:EX
>> Sent: Tuesday, February 14, 2017 5:08 PM
>> To: Cavelti, John HLTH:EX; Mah, Brandon HLTH:EX
>> Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
>> Importance: High
>>
>> John, Brandon,
>> Can you give this a look in the morning and update the risk screen accordingly?
>> I notice they remain silent on the source of funding, which I will have to raise with Manjit. I
understand the funding will be IHA but they haven't confirmed it in the BP.
>> Thanks
>> Joel
>>
>> -----Original Message-----
>> From: Kruschel, Brent [<mailto:Brent.Kruschel@interiorhealth.ca>]
>> Sent: Tuesday, February 14, 2017 4:53 PM
>> To: Palmer, Joel HLTH:EX
>> Cc: XT:Koster, Birgit HLTH:IN; XT:HLTH Lommer, Donna; McEachern, Colleen (CRP)
>> Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
>>
s.13

>>
>> The signatures for this plan will be sent tomorrow. -brent
>>
>> Brent Kruschel
>> Chief Project Officer & Corporate Director Capital Planning, Interior Health
>>
>> (w) 250 469-7070 x 12571
>> (m) 250 864 7318
>>
>> -----Original Message-----
>> From: McEachern, Colleen (CRP)
>> Sent: Tuesday, February 14, 2017 4:48 PM

>> To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
>> Cc: Miller, Brian <Brian.Miller@interiorhealth.ca>
>> Subject: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
>>
>> Hi Brent (cc Brian)
>> As requested, attached is 'version 7' (Feb 14 at 1:32 pm) of the KBRH Phase 1 (ED and Electrical Transformer) Project SFBP plus Appendix A.
>> As discussed, the signature blocks in this version have not been completed/ inserted.
>>
>> Regards,
>> Colleen
>>
>> Colleen McEachern
>> Director Capital Planning & Clinical Design
>>
>> INTERIOR HEALTH Capital Planning / Projects
>> 505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5
>> Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504
>>
>>
>>
>>

Cavelti, John HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Wednesday, February 15, 2017 10:40 AM
To: Palmer, Joel HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

From B/P (also note that this is based on a Class D estimate):

Summary of Financial Implication:

s.13,s.17

From: Palmer, Joel HLTH:EX
Sent: Wednesday, February 15, 2017 10:38 AM
To: Cavelti, John HLTH:EX
Subject: Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Thanks. The funding section was silent on funding source for the 60%. Was it stated elsewhere?

On Feb 15, 2017, at 10:36 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

A couple things:

s.13,s.17

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

From: Palmer, Joel HLTH:EX

Sent: Wednesday, February 15, 2017 10:31 AM

To: Cavelti, John HLTH:EX

Subject: Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

s.13

> On Feb 15, 2017, at 10:29 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

>

s.13

> -----Original Message-----

> From: Palmer, Joel HLTH:EX

> Sent: Wednesday, February 15, 2017 10:21 AM

> To: Cavelti, John HLTH:EX

> Subject: Re: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

>

> Under the circumstances we need to let it go.

>

>> On Feb 15, 2017, at 10:08 AM, Cavelti, John HLTH:EX <John.Cavelti@gov.bc.ca> wrote:

>>

>> Joel,

>>

s.13

>>

>> John

>>

>>

>> -----Original Message-----

>> From: Palmer, Joel HLTH:EX

>> Sent: Tuesday, February 14, 2017 5:08 PM

>> To: Cavelti, John HLTH:EX; Mah, Brandon HLTH:EX

>> Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

>> Importance: High

>>

>> John, Brandon,

>> Can you give this a look in the morning and update the risk screen accordingly?

>> I notice they remain silent on the source of funding, which I will have to raise with Manjit. I understand the funding will be IHA but they haven't confirmed it in the BP.

>> Thanks

>> Joel

>>

>> -----Original Message-----

>> From: Kruschel, Brent [<mailto:Brent.Kruschel@interiorhealth.ca>]

>> Sent: Tuesday, February 14, 2017 4:53 PM

>> To: Palmer, Joel HLTH:EX

>> Cc: XT:Koster, Birgit HLTH:IN; XT:HLTH Lommer, Donna; McEachern, Colleen (CRP)

>> Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

>>

s.13

>>

>> The signatures for this plan will be sent tomorrow. -brent

>>

>> Brent Kruschel

>> Chief Project Officer & Corporate Director Capital Planning, Interior Health

>>

>> (w) 250 469-7070 x 12571

>> (m)250 864 7318

>>

>> -----Original Message-----

>> From: McEachern, Colleen (CRP)

>> Sent: Tuesday, February 14, 2017 4:48 PM

>> To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>

>> Cc: Miller, Brian <Brian.Miller@interiorhealth.ca>

>> Subject: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

>>

>> Hi Brent (cc Brian)

>> As requested, attached is 'version 7' (Feb 14 at 1:32 pm) of the KBRH Phase 1 (ED and Electrical Transformer) Project SFBP plus Appendix A.

>> As discussed, the signature blocks in this version have not been completed/ inserted.

>>

>> Regards,

>> Colleen

>>

>> Colleen McEachern

>> Director Capital Planning & Clinical Design

>>

>> INTERIOR HEALTH Capital Planning / Projects

>> 505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5

>> Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504

>>

>>
>>
>>

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 14, 2017 6:47 PM
To: Mah, Brandon HLTH:EX
Subject: KBRH

Brandon,

I should be in by about 1000, can you please start updating the Risk Screen using the information provided in the B/P?

Thanks

John Cavelti
Sent from my iPhone

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 14, 2017 6:43 PM
To: Mah, Brandon HLTH:EX
Subject: Fwd: KBRH - Trail

John Cavelti
Sent from my iPhone

Begin forwarded message:

From: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Date: February 14, 2017 at 6:26:03 PM PST
To: "Cavelti, John HLTH:EX" <John.Cavelti@gov.bc.ca>
Subject: Fwd: KBRH - Trail

FYI

Begin forwarded message:

From: "Sidhu, Manjit HLTH:EX" <Manjit.Sidhu@gov.bc.ca>
Date: February 14, 2017 at 5:58:16 PM PST
To: "Palmer, Joel HLTH:EX" <Joel.Palmer@gov.bc.ca>
Subject: Re: KBRH - Trail

Yes, on the funding question. Thanks.

Sent from my iPhone

On Feb 14, 2017, at 5:48 PM, Palmer, Joel HLTH:EX <Joel.Palmer@gov.bc.ca> wrote:

Manjit

Attached is the business plan we received today from IHA. We have a draft risk screen prepared for TBS but we need to have a look at the BP now to make sure they are aligned. You should have that tomorrow for review.

s.13

Joel

Joel Palmer | Executive Director | Capital Services | Ministry Of Health
| Gov't of BC
Desk: 250-952-1102 | Mobile: 250-216-4627 | Joel.Palmer@gov.bc.ca

Cavelti, John HLTH:EX

From: Palmer, Joel HLTH:EX
Sent: Tuesday, February 14, 2017 5:48 PM
To: Sidhu, Manjit HLTH:EX
Subject: KBRH - Trail
Attachments: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017.pdf

Manjit

Attached is the business plan we received today from IHA. We have a draft risk screen prepared for TBS but we need to have a look at the BP now to make sure they are aligned. You should have that tomorrow for review.

s.13

Joel Palmer | Executive Director | Capital Services | Ministry Of Health | Gov't of BC
Desk: 250-952-1102 | Mobile: 250-216-4627 | Joel.Palmer@gov.bc.ca

Mah, Brandon HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, February 14, 2017 1:59 PM
To: Palmer, Joel HLTH:EX
Cc: Mah, Brandon HLTH:EX
Subject: KBRH Risk Screen
Attachments: Capital Project Risk Screen - KBRH - ED Redesign and Expansion.docx

Joel,

Brandon has completed the attached Risk Screen as requested, please note that there are numerous items that require at least the draft B/P to complete (identified in the document).

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Emergency Department

1. Overview

The Emergency Department (ED) will provide a full range of scheduled/unscheduled care at Kootenay Boundary Regional Hospital (KBRH) for patients with diverse and complex health care concerns covering the complete age spectrum. A full scope of services is provided ranging from resuscitation to the treatment of patients with non-urgent conditions.

Currently KBRH ED cares for patients who are booked for planned visits for procedures such as cardio versions (and require procedural sedation). Also, the KBRH ED is the catchment for after-hours planned care such as IV antibiotics, dressing changes, and post imaging consults (out patients waiting to be seen by the consulting physician). In the future, some of these visits will take place in the Ambulatory Care component.

KBRH is the regional referral catchment center for the Kootenay Boundary corridor for the trauma, surgical and orthopedic services; renal program, psychiatric services, oncology services, critical care, sexual assault, as well as critical time sensitive patients such as trauma, stroke, and acute myocardial infarcts. These patients are often brought to the ED for assessment prior to disposition and/or treatment decisions being made which impacts on volume and flow of the emergency department.

Tech in Trail and **Celgar** in Castlegar are two of the major employers in the area, so the potential for industrial incidents is high and decontamination, hazmat, and code orange protocols are set as priorities for education and preparation.

Kootenay lifestyles of recreational outdoor activities lead to many biking and skiing (including avalanche) accidents/traumas in the ED. Poor winter weather conditions lead to motor vehicle collision. Access to the airports may be limited due to poor visibility and results in holding critical patients (including pediatrics) for extended periods of time.

There is an increase in the prevalence of additions, accidental drug overdose and mental health issues being seen in the Emergency Department.

The High Acuity Response Team (HART) is an active program supporting both KBRH and the smaller community ED's in the Kootenay Boundary. The HART team provide excellent care and transport of critically ill or injured patients across all age ranges. The HART team travels to the critical patients and provide care, instead of having the health care providers in the sending sites travel with the patient, depleting the resources of that community.

Within the KBRH site, HART provides outreach assessment and follow up for recently discharged from ICU patients and for complex care patients on the medical and surgical wards. When on site, the HART team provides support to the ED in times of increase acuity and workload demand.

2. Existing Emergency Department Description

Functional Issues

The existing Emergency Department is located on the Main Floor of the KBRH, adjacent to the Diagnostic Imaging Department and the Main Entry and Central Reception. There are a number of space and design deficiencies that impact efficient and effective delivery of patient care. These include:

Current Guidelines

- The ED does not meet current guidelines (i.e. CSA Z8000) required to effectively address



Interior Health KOOTENAY BOUNDARY REGIONAL HOSPITAL, TRAIL BC Emergency Department

- the volume and acuity patients accessing regional emergency services
- Based on a four year average, the ED serves over 14,650 patients annually and currently has seven stretcher bays in an open environment, a single Trauma bay, and three private treatment areas.
- Code Orange and mass casualty situations should be provided for in planning considerations.

Operational Flow

- The ED waiting area currently provides eight to nine chairs in a very small area outside the department. In times of high patient flows and acuity, the waiting area overflows into the main hospital lobby thereby creating a risk that the triage nurse has potential to lose track of the ED waiting patients. The view to the main lobby waiting is obstructed and is not fully visible from the triage area.
- The triage is separated from the main ED so the triage nurse is unable to monitor ambulance patients as they arrive.
- The current ED has extremely limited space for storage and supplies. The supply room is split into two separate areas; carts and large storage items are in hallways and doorways creating hazards when transporting critical patients with monitoring equipment. Not having supplies near the patient care areas increases the time spent by staff finding and accessing equipment and supplies.
- Clean supply and equipment storage space is a significantly undersized area and poorly laid out resulting and contributing to inefficiencies in workflow and contribute to clutter. One storage room is located outside the department area.
- Current Fast Track area contains two curtained chair cubicles in a room that was not designed for that function.

Safety / Security

- The existing triage area is located in a room separated and outside of the main ED area. Currently there are two doors into the triage room. The door at the back of the triage room, which accesses the switchboard area, will soon be locked to ensure that the switchboard is secure. Once this occurs, there is only one exit from the room which may be blocked by a potentially aggressive/violent patient, and, in addition, the room cannot be seen by staff from the ED. This makes it difficult for ED staff to assist the triage nurse in a confrontation or call security.
- The point of first contact for ED patients should be the triage nurse, but due to the layout of the current main entrance, the point of first contact is switchboard/registration.
- The current ED does not have space for psychiatric patient interview and assessments. Small treatment rooms are currently used, but the furniture and layout of the spaces are not conducive to effective interviews and the furniture and fitting are not safe for violent/aggressive patients.
- The medication Pyxis station is in an unsecure area located in the busy and noisy main station. There is no acoustical privacy or medication preparation area.

Privacy/Confidentiality

- The current ED does not have space for families waiting in crisis and bereavement (codes/trauma/crisis situations, families are often left in the open areas of the department). There is a Patient Care Coordinator (PCC) office that is used, but it is not set up as an interview or waiting area so families are left by ambulance doors, able to witness the resuscitation processes in the trauma room and because of the open ED layout, hear phone and staff reports which results in lack of patient privacy and confidentiality.
- The nursing station is open with a glass partition at the front, but assessments and discussions can be heard within the department; especially when phone consults or information is being relayed and creating confidentiality issues.



Infection Prevention Control

- Soiled Utility room is small, inadequate and currently has mixture of dirty supplies, but because of limited storage space, some clean personal hygiene supplies as well. The old open hopper puts staff at risk for exposure to infectious and contaminated bodily substances. This is against current recommended infection and control practices.
- The ED lacks a functional Airborne Isolation Room (AIR). The existing isolation room does not have an anteroom.
- There is currently only one patient bathroom in the Emergency Department.
- Decontamination capabilities are required for patients.
- Medication area is not enclosed in a separate room and is in an alcove off the nursing station.
- Patient cubicle spaces are separated by a curtain not partition walls.

3. Services / Functions

Service Assumptions

- The current standards of care for the ED patients will be maintained; with increased demands for service will be based on population projections and demographic changes.
- The status of regional referral hospital will continue so that the flow of referral patients for the services such as surgical, orthopedic, renal, etc. will continue.
- The current regional limitations for airport access will continue. Weather conditions limiting airport access will continue. The need to hold critical patients or transport critical patients to higher level of care (supported by HART) will continue.
- The need for helipad access will continue in order to support current and future transport needs. The helipad will remain in its existing location.
- The culture of outdoor recreational adventure will continue to impact the ED flow of trauma/accidents, remote/rural road accidents, avalanches, and other outdoor misadventures.
- The continued risk and concern over the potential implications of patients who have an important or highly infectious/communicable disease such as MRSA, VRE, Pandemic Outbreak, TB, H1N1, etc. must be considered in space planning for the department.
- The continued risk and concern over the potential implications of patients who have industrial incidents and need decontamination, hazmat and isolation management must be considered in space planning.

Scope of Services

The emergency department will provide scheduled / unscheduled and non-emergent care 24/7/365, including:

- Resuscitation, stabilization, management and facilitation of transfer of the critically ill or injured patients.
- Examination, treatment and disposition.
- Emergency mental health care and crisis intervention
- Health teaching and promotion related to presenting conditions
- Sexual assault care will be provided locally with linkages to the regional program, and to community based follow up care provided by the Public Health staff.

Education Role

Education will be provided for RN, paramedic and unit clerk staff and medical students (i.e. residents and clerks). There is a linkage with the UBC medical school and KBRH acts as a teaching hospital for residents and students.



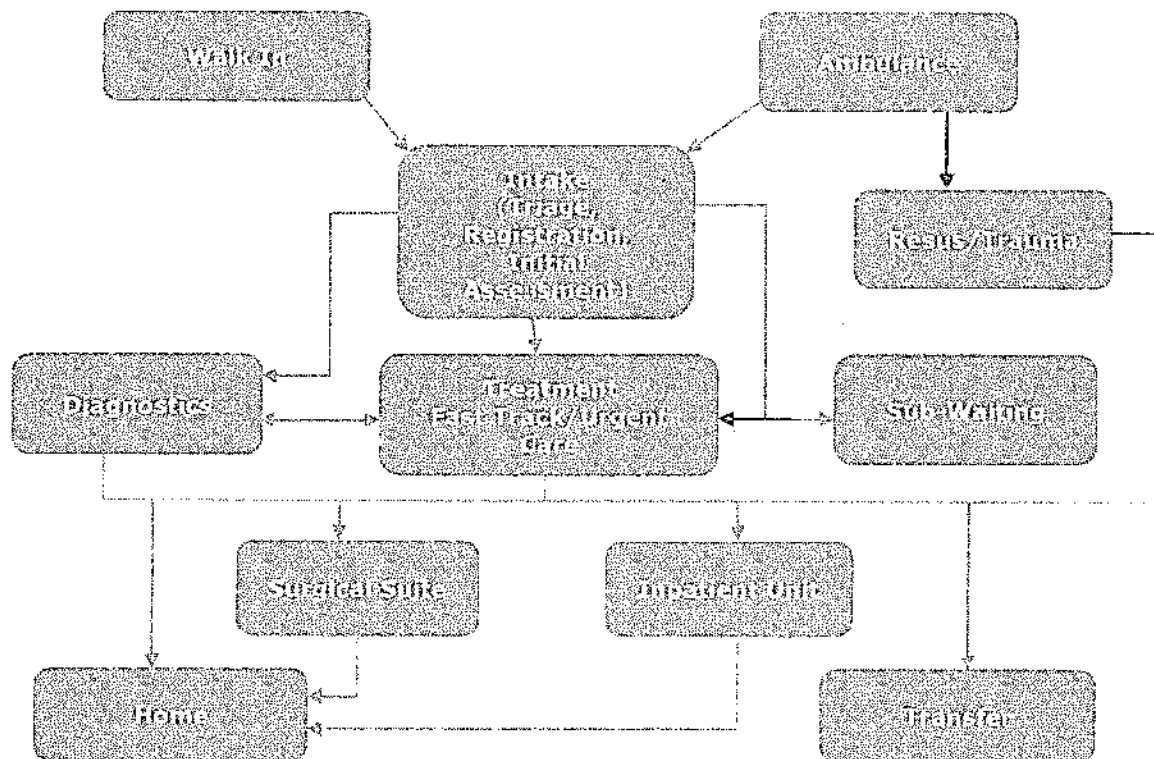
- Nursing Staff will be trained in additional nursing skills deemed appropriate to provide specialized care to emergency patients. Staff will participate in orientation, teaching and interdisciplinary rounds held in the team education room with is shared by UBC.

Research Role

Staff will participate in clinical research in collaboration with other providers as required.

4. Operations

Operational Flow



Process Overview

Streaming Process: The Emergency Department should move to a 'streaming process' flow of patients. The streaming concept for flow of patients supports ambulatory patients. These patients need chair or stretcher access to be confidentially assessed and a seating area that will allow them to await diagnostics and further treatment. Patients move between the Fast Track waiting room and chair or stretcher for assessment and minor treatment and care, and then move back to the waiting room while waiting for results. The patients share a waiting room and the care space away from the main ED treatment area. The more acute patients are in another area receiving acute care and treatment. This allows workflow of low CTAS level patients to continue without congesting the department and taking away from the focus of priority treatment on the more acute patients.

Ambulance Transfers: Emergency patients arriving by ambulance will enter the department through the ambulance entrance. Ambulances are expected to communicate the condition of patients before arrival.



Trauma patients will go directly into the trauma/resuscitation room. For acute cases, a room will be made ready and the patient taken directly to it.

Other patients arriving by ambulance will be triaged and directed to a treatment cubicle stretcher/chair or waiting area, depending on their condition.

Patients will be registered by Emergency Registration after they have been triaged.

Decontamination of patients will be provided in a room accessible from both the ambulance garage and within the department. It will consist of both a deluge shower and a hand held shower.

Walk in Patients will present at the Triage Station and wait in the Triage waiting area until they are triaged, registered and taken into the Emergency Department.

Adult Patients will be treated in the Emergency Department.

Pediatric patients may be cared for in any of the treatment spaces. However, the majority of pediatric patients will be treated in the Pediatric Inpatient Unit.

Elder Care will be a focus of the department and elder friendly principles should be incorporated into the design. A transition liaison nurse will participate in organizing appropriate care within the community in order to minimize admissions.

Mental Health patients who present at the Emergency Department will be triaged by the triage nurse, medically cleared by the emergency physician and referred to the mental health team who will either see the patient in an examination room designed for mental health patients in the ED, or the patient will be transferred to the Mental Health Inpatient Unit. There will be a Secure Room for agitated patients to be placed while they are waiting for medical clearance.

Infectious and potentially infectious patients will be screened at triage and directed by the triage nurse to either sit in a designated respiratory isolation area of the waiting area or taken directly to an enclosed room (for contact isolation) or to an Airborne Isolation Room.

Triage will be the first point of contact for patients entering into the department unless they arrive as a trauma/resuscitation patient and are taken directly into the trauma/resuscitation room.

Satellite Registration will be available in the Emergency Department. A satellite registration desk will be located in the Emergency Department to allow for patient registration within the department.

Central Care Station will be the centre for the coordination and planning of care in the department. The Central Care station will accommodate nursing staff, unit clerk, physician and residents and contain computer terminals, printers and the communication/data systems, the central patient monitoring system, protocols, charts/records and security system.

Clinical Support Services Overview

Medications will be dispensed using automated medication dispensing cabinets (PYXIS) located in a secure medication room. Stat doses and started IV admixtures will be prepared in the pharmacy. A monitored fridge will be required.

Specimen collection most specimens (i.e. blood, urine, sputum) will be procured by unit staff. The specimens will be transported to the laboratory by nursing staff.

Blood products will be picked up by nursing staff.



Diagnostic Services

General radiology rooms are located in the Diagnostic Imaging department. An overhead digital radiography unit will be installed in the Trauma/Resuscitation room. A portable ultrasound machine will be located in the emergency department and be used by physicians for acutely ill/injured patients. A portable x-ray machine will also be located in the Emergency Department. Patients requiring other diagnostic imaging examinations will be directed, or transported by nursing staff to the Diagnostic Imaging area which is immediately adjacent to the Emergency Department.

The department will have image viewing capability (PACS) within all areas.

ECGs will be performed in monitored areas, and non-monitored areas by cardiology techs using a standard portable ECG machine located in the ED.

Logistical Support Services

Patient transport to or from other parts of the hospital will be the responsibility of nursing staff.

Supplies, such as general medical / surgical, non-medicated IVs and sterile supplied will be stored in the clean supply rooms. The Emergency Department is on a set schedule for ordering. It is scanned every Monday, Wednesday and Friday Supplies are delivered and put away the following day. Items are set with a maximum shelf quantity and supplies are ordered based on this and the usage using the bar code scanners.

Linen will be delivered to the area via a cart exchange system by Supply Management staff to linen cart alcoves. Environmental services staff will be responsible for the collection of soiled linen from the soiled holding room.

Reusable material will be collected by unit staff and temporarily stored in the soiled utility rooms. Instruments and other material requiring reprocessing will be rinsed, made safe for transport and held for collection by supply management staff to take to the Medical Device Reprocessing (MDR) Department.

Food Services staff will deliver nourishments to the department and will be stored in the nourishment centre located in an alcove.

Environmental services will, in addition to normal cleaning duties, collect waste from around the department and return it to the soiled utility room. Waste (trash, biomedical, pathological, sharps, recyclables), will be separated into appropriate containers and held for collection by supply management staff. Environmental services carts will be stored in a housekeeping room on the unit.

Storage will be provided in the department for equipment, which must be immediately accessible for the care of patients. An equipment room is required and equipment alcoves with power and data dispersed through the patient care areas.

5. Workload

Hours of Operation

The emergency department will operate 24 hours per day, 7 days per week 365 days per year. Physician coverage will be provided 24 hours per day. Specialists will be available in house or on call depending on the specialty.

Service Assumptions

It is assumed that the current demographics, industry and socio-economic growth in the Kootenay Boundary communities will be maintained, and will experience low to moderate growth.



It is assumed that the current standards of care for the ED patients will be maintained; increased demands being placed on service will be based on population projections and demographic changes.

It is assumed that the status of regional referral hospital will continue so that the flow of referral patients for the above named specialty services (surgical, orthopedic, renal, etc.) will continue.

Workload Assumptions

The following outlines the assumptions for projected workload to 2024/2025:

- Projections will be based on a four year historic workload average¹ and projected catchment area percentage growth in population.
- The growing aging population and the increasing level of acuity and complexity of patients being seen will affect demand for Emergency services.
- Growth will be projected according to percentage growth by the various CTAS levels in order to achieve a more accurate workload projection.
- The department cares for fluctuating volumes of patients with the highest volume occurring between 0900 and 1700.
- There is a strong demand during evening hours between 1700 and 2359 with 4,624 visits in 2013/14. This is due to patients unable to access other health services, health centers such as Castlegar closing at 2000 hours and sending patients to KBRH, and/or patients being held in other local ED's being transferred for a higher level of assessment and care.
- The lowest volume of visits occurs on the night shift between 0000 and 0859 with 2,608 visits in 2013/14.
- Longer stay is required for these aging and higher acuity patients as well as complex care patients who require placement in the community (7 hours per visit is a workload/space assumption).

Table 1 Unscheduled ED volume by CTAS level, 2009/10 – 2013/14 provides a summary of the historical workload.

Table 1: Historical Data (Fiscal Years 2009/10 to 2013/14)										
	2009/10		2010/11		2011/12		2012/13		2013/14	
CTAS	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits
CTAS 1	37	0.3	79	0.6	71	0.5	61	0.4	70	0.5
CTAS 2	1,121	7.8	2,198	15.4	2,021	14.0	2,143	14.3	2,166	14.5
CTAS 3	5,093	35.3	5,545	38.8	5,705	39.5	5,664	37.8	5,287	35.5
CTAS 4	6,043	41.9	4,956	34.6	4,887	33.8	5,458	36.5	5,349	36.0
CTAS 5	1,455	10.1	1,090	7.6	1,452	10.0	1,280	8.6	1,517	10.2
LWBS	223	1.5	249	1.7	186	1.3	317	2.1	474	3.2
N	459	3.1	185	1.3	130	0.9	46	0.3	14	0.1
Total	14,431	100.0	14,302	100.0	14,452	100.0	14,969	100.0	14,877	100.0
% change			0.9		1.1		3.5		0.6	
N = Not specified/unknown LWBS = Left Without Being Seen										

1: The historic workload data for 2009/10 is not included in the calculation of average trends due to the variation of workload compared to 2010/11 – 2012/13.



Table 1a: KBH Unscheduled ED Volume by ED Arrival Time, 2009/10 – 2013/14					
ED Arrival Time	2009/10	2010/11	2011/12	2012/13	2013/14
0000-0859	2,596	2,546	2,504	2,666	2,608
0900 – 1659	7,224	7,207	7,497	7,524	7,645
1700 – 2359	4,611	4,549	4,451	4,779	4,624
Total	14,431	14,302	14,452	14,969	14,877

Source: Admissions Universe

Table 2: Scheduled Emergency visits 2009/10 – 2013/14 provides a summary of the historical workload.

Table 2: Historical Data (Fiscal Years 2009/10 to 2013/14)										
	2009/10		2010/11		2011/12		2012/13		2013/14	
	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits
ED Scheduled Visits*					121		340		315	
Emergency Visits CLI**	832*		594*		867*		680*		429*	

*These are the CTAS SCHED D2C Visits and CTAS SCHED Visit IVT

**The Emergency visits CLI have been moved to the Ambulatory Care department workload projections.

Table 3: Projected Unscheduled ED Volumes by CTAS Level 2019, 2024, 2029 and 2034

Table 3: Projections										
	2013/14		2019		2024		2029		2034	
CTAS	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits
CTAS 1	70	0.5	75	0.5	76	0.5	77	0.5	78	0.5
CTAS 2	2,166	14.5	2,179	14.5	2,209	14.5	2,240	14.5	2,261	14.5
CTAS 3	5,287	35.5	5,334	35.5	5,408	35.5	5,484	35.5	5,536	35.5
Subtotal	7,523		7,588		7,693		7,801		7,875	
CTAS 4	5,349	36.0	5,409	36.0	5,485	36.0	5,561	36.0	5,614	36.0
CTAS 5	1,517	10.2	1,532	10.2	1,554	10.2	1,576	10.2	1,591	10.2
LWBS	474	3.2	481	3.2	488	3.2	495	3.2	499	3.2
N	14	0.1	15	0.1	15	0.1	15	0.1	16	0.1
Subtotal	7,354		7,437		7,542		7,647		7,720	
Total	14,877	100.0	15,025	100.0	15,235	100.0	15,448	100.0	15,595	100.0

Notes:
Assumes an annual visit volume increase that parallels the projected population growth, i.e. +1% 2014-2019, +1.4% 2019-2024, +1.4% 2024-2029, +0.95% 2029-2034
Projections assume the same percentage of visits by CTAS level as fiscal year 2013/14.



Table 4: Projected Scheduled Visits

Table 4: Projections										
	2013/14		2019		2024		2029		2034	
	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits	No of Visits	% of Visits
Scheduled Visits	315		316		317		318		319	

6. Staffing

Table 5 summarizes the current and projected staff requirements.

Table 5 - Current And Projected Staffing

Current FTE 2014/2015	Projected FTE 2024/2025
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7. Functional Relationships

Site Location

The following principles should be applied when determining the site location of this department:

High Visibility

- High visibility of the Emergency Department entrance and signage when arriving at the site.
- The entry to ED to be designed to ensure the Triage Nurse is highly visible on entry and is the first point of contact for arrivals.
- There should be two visible entrances to the department to separate traffic: one for walk in patients and one for patients arriving by ambulance.

Minimize Entry Travel Distances

- Minimal travel distances from public entrance / drop offs to Triage.
- The entry to ED to be designed to ensure the Triage Nurse is highly visible on entry and is the first point of contact for arrivals.
- Adjacent parking for emergency patients and convenient drop off zone.

Accessible, Logical Access

- Ease of access for patients – accessible entry, hands free door openers, wide doors for wheelchairs, clear and safe path of travel
- Clear and logical wayfinding (i.e. avoid circuitous routing)



Accommodation for Ambulances

- Maintain existing protected ambulance drop off area with 2 bays.
- Ease of access for ambulances, including adjacent parking for emergency vehicles

Heliport Access Maintained

- Maintain access to the heliport and the helipad flight paths.

Walk In Entry

- The walk in entrance should have:
 - Protection from the weather.
 - Capacity for private vehicles to drop off and to transporting a patient from a car into the department by stretcher.
 - Storage for wheelchairs.
 - Secure access/control

External Relationships

Adjacent – direct access by internal circulation to

- Diagnostic Imaging
- Central Registration

Close – direct access by public circulation (vertical/horizontal)

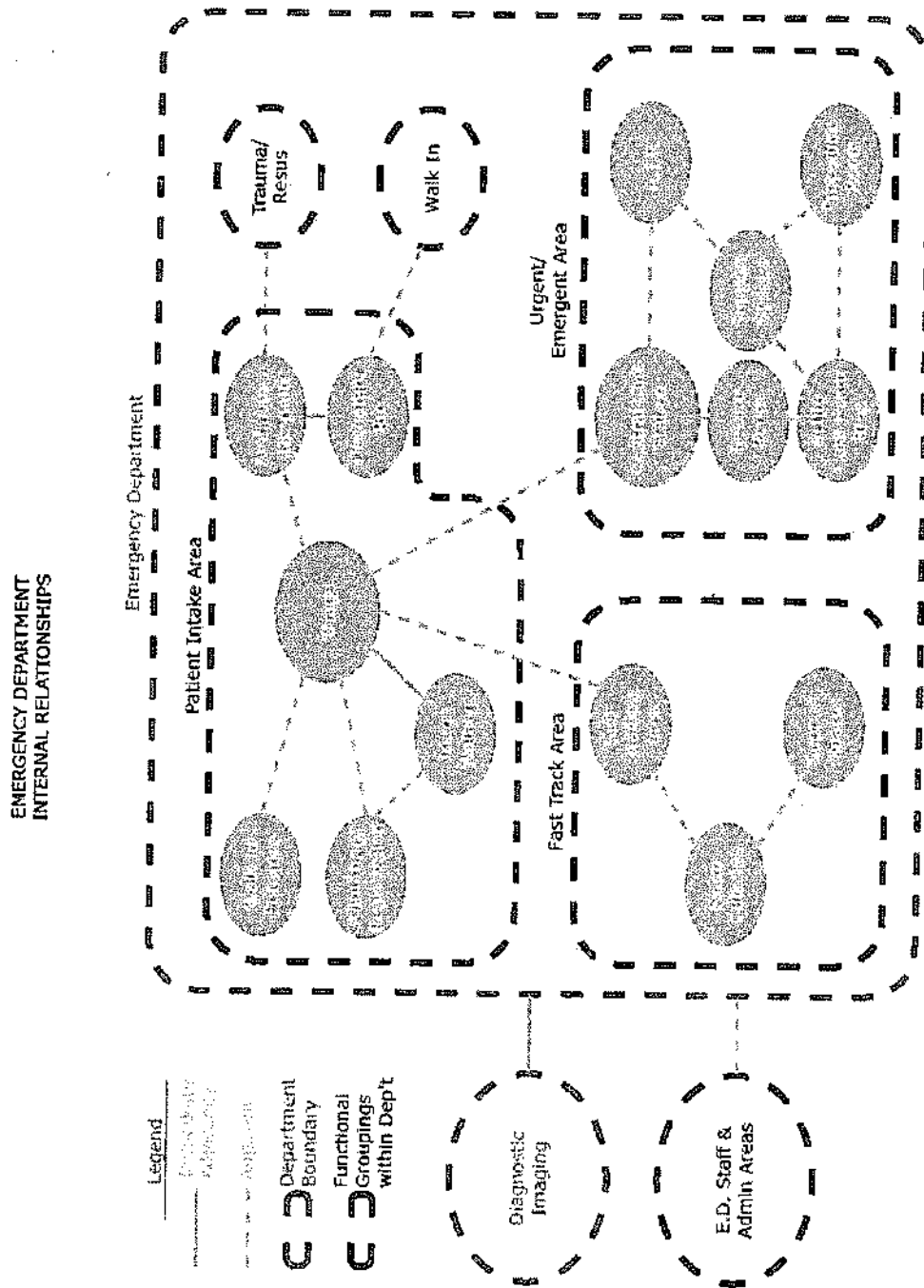
- Critical Care unit
- Surgical Suite
- Inpatient units
- Cardiorespiratory Services
- Morgue
- Laboratory

Convenient – access by general circulation to

- Public / retail areas.

Internal Relationships

The following diagram illustrates the internal relationships:





8. Design Criteria / Physical Requirements

Triage

The triage area should be adjacent to both the walk in and ambulance entrances, and have a clear view of the Emergency waiting area and be accessible from the central care station. It must be possible for the nurses to exit from the triage area if they are confronted by a violent or aggressive patient.

The triage area must be designed to facilitate confidential conversations between the patient and the nurse, pandemics, code orange and surge capacity.

Triage Waiting: The waiting area should be designed to keep patients comfortable and have access to washrooms nearby.

Segregated Waiting: There will be a segregated waiting area for patients with respiratory symptoms.

Office and Workstation Requirements

Table 6: Offices and Workstations

	FTE	Head Count	Private Office	Work Space Shared Office	Workstations
ED Physicians		1	1		7
Unit clerk		1			1
RN		3-4			7
Unit Manager		1	1		
PC Coordinator		1	1		
Allied Health		1			1 (Shared)
Pharmacist		1			
HART					
BCAS		2			
TOTAL OFFICE/WORKSPACE	11 - 13		3	0	16

Infection Prevention and Control

The design shall meet or exceed applicable provincial IPAC guidelines, including:

- Availability and appropriate placement of hand hygiene sinks, which will be located within the applicable departmental area by the architects during the design phase.
- Appropriate provisions for the spatial separation of patients and visitors based on transmission of organisms.
- Separation of traffic and provision of distinct transportation routes and handling and storage of clean, sterile and soiled supplied and equipment.
- Provision of sufficient waste handling space for all waste streams.

The following isolation capability will be required:

- One Airborne Isolation Room.

Security and Safety

The design of all areas must support;

- OH&S Standards, and WCB standards.



- Patient safety and the prevention of harm in a manner that is unobtrusive and respectful.
- Staff safety by incorporating features to control hazards and minimize risk, consistent with current legislation, guidelines and best practices (i.e. chemical, ergonomic, biological, physical) and by use of "panic alarms" in designated rooms / areas (i.e. triage area, urgent treatment area, seclusion / mental health area, family consultation / quiet rooms, etc.).
- Emergency eyewash facilities are required where staff may be exposed to contact with chemicals harmful to eyes or skin; facilities will be located and planned within consistent with ANSI Standard Z358.1-2004.
- Mental Health areas to be designed to *British Columbia Ministry of Health and Ministry of Seniors Standards and Hospital Based Psychiatric Emergency Services and Provincial Quality, Health and Safety Standards and Guidelines for Secure Rooms in Designated Mental Health Facilities.*

Secure Room

The Secure room should be designed to support best practice delivery of service and ensure the safety of staff, patients and others in the department. The room should be designed to mitigate the risk of self-harm and others and conform to requirements of for health and hygiene.

The Secure Room should comply with the following:

- Free from protuberances or projections that might allow climbing, hanging as well as weak points, corners, edges and other features that impose risk.
- All surfaces should be easy to clean.
- Placed adjacent to a nurse's station to enable close observation.
- An exterior window should be provided with impact resistant material that provides natural light.
- A toilet and washing area shall be provided within the secure room, unless an anteroom is provided with access to a patient washroom.
- A sealed floor drain should be provided.
- Unbreakable, shatterproof observation panel (window) in the door should be provided.

Flexibility and Adaptability

Requirements for surge capacity and for growth capacity should be addressed in determining departmental adjacencies; for surge capacity, locate adjacent to an elective service with space compatible with uses; for growth capacity, locate soft space (such as offices, meeting rooms) adjacent that can be renovated for use.

To the extent possible, standardize room layouts, configurations and services for maximum flexibility in use and ease of orientation for patients and staff.

Distribute alcoves throughout clinical areas that may be used for decentralized workspace, equipment or supply storage over time.

IT and Wireless Communication

Include wireless and internet access, capacity for electronic work stations near patient care areas, and ensure access to technology improvements such as Telehealth and other remote treatment modalities. Upgrade will be to CAT6 horizontal Distribution system and OM4 for fibre for the backbone.

Include cellular phone access in the department.



It will be possible to access patient information at all care areas to reduce staff travel.

A monitor on a cart will be wheeled into the room. Indirect lighting and three data outlets designated for Telehealth are required. The final room layout, height and location of outlets and equipment is to be determined in consultation with IH's video conference analyst.

Environmental Considerations

Lighting

Appropriate lighting should be provided, including:

- Exposure to natural light through windows or skylights, except where it interferes with diagnostic and treatment procedures (i.e. diagnostic imaging).
- Multi-level intensity lighting, with dimming capability.
- Lighting controls accessible to users (patients and staff).

Acoustics

Design and finishes should mitigate noise transfer between spaces; include mechanisms to reduce background noise (i.e. from diagnostic and treatment equipment) and sound dampening features appropriate to the functions of the area.

Interior Design Consideration

Art

Provide positive distractions for patients (i.e. views to outdoors, art, water features, etc.).

Provide features that enable patients' self-determination within their capacities and that support family presence and involvement throughout public and patient areas; these may include information resources, and space for families in clinical rooms / areas.

Alcoves

Provide alcoves for storage of frequently used supplies and equipment to prevent hallway clutter and decrease travel distance.

Durability

Fixtures, furnishings and finishes should be easily maintained and durable.

- Due to the large number of users and stretcher movements in the ED, it is suggested that wall coverings be resistant to damage.
- Spaces should facilitate the movement of stretchers, and provide sufficient space for portable equipment.

Operational Effectiveness

Organize space considering:

- Efficient staffing in both peak periods and periods of reduced activity.
- Workflow and documentation needs.
- Capacity for care adaptability
- Timely access to materials.
- Quality of worklife.



Accessibility

Universal access provisions are required and should be tailored to the service volumes of the area.

Special Requirements

N/A

9. Space Allocation Summary

9.1 Existing Emergency Department Space Allocation Comparison with Proposed

Existing Emergency Space	Number	Functional Issue	Proposed Emergency Space	Number
Trauma/Resuscitation	1	Difficulty/congestion in treating multiple trauma/resus	Trauma/resuscitation	2
Airborne Isolation Room (AIR)	1	Below CSA Z8000 area standard	Airborne Isolation Room (AIR)	1
Fast Track	2 chairs	Below CSA Z8000 area standard	Fast Track	5 stretchers
Urgent Care	7 stretchers	Below CSA Z8000 area standard	Urgent Care	7 stretchers
Secure Room	0	Currently does not exist	Secure Room	1
Sub Total Treatment Spaces	11			16*
Minor Procedure Room	1		Minor Procedure/ENT/Eye	1
Cast Room	1	Use of a cast cart in procedure room		0
Triage	1	Operational flow issues due to location/size	Triage	1
Procedure Room	0	Currently does not exist	Procedure Room/Exam/ Gyne	1
Decontamination Room	01	Below CSA Z8000 area standard	Decontamination Room	1
Quiet Room	0	Currently does not exist	Quiet Room/Consult	1
Subtotal Support Spaces	4			5**
Existing Component CGSM	378 CGSM			

* Note: 16 spaces area based on projections for workload

9.2 Summary of Existing Component Area

378 CGSM

9.3 Proposed Emergency Department Component Area

Emergency Department

Total Net Square Metres (NSM)

737 NSM

Gross to Net Ratio

1.55

Component Gross Area (square metre)

1143 CGSM

Covered Ambulance Area

Net Square Metre (NSM)

160.0



10. Schedule of Accommodation Emergency Department

				NSM	No.	Total	Comments
Patient Intake Area							
2.1	Ambulance Entrance				1	16.0	
	· vestibule/entrance	1	@	11.0	11.0		
	· stretcher storage	1	@	2.5	2.5		
	· BCAS Storage	1	@	2.5	2.5		
2.2	Walk-in entrance				1	13.5	
	· vestibule/entrance	1	@	11.0	11.0		
	· stretcher/wheelchair storage	1	@	2.5	2.5		
2.3	Decontamination Room and Anteroom				1	12.5	Negative Pressure
	· Room	1	@	7.5	7.5		
	· Anteroom	1	@	5.0	5.0		
2.4	BCAS Stretcher Holding Area	2	@	7.5	15	1	15.0
							Drop down workstations/medical gases/power/data/telephone/two stretcher areas
2.5	Triage				1	13.6	Triage Nurse must visibly supervise waiting area. Computer/data/power/BCAS communication/ED communications
	· workstation, triage nurse	1	@	4.6	4.6		
	· exam/assessment cubicle	1	@	9.0	9.0		
2.6	Satellite Registration Workstation	1	@	4.6	4.6	1	4.6
							Stretcher/Hygiene Sink
2.7	Patient/Visitor Waiting Area					25.0	
	· seats	10	@	1.5	15.0		
	· seats, enhanced	2	@	2.0	4.0		
	· wheelchair seats	1	@	3.0	3.0		
	· scooter	1	@	3.0	3.0		
2.8	Respiratory Isolation Waiting	1	@	5.0	5.0	1	5.0
							Glass enclosed area - two seats
2.9	Vending Area	1	@	3.0	3.0	1	3.0
2.10	Public Telephone Area	1	@	2.5	2.5	1	2.5
2.11	Public Washroom	2	@	4.6	9.2	1	9.2
Subtotal Patient Intake NSM						119.9	
Fast Track Area (CTAS 4,5)							
2.12	Sub-waiting area				1	28.0	
	· seats	12	@	1.5	18.0		
	· seats, enhanced	2	@	2.0	4.0		
	· wheelchair seats	1	@	3.0	3.0		
	· scooter	1	@	3.0	3.0		
							16 patient spaces



Interior Health KOOTENAY BOUNDARY REGIONAL HOSPITAL, TRAIL BC Emergency Department

2.13	Examination Cubicle/ Stretcher	5 @	9.5	47.5	1	47.5	Hygiene sink, stretcher, three walls/curtain/procedure light/diagnostic set
2.14	Workstation	5 @	1.2	6.0	1	7.2	Located five adjacent to each stretcher bay/power/data/ computer
	PACS Workstation	1 @	1.2	1.2	1		
2.15	Minor Procedure Room/ Eye/ENT	1 @	16.5	16.5	1	16.5	3 sided access. Locate for easy access to other treatment areas in ED, ceiling mounted patient lift. Hygiene sink
<i>Support Areas</i>							
2.16	Medication Room	1 @	11.0	11.0	1	11.0	Pyxis / IV Supplies
2.17	Cast Cart Alcove	1 @	1.5	1.5	1	1.5	Adjacent to Procedure Room
2.18	Soiled Utility	1 @	12.0	12.0	1	12.0	
2.19	Washroom, Patient	1 @	4.6	4.6	1	4.6	
2.20	Specimen Collection Alcove	1 @	6.0	6.0	1	6.0	Hygiene Sink, Counter, Phlebotomy Chair/label printer/ computer
2.21	Linen Cart Alcove	1 @	1.5	1.5	1	1.5	
Subtotal Fast Track NSM						135.8	
Resuscitation/Trauma Area							
2.22	Trauma/Resuscitation Area				1	70.0	2 patient bays Ceiling mounted digital radiology, medical gases, overhead procedure lights
	• trauma/resuscitation bay	2 @	23.5	47.0			
	• crash carts	2 @	1.5	3.0			
	• scrub sink small	2 @	1.0	2.0			
	• medication cart	2 @	1.5	3.0			
	• supply carts, large	4 @	1.4	5.6			
	• equipment alcove	2 @	4.7	9.4			
2.23	DI Radiography Holding Alcove / Generator Closet	1 @	4.0	4.0	1	4.0	Portable radiology and ultrasound; easily accessible to trauma/resuscitation and all patient areas. Generator for Digital Radiology/CR Reader
Subtotal Resus / Trauma NSM						74.0	
Urgent/Emergent Area (CTAS 2,3)							
2.24	Central Care Station				1	27.7	Electronic white board/protocols. CCTV viewing. For secure hold and entries.



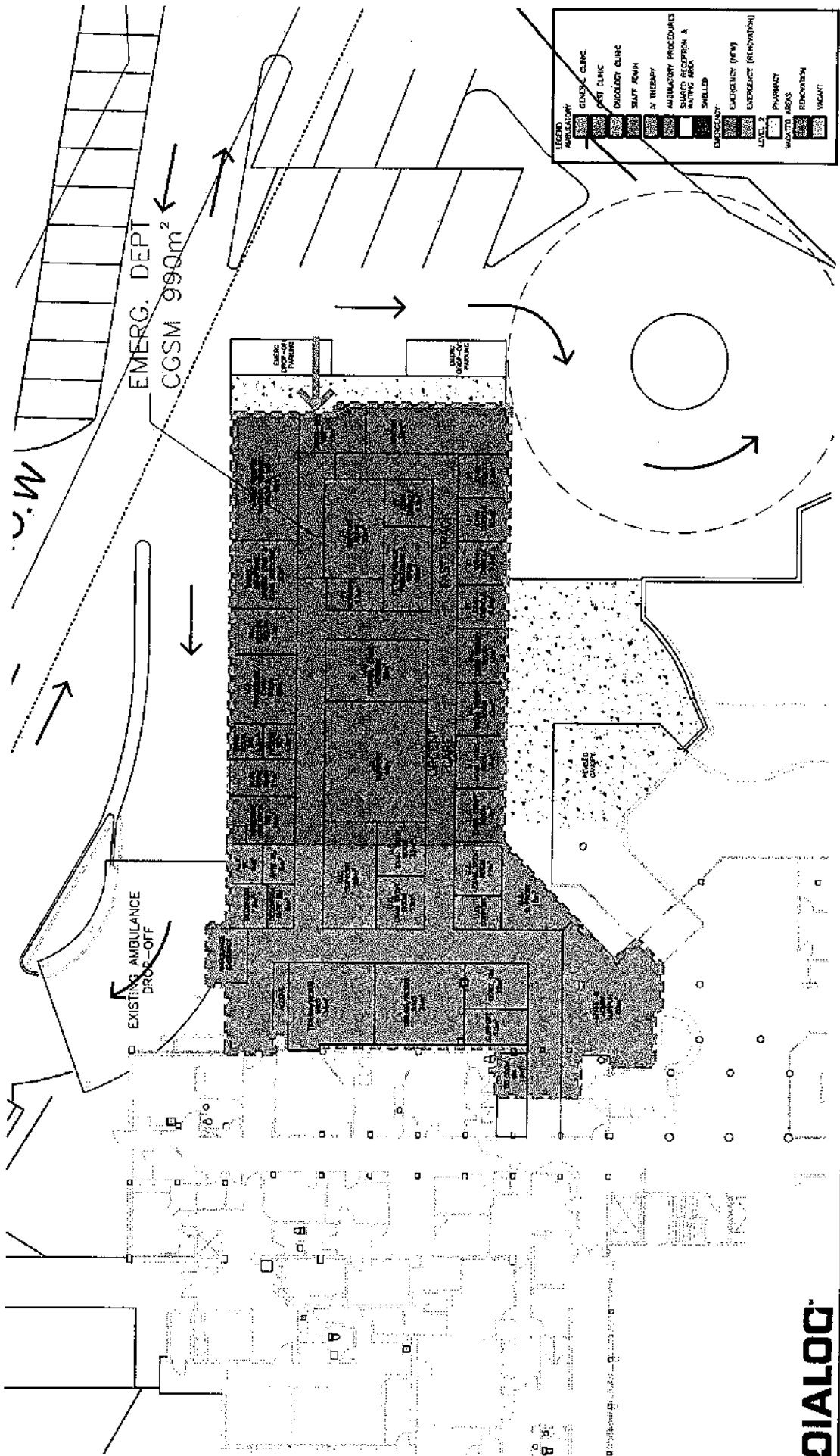
Interior Health KOOTENAY BOUNDARY REGIONAL HOSPITAL, TRAIL BC Emergency Department

Open workstation, unit clerk 1 @ 9.2 9.2							Modular design, consideration of privacy and maximum visibility to patient places. Unit Clerk station to include: 3 telephones/label printer/MFP printer/computer/chart rack/form storage/ worksurface/ whiteboard Includes protocols, computers, PACS work counter, telephone Printer/fax Computer, telephones, nurse call station Adjacent to Nursing Station for visual supervision. Toilet within room.	
Glass enclosed								
Physician/Student work area	2	@	3.7	7.4				
Open workstation, monitors	1	@	3.7	3.7				
Open nurse work area	2	@	3.7	7.4				
2.25	Secure Room	1	@	13.9	13.9	1	13.9	Power/Data
2.26	Alcoves, supply	4	@	1.4	5.6	1	5.6	Distribute at workstation
2.27	Alcoves, Hygiene Sink	2	@	1.0	2.0	1	2.0	Sliding glass doors; Handwash sink stretcher, 3 sided access
2.28	Acute Care Area							Locate for ease of access from decontamination
	Exam treatment room	6	@	12.0	72.0	1	84.0	Location of washroom, anteroom & alcove must not impede visibility into the bed/stretcher area. Hygiene sink.
	Mental Health Exam Room	1	@	12.0	12.0	1		
2.29	Airborne Isolation Room					1	23.6	
	bed/stretcher	1	@	12.0	12.0			
	washroom, patient	1	@	4.6	4.6			
	anteroom	1	@	5.0	5.0			
	alcove, supply storage	1	@	2.0	2.0			
2.30	Decentralized Charting Station Alcove	4	@	1.4	5.6	1	5.6	computer, telephone/power data
2.31	Procedure/Exam Room/ Gyne					1	24.6	Ceiling mounted patient lift; 3-sided access; gyne exam. Hygiene sink.
	examination room	1	@	20.0				
	washroom, 2-piece	1	@	4.6				
2.32	Quiet Room					1	12.0	
	family/consult/quiet room	1	@	12.0	12.0			
2.33	Washroom, Patient	1	@	4.6	4.6	1	4.6	
Support Areas								
2.34	Medication Room	1	@	13.0	13.0	1	13.0	Pyxis/IV Supplies
2.35	Clean Supply holding room	1	@	15.0	15.0	1	15.0	RFI Data port
2.36	Soiled utility / holding room	1	@	15.0	15.0	1	15.0	
2.37	Equipment storage, large	1	@	18.0	18.0	1	18.0	
2.38	Disaster Equipment Storage	1	@	10.0	10.0	1	10.0	
2.39	Emergency equipment alcove	2	@	1.0	2.0	1	2.0	Crash carts
2.40	Clean Linen Alcove	3	@	1.0	3.0	1	3.0	Linen cart
2.41	Nourishment alcove, patient	1	@	3.0	3.0	1	3.0	refrigerator, sink, counter



Interior Health KOOTENAY BOUNDARY REGIONAL HOSPITAL, TRAIL BC Emergency Department

2.42	Housekeeping room	1	@	11.0	11.0	1	11.0	mop sink, cart, equipment storage
2.43	Washroom, Staff	2	@	4.6	9.2	1	9.2	Dispersed
2.44	Alcoves, recycling	3	@	0.8	2.4	1	2.4	Distribute; locate near nourishment room
2.45	Alcoves, warming cabinet	1	@	1.0	1.0	1	1.0	blanket warmer
Subtotal Urgent / Emergent NSM								306.2
Staff and Administrative Area								
2.46	Shared Workstation	1	@	4.6	4.6	1	4.6	Clinical pharmacist, Allied Health
2.47	Office, Unit manager	1	@	9.0	9.0	1	9.0	
2.48	Office, Patient Care Coordinator	1	@	9.0	9.0	1	9.0	
2.49	Office, Emergency Physician	1	@	9.0	9.0	1	9.0	PACS, computer, telephones
2.50	Teaching/education room	1	@	25.0	25.0	1	25.0	Shared with UBC
2.51	Telecommunications Room	1	@	10.2	10.2	1	10.2	
2.52	Staff area					1	17.8	
	• lockers, purse	12	@	0.25	3.00			
	• coat/boot rack	1	@	3.0	3.0			
	• nourishment alcove	1	@	3.0	3.0			
	• table/seating area	1	@	8.0	8.0			
	• recycling area	1	@	0.8	0.8			
2.53	On call room, Physician					1	16.7	
	• bed room	1	@	11.1	11.1			
	• washroom, 3-pc.	1	@	5.6	5.6			
Subtotal - Staff and Administrative Area NSM								101.3
Covered Ambulance Area								
2.54	Heated ambulance drive-thru					1	160.0	Exterior Drive Through
		2	@	80.0	160.00			2 bays
Subtotal - Ambulance Area NSM								160.0



A2

DATE: October 22, 2014

**MAIN FLOOR TEST-FIT -
PREFERRED OPTION - EMERGENCY DEPARTMENT**

DIALOG

PROJECT TITLE: KBRH
PROJECT #: 04408V01
SCALE: 1:250

FILE: 04408V01.DWG DATE: 10/22/14 DESIGNED: J. H. H. CHECKED: J. H. H. APPROVED: J. H. H.



Asset Overview Report

By Asset Name

HSA: 2012-2017 IHA - Kootenay Boundary Asset: Kootenay Boundary Regional Hospital
Site: Kootenay Boundary Regional Hospital Asset Number: 01

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Project Name: Kootenay Boundary Regional Hospital Emergency Department Project

Contact: Jane Cusden Acute Health Service Administrator, Kootenay Boundary

Is this project primarily:

☒ **Priority Capital Investment:** Building new or enhancing existing facilities, equipment and IM/IT to provide new or expanded services: a) New Assets and Expansion of Existing Assets; b) Whole Asset Replacement & Renewal.

☐ **Routine Capital Investment:** Maintaining existing facilities, equipment, IM/IT to continue providing health services: a) Maintenance and Rehabilitation; b) Upgrades and Renovations.

☒ **Facilities** ☐ **Equipment** ☐ **IM/IT**

Service Need:

The Kootenay Boundary Regional Hospital (KBRH) is located in the community of Trail. This hospital is a regional referral center serving the Kootenay Boundary Health Service Delivery Area. KBRH has functioned continuously as an acute care facility at its current location since construction as a four storey building plus basement in 1953. The three storey South Block Wing addition was added in 1968 (Daly Pavilion) and the two storey Residential Care Wing known as Poplar Ridge added in 1970. Poplar Ridge is a 49 bed Residential Care facility and is connected to the hospital at the main floor level.

The following outlines the key functions within this Acute Care facility:

- Penthouse Levels: mechanical and electrical services;
- Level 4: Renal Unit, Maternity, Pediatrics and Prenatal Clinics;
- Level 3: Wellness Centre with clinic space, 30 bed Medical inpatient unit, 5 bed Patient Overflow area, Interior Health Library, and Spiritual Care;
- Level 2: Operating Theaters, Post Anaesthetic Recovery (PAR), , Surgical Day Care, 20 Bed Surgical in-patient unit, 6 bed Intensive Care Unit (ICU), Minor Surgical and Ambulatory Care;
- Level 1 (main floor): Patient Registration, , Emergency Department, Radiology Department, Foundation Offices, Magnetic Resonance Imaging (MRI), Pharmacy, , Electro diagnostics / Pulmonary Function, Rehabilitation Medicine, Oncology, Health Information Management, and Pre-Surgical Screening; and
- Level 0 (basement): Linen Services, Central Supply Registry, Cafeteria, Nutrition Services, Materials Management, Laundry, Biomedical Engineering and Housekeeping.

Daly Pavilion is organized as follows:

- Level 1 (main floor): Laboratory, Pathology; and
- Level 0 (basement): Inpatient Psychiatric Unit plus storage spaces.

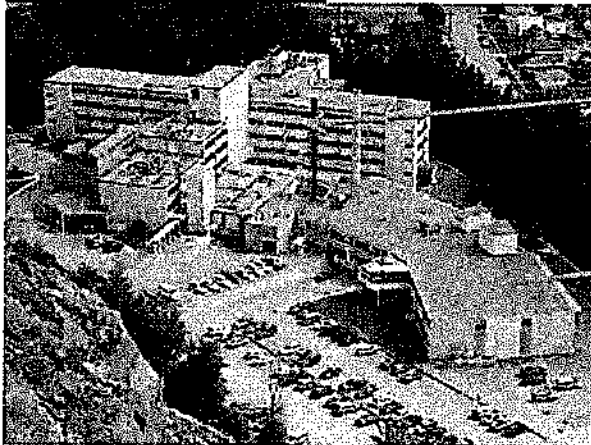
The Poplar Ridge wing includes:

- Level 2: Residential care (49 beds); and

- Level 1 (main floor): Administration, UBC Faculty of Medicine Academic Space, and maintenance shops for KBRH.

During the 1970's, there were a series of renovations and additions to KBRH. These included the ICU, Clinical Laboratory, Kitchen, Operating Rooms (ORs), Emergency Department (ED) and the Medical Device Reprocessing (MDR) spaces. During the 1980's, renovations occurred on the second, third and fourth floors of the main Acute Care building and to both floors of Poplar Ridge. More recent renovations and expansion occurred with Surgery and Emergency spaces in 2002 and former patient rooms were renovated to create Ambulatory Care Clinics in 2003. The Generator Building was constructed in 2010 and is located to the west of the Daly Pavilion.

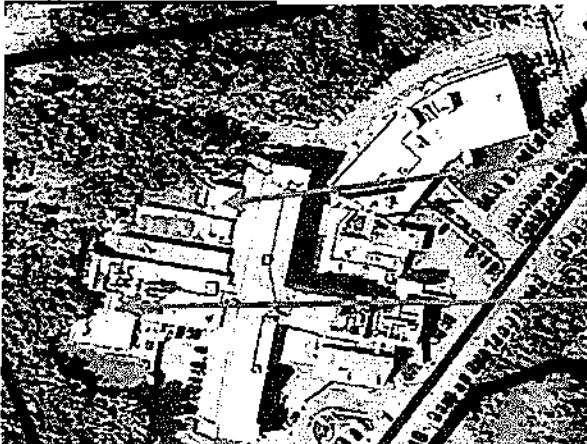
KBRH and Poplar Ridge



Main Acute Care Hospital

Poplar Ridge Residential Care

Aerial View of KBRH



Generator Building

Daly Pavilion

There are immediate service delivery challenges experienced by the KBRH site. These include facility constraints, new clinical standards of practice and increased workload volumes. The top three priority clinical programs identified for capital improvement at KBRH are: i) Emergency Department (ED); ii) Pharmacy Services; and iii) Ambulatory Care. Other service areas that will require expansion and capital improvements in the future include Rehabilitation, Laboratory, Diagnostic Imaging (DI) and Health Information Systems.

- The ED does not meet current physical standards that support patient care delivery, and will be unable to meet anticipated increases in volume and patient acuity for Emergency Services. Approximately 16,000 patients from the community of Trail and from the Kootenay Boundary Health Service Delivery Area present annually to the KBRH ED. Delivery of Emergency Services in the existing ED is challenged because the 7 stretcher bays are in an open area, and there is only one Trauma bay. There is no secure observation room. Regarding infection prevention and control, there is no airborne isolation room, and stretchers in the main area are separated solely by curtains. Significant redesign with expansion is required for the ED.
- The Pharmacy program is currently unable to meet Accreditation standards and does not meet safety requirements. The current location for Pharmacy Department precludes expansion of services to meet existing and changing clinical needs. Significant renovation or relocation is required.
- Ambulatory clinics are scattered throughout the facility. This affects efficiencies and limits options for future growth and it impacts access, flow and efficiency. Space constraints and decontamination issues exist in Surgical Ambulatory Care Services that require correction. The space for Orthopedic Services is so limited that there is no consistent clinic location for this function.

Future redesign and expansion of on-site services are extremely challenged by existing facility and site restrictions. The Facility Condition Assessment (FCA¹) Report completed in 2014 identified the 3 clinical priority areas listed above. In addition, condition of the essential infrastructure was assessed. The report included infrastructure condition assessments ranging from those requiring immediate attention to those that have satisfactory performance.

The 2014 FCA¹ report for KBRH indicated the Facility Condition Index (FCI) and the Requirements Index (RI) for the facility. The resulting indices and estimated costs follow in Table 1.

Table 1: Facility Condition Index and Requirements Index

	FCI	FCI Costs	RI	RI Costs
KBRH	.63	\$52,856,971	.66	\$55,703,710

Project Description:

Of the 3 priority clinical areas, the redesign and expansion of the KBRH ED is the most critical for KBRH. This component of the Project is required to address the immediate service delivery challenges experienced by the site due to facility constraints and workload volumes. Planning, design and construction will address immediate space and service inadequacies and accommodate projected ED needs to 2034. From an infrastructure perspective, expansion of the ED requires upgrade to the electrical transformer.

¹ FCA index ratings do not assess facility capacity and functional deficiencies due to the demand of existing services on these assets nor does it assess capacity of these assets to handle new or expanded services. Capacity and functional assessments are provided through more detailed mechanical/electrical essential service planning and structural reviews of existing facilities.

The redevelopment of the ED will provide the appropriate space capacity required to support provision of quality patient care within Emergency Services as outlined below:

- Reduce the risks that compromise patient privacy and confidentiality with appropriate space design;
- Significantly improve the safety of patients as follows:
 - Improve sight lines to enable staff to visibly monitor patients in an efficient way when working within the area; and
 - Provide a patient-centered environment that is not "overcrowded" and promotes quality Emergency Services;
- Meet Infection Prevention and Control requirements as follows:
 - Provide hand hygiene sinks and airborne isolation room to facilitate isolation of airborne infectious agents as per Infection Prevention and Control requirements; and
 - Provide accessible soiled and clean service utility areas as per current design standards;
- Improve patient flow and decrease of congestion as supported by space design and include capacity to meet higher volumes of patients presenting to this ED during peak times;
- Provide the ability to accommodate more than one high acuity patient at one time; and
- Provide appropriate space for ED equipment and supplies with easy access and appropriate space for safe storage and distribution of medications.

The functional program and concept design study prepared within the Kootenay Boundary Regional Hospital Service Sustainability Plan provide project details including the following:

- Provide a 1143 m² single story expansion plus covered ambulance area to the existing building to accommodate an expanded ED. The expansion is planned to be adjacent to the existing ED and will directly link into the existing space with the existing ED area included in the redesigned ED; and
- The expanded ED is planned to include 7 urgent care treatment bays, 2 trauma/resuscitation bays, 1 airborne isolation room, 1 secure room, 5 fast track examination spaces, 1 minor procedure room, 1 procedure/gynecology room 1 quiet/consult room, a decontamination room and triage area. Please refer to Table 2.

Table 2: Emergency Department Space Comparison

Existing Emergency Space	Existing Spaces	Functional Issue	Proposed Emergency Space	Proposed Spaces
Trauma/Resuscitation	1	Difficulty/congestion in treating multiple trauma/resuscitation	Trauma/resuscitation	2
Airborne Isolation Room (AIR)	1	Below CSA Z8000 area standard	Airborne Isolation Room (AIR)	1
Fast Track	2 chairs	Below CSA Z8000 area standard	Fast Track	5 stretchers
Urgent Care Stretchers	7	Below CSA Z8000 area standard	Urgent Care	7
Secure Room	0	Currently does not exist	Secure Room	1
Sub Total Treatment Spaces	11			16
Minor Procedure Room	1		Minor Procedure/ENT/Eye	1
Cast Room	1	Use of a cast cart in procedure room		0
Triage	1	Operational flow issues due to location/size	Triage	1
Procedure Room	0	Currently does not exist	Procedure Room/Exam/ Gynecological	1
Decontamination Room	1	Below CSA Z8000 area standard	Decontamination Room	1
Quiet Room	0	Currently does not exist	Quiet Room/Consult	1
Subtotal Support Spaces	4			5
Total Spaces	15			21
Component areas (m²)	378			1303*

*includes covered ambulance area

The existing ED is currently 378 square meters (sm) and the proposed ED will be 1303sm including space for a covered ambulance bay.

Expected Benefits:

Strategic alignment:

The following summary points demonstrate alignment with IH Capital Strategy 'drivers':

1. Demand for Services – Emergency and Trauma Services:

- Currently, there is only one trauma bay so space limits the ability for the appropriate care management of more than one high acuity patient at one time;
- Due to lack of space, when high volumes of patients present to the ED, this cannot be managed appropriately because of the physical location of strategic personnel (such as Patient Registration and utilization of HART personnel) during the time of the high volume;

- Patients assessed at various levels of the Canadian Emergency Department Triage and Acuity Scale (CTAS), booked procedures, and high acuity patients are all occurring within the limited space;
- Current space impacts patient privacy and confidentiality, further limiting operational efficiencies as opportunities for privacy are sought out by staff, physicians and patients;
- Current space design impacts and limits effective storage and timely access to supplies and necessary equipment; and
- Need for infection prevention and control strategies in this limited space impacts efficiencies, and an example is carts with clean supplies require protective plastic shielding because of their close proximity to direct care areas.

2. Innovation & Change - Evidence Based Practices:

- Protection of patient privacy and confidentiality is required with appropriately designed space in care and waiting areas;
- Effective space design is important in the management of behavioral disturbances, in the care for people with disabilities and care of children who are commonly seen in the ED;
- Appropriate space is important in the support of patient comfort, clinical teaching and treatments;
- Availability of separate water closets with toilet and sink for patients and those in waiting areas; and
- Physical environment to provide emergency care can influence overall perceptions of health care and of health systems.

3. Sustainability - Facility Condition and Operational Efficiency:

- Improved sight lines are required to enhance monitoring of patients plus improve nursing and physician work flows;
- Ability to store equipment and supplies to improve efficiencies and effectiveness;
- Increased capacity to manage multiple trauma patients and patients with complex care needs;
- Space limitations decrease opportunities for interdisciplinary care;
- Improvements required for access and egress regarding Laboratory and Medical Imaging procedures; and
- Improved design will significantly improve space for physicians to provide medical procedures.

Ministry of Health (MoH) Priorities (selected below apply):

The following summary points demonstrate project alignment to these MoH priorities:

- Provide patient-centred care;

- Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system;
- Provide timely access to quality diagnostics; and
- Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care.

Other Strategic Influences:

The project is in alignment with the following IH current strategic influences:

- Emergency Preparedness (Disaster) planning;
- ED Decongestion – Access and Flow;
- Aboriginal Health;
- Staff and Physician Engagement;
- Working with community partners;
- Operational Sustainability, efficiency, and effectiveness; and
- Quality, Safety initiatives, and Risk Management.

Innovation:

The following summary points demonstrate areas of innovation relating to the project:

1. Quality and effectiveness

- Improved ability for staff to monitor patients and provide quality patient centered care.
 - Improving sight lines to enhance patient monitoring and improve efficiencies
 - Facilitates capacity to manage the diversity of patients who present for care in a rural ED and space flexibility to meet the needs of the culturally diverse population;
 - Equipment and supplies located close to work area will improved efficiencies and effectiveness for collaborative teamwork

2. Efficiency

- Improved patient flow, and decreased patient congestion
 - Increased capacity to manage multiple patients with trauma and patients with complex needs;
 - Space capacity will lead to more efficient utilization of human resources. Space improvements will increase utilization of allied health care providers and Registration Services to improve the speed of the registration process and patient decongestion. Improved design will provide more flexibility for the varied processes that occur within the ED. Improved space design will

improve scheduling of patient procedures to accommodate better processes and increases in volumes.

- Ability for more physicians to work in the area at times of peak volumes in the ED;

3. Productivity and Technology

- Compatibility of space for privacy and technology
 - Equipment required can be located in areas that are easily accessible for staff;
 - Improved space design facilitates improved communication abilities with regional referral centers such as having the telephone within reach for the physician caring for critically ill patients during the typical physician consultation process required for transfers while respecting patient privacy;

4. Improved Infection Prevention and Control practices

- Infection Prevention and Control standards and requirements are part of the clinical design so improved hand washing rates and isolation capabilities are enhanced.

Health outcomes:

Health outcome methodology will be prepared on a provincial level.

Access and flow:

The impact on access and flow will be high. Evidence based capital investment will ensure service disruptions are minimized, improving service population satisfaction with service access as per accepted standards and guidelines for practice.

The ED is compromised by size, and does not have adequate triage area, and no seclusion or isolation rooms. The size does not meet the current volumes of 16,000 ED visits and the referrals as a regional Hospital for the area. The project will address examples where ED congestion has impacted the ability for KBRH to provide ED services due to significant space limitations that can result in potential diversions. The renovation will improve the ability to manage multiple trauma victims and ED patients.

The project will address existing breaches in patient privacy caused through inappropriate space design. In the existing department, the close proximity and curtain separation of treatment bays does not allow patient privacy. The patients and the Trail community recognize limitations for privacy and have been quite tolerant; however they are becoming more and more vocal about this lack of privacy.

The ability to properly care for Mental Health and Substance Use patients will be met with the provision of a secure room.

Human resources:

The impact on human resources will need to be determined with new improved working conditions ensuring that personnel are available to operate equipment/ technology within the expanded department. The following human resources summary points relate to the proposed project and potential plans to minimize the impact on human resource needs:

- The project has been planned to allow existing staff to be more efficient in performing daily activities required in a regional referral center ED. Physicians will be able to see patients in the department in a more timely way because congestion will lessen.
- Physical working conditions will improve because staff will be better able to monitor and care for patients in appropriate space. Enhanced retention and recruitment of professionals will result from providing an improved work environment. Improvements to the flow of patients will positively impact physician practice resulting in retention of physicians because the environment is conducive to their medical practice.
- Environmental working conditions will improve for the staff. The current space has areas where air flow and temperature is not comfortable.
- Existing staff are currently trained and available to function in a redesigned and expanded ED.
- Improvements of work environment facilitates will improve recruitment activities for the entire health care team.

Safety and risk management:

Safety of both staff and patients is currently at risk because sight lines are obstructed from the team care station to key patient care areas within the ED. There is no adequate space for patients presenting with mental health and substance use to be assessed.

Stretchers are very close together and although curtains do separate patient from one another, the close proximity poses challenges relating to infection prevention and control.

Urgency:

There is an overall sense of urgency to redesign the ED because of increased congestion, increased number of patient visits, and increasingly higher levels of trauma for patients presenting to the KBRH ED.

The physical layout impacts patient safety, delivery of quality care, and the ability to meet triage and infection prevention and control standards. The present physical layout places health providers at high risk to not meet professional standards including potential legal ramifications. As members of the public become more aware of appropriate care standards, the existing physical layout will increasingly contribute to public perception of care and actual quality care issues.

The current physical space does not afford privacy for patients, clients or families, and the current layout significantly compromises the ability to maintain patient confidentiality.

Operating costs:

Due to the larger footprint of the building operating costs will increase in the following areas:

- Plant and Maintenance
- Support Services
- Clinical Services

The impact has been captured under "Summary of Financial Implication",

Funding partnership:

Forty percent of the funding will be provided by the Regional Hospital District.

It is expected that the Kootenay Boundary Regional Hospital & Health Foundation will contribute \$1 million towards this project, mainly the equipment purchases.

Return on Investment:

The return on investment relates to cost avoidance, better working conditions, support of recruitment, safety and retention of staff and physicians. A renovation providing redesigned space will better serve the patients presenting to the KBRH ED by improving capacity, patient privacy, and the ability of the care team to provide the necessary treatment in space that facilitates efficiencies.

Project Schedule:

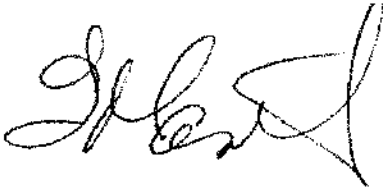
A proposed timeline of the Emergency Department Renovation and Electrical transformer upgrade is provided below. The timeline assumes procurement of a design team would occur in early to mid-2017.

Project Element / Phase:	Design and Construction Timeline																			
	2016 / 2017				2017 / 2018				2018 / 2019				2019 / 2020				2020 / 2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Emergency Department Renovation / Addition and Main Transformer Replacement																				
Design																				
Construction																				

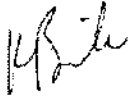
Summary of Financial Implication:

s.13,s.17

Approvals:



Todd Mastel, Director, Business Support



Karen Bloemink, Executive Director, Hospitals & Communities – IH East



Susan Brown, Vice President & COO, Hospitals & Communities

Page 124 to/à Page 129

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Treasury Board Submission – Request for Decision

Minister: Honourable Dr. Terry Lake

Ministry: Health

Date: February 22, 2017

Ministry Document #: H16-38

Title: Kootenay Boundary Regional Hospital Emergency Department Project

Issue: For Decision

s.13

Request:

s.13,s.17

Implications and Considerations:

s.13



Background / Context:

KBRH is a 75-bed regional hospital located in Trail, operated by IHA. The hospital was originally constructed in 1953. In 1968, a 4-storey Acute Care building addition was completed. The two story Extended Care Wing known as Poplar Ridge was added in 1970. More recent renovations and expansion to the Surgery and Emergency areas occurred in 2002, and final renovations and expansion to the Ambulatory area were completed in 2003.

KBRH provides regional acute care services including: 24 hour emergency, diagnostic imaging, laboratory, inpatient acute, obstetrical, psychiatric, and oncology services.

In February 2017, IHA submitted a business plan to HLTH requesting approval to proceed with one component of the overall redevelopment - the KBRH ED Redesign and Electrical Transformer Upgrade Project.

Project Need:

s.13



s.13



Capital Project Priority

s.13

Proposed Scope

s.13

Seismic:

Due to the KBRH's geographic location in Trail B.C., seismic issues are not a concern.



Project Procurement:

s.13

Project Schedule:

Preliminary schedule as follows:

Table 2: Project schedule

Milestone	Start	Finish
Procure Consultants	s.13	
Design/Planning		
Construction		
Occupancy		

Governance

The project will be managed internally by IHA.

Employment Opportunities

The project is expected to create the following jobs during construction:

s.13

The Project will comply with government's policy for apprentices on public projects in BC.



Fiscal Impacts:

Capital Cost and Funding

s.13,s.17

Central Deposit Program

s.13



Operating Cost Impacts

s.13

Policy:

The request does not have any policy implications.

Legislation:

As the Project does not involve construction of new buildings, the LEED® Gold standard and *Wood First Act* do not apply.

Stakeholder and Citizens:

Consultation

IHA will continue to work closely with all stakeholders throughout the implementation process of the project.

Communications

s.13,s.17



s.13,s.17



Contact: Manjit Sidhu, Assistant Deputy Minister
Finance and Corporate Services
(250) 952-2066

Honourable Dr. Terry Lake
Minister of Health

February 23, 2017

Date



Appendices to Submission

Appendix A	Capital Budget	Page 10
Appendix B	Operating Cost Summary	Page 11
Appendix C	Business Plan	Page 12



Appendix B: Capital Budget (\$000)

KBRH ED Redesign and Electrical Transformer Upgrade Detailed Capital Budget	Amount
s.13,s.17	
Total Project Cost	s.13,s.17



Appendix C: Operating Cost Summary (\$000)

On-going Operational Costs

	2017/18	2018/19	2019/20	2020/21	Total
Plant and Maintenance, Support Services, Clinical Services	s.13,s.17				
Total:					

s.13,s.17



Appendix C: Business Plan

To be provided under separate cover



MAR 27 2017

1081796

Mr. Chris Mazurkewich
President and Chief Executive Officer
Interior Health Authority
5th Floor – 505 Doyle Ave
Kelowna BC V1Y 0C5

Dear Mr. Mazurkewich:

I am pleased to inform you that the Ministry of Health (the Ministry) has granted approval of Interior Health Authority's (IHA) business plan for the Kootenay Boundary Regional Hospital (KBRH) Emergency Department (ED) Project for \$16.60 million.

The approval is subject to the following conditions:

- the project scope, cost, procurement method and schedule are based on the February 2017 KBRH ED Project Business Plan;
- the \$16.60 million project cost is to be funded with \$9.36 million from IHA internal sources, \$6.24 million from the West Kootenay Boundary Regional Hospital District, and \$1.00 million from the Kootenay Boundary Regional Hospital & Health Foundation;
- IHA is to manage all incremental operating cost requirements within its annual operating funding allocations.

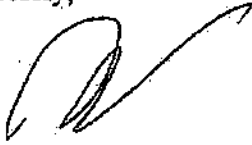
IHA is responsible for managing within the scope, cost, schedule and funding limitations that comprise this approval. Any material changes to project scope, cost or funding sources during the implementation phase will require prior approval of Government before proceeding.

The Ministry and Government Communications and Public Engagement will review all proposed communication materials prior to their release.

...2

I wish IHA success in implementing this capital project.

Sincerely,



Steve Brown
Deputy Minister

pc: Mr. Manjit Sidhu, Assistant Deputy Minister, Financial and Corporate Services,
Ministry of Health
Mr. Joel Palmer, Executive Director, Capital Services, Ministry of Health
Ms. Carlene Thistle-Walker, Communications Manager, Government Communications
and Public Engagement, Ministry of Health
Ms. Donna Lommer, VP Residential Services and Chief Financial Officer,
Interior Health Authority
Mr. Lorne Sisley, Corporate Director, Facilities Management and Operations,
Interior Health Authority
Ms. Birgit Koster, Director, Business Support, Capital Planning,
Interior Health Authority

Bauer, Tim HLTH:EX

From: Gardner, Anna HLTH:EX
Sent: Thursday, February 16, 2017 10:42 AM
To: Muttersbach, Paige HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Thank you!! Sandra is reviewing so will forward back to CSB with any of her comments (aim today), with reinforcement that this is not normal level of review due to their time restraints. Will cc BA/DR since this is not normal process, so they are aware of this.

In terms of the trauma rooms -I found a health profile online

(<https://www.interiorhealth.ca/AboutUs/QuickFacts/PopulationLocalAreaProfiles/Documents/Kootenay%20Boundary%20Regional%20Hospital.pdf>)

- CTAS 1 is only 0.2% of cases [so 30 cases about] and CTAS 2 is about 15% [so about 2200 cases] now, not sure what their projections are. 2 bays is likely fair, even if projections were to increase up to the 30-40,000 range/yr. Kamloops as a level 2, has 2 trauma bay plus an added resuscitation flex room - but they currently are at 2 trauma bay with 6500 CTAS 1-2, and project up to 80,000 visits to add the additional trauma space. Based on those numbers, likely 2 is well enough (perhaps not even that needed, but again they didn't provide projected visits), since you should be using the space to resuscitate/stabilize, then move into acute bed, ICU, OR or for transport to Kelowna/ other if needed

s.13

One other thing I can see to highlight is provincial standard for secure rooms.

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

From: Muttersbach, Paige HLTH:EX
Sent: Wednesday, February 15, 2017 3:45 PM
To: Gardner, Anna HLTH:EX
Cc: Evans, Jay HLTH:EX
Subject: RE: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi,

No major issues jump out at me - their rationale for redesigning and expanding the current space make sense.

I cannot really comment on whether I think their projections for space (e.g. number of beds) is reasonable as I do not have detailed information about the type of cases they treat. For example, they mention they are getting higher level trauma patients than they used to - in that case is 2 trauma bays sufficient?

s.13

Cheers,
Paige Muttersbach M.P.A. M.P.H.
Manager – Acute Care Programs

Acute & Provincial Services Branch, Hospital, Diagnostic and Clinical Services Division, Ministry of Health 1st Floor, 1515
Blanshard Street, Victoria, B.C.
Phone: (250) 952-3005
Mobile: (250) 893-7184
E-mail: paige.muttersbach@gov.bc.ca

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

From: Gardner, Anna HLTH:EX
Sent: Wednesday, February 15, 2017 2:47 PM
To: Muttersbach, Paige HLTH:EX; Feltham, Sandra HLTH:EX
Cc: Evans, Jay HLTH:EX
Subject: Fw: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi Paige and Sandra,
Have received this from Capital - I have not read yet but focus I believe is ED this phase. Could you please review as per Brandon's note. Particular focus on any major issues/concerns/red flags or questions for the HA. I'll find out from Brandon on timelines but I know there are very limited time for treasury Anna

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message

From: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>
Sent: Wednesday, February 15, 2017 12:57 PM
To: Gardner, Anna HLTH:EX
Subject: FW: Emailing: IHA - KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Anna,

It appears that this project is going to happen. Can you please provide a " cursory " review for any critical concerns?

Thanks,
Brandon

Bauer, Tim HLTH:EX

From: Abbott, Brendan HLTH:EX
Sent: Friday, February 24, 2017 8:33 AM
To: Gardner, Anna HLTH:EX
Subject: FW: 726-17394 - Electrical Distribution, Lower Main Vault and South Block, Kootenay Boundary Regional Hospital - Trail_1
Attachments: 726-17394 - Electrical Distribution, Lower Main Vault and South Block, Kootenay Boundary Regional Hospital - Trail_1.pdf

From: Forsberg, Nicole A HLTH:EX
Sent: Thursday, February 23, 2017 2:10 PM
To: XT:HLTH Mazurkewich, Chris
Cc: XT:HLTH Lommer, Donna; XT:Sisley, Lorne HLTH:IN; XT:Koster, Birgit HLTH:IN
Subject: 726-17394 - Electrical Distribution, Lower Main Vault and South Block, Kootenay Boundary Regional Hospital - Trail_1

Good afternoon,

Please find attached letter and CoA, 726-17394 - Electrical Distribution, Lower Main Vault and South Block, Kootenay Boundary Regional Hospital - Trail_1.

Thank you,

Nicole Forsberg

Office Administrator | Capital Services Branch | Ministry of Health
PO Box 9647, Stn Prov Govt, Victoria BC V8W 9P4
Ph: 250-952-1453



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Project Name: Kootenay Boundary Regional Hospital Emergency Department Project

Contact: Jane Cusden Acute Health Service Administrator, Kootenay Boundary

Is this project primarily:

- ☒ **Priority Capital Investment:** Building new or enhancing existing facilities, equipment and IM/IT to provide new or expanded services: a) New Assets and Expansion of Existing Assets; b) Whole Asset Replacement & Renewal.
- ☐ **Routine Capital Investment:** Maintaining existing facilities, equipment, IM/IT to continue providing health services: a) Maintenance and Rehabilitation; b) Upgrades and Renovations.
- ☒ **Facilities** ☐ **Equipment** ☐ **IM/IT**

Service Need:

The Kootenay Boundary Regional Hospital (KBRH) is located in the community of Trail. This hospital is a regional referral center serving the Kootenay Boundary Health Service Delivery Area. KBRH has functioned continuously as an acute care facility at its current location since construction as a four storey building plus basement in 1953. The three storey South Block Wing addition was added in 1968 (Daly Pavilion) and the two storey Residential Care Wing known as Poplar Ridge added in 1970. Poplar Ridge is a 49 bed Residential Care facility and is connected to the hospital at the main floor level.

The following outlines the key functions within this Acute Care facility:

- Penthouse Levels: mechanical and electrical services;
- Level 4: Renal Unit, Maternity, Pediatrics and Prenatal Clinics;
- Level 3: Wellness Centre with clinic space, 30 bed Medical inpatient unit, 5 bed Patient Overflow area, Interior Health Library, and Spiritual Care;
- Level 2: Operating Theaters, Post Anaesthetic Recovery (PAR), , Surgical Day Care, 20 Bed Surgical in-patient unit, 6 bed Intensive Care Unit (ICU), Minor Surgical and Ambulatory Care;
- Level 1 (main floor): Patient Registration, , Emergency Department, Radiology Department, Foundation Offices, Magnetic Resonance Imaging (MRI), Pharmacy, , Electro diagnostics / Pulmonary Function, Rehabilitation Medicine, Oncology, Health Information Management, and Pre-Surgical Screening; and
- Level 0 (basement): Linen Services, Central Supply Registry, Cafeteria, Nutrition Services, Materials Management, Laundry, Biomedical Engineering and Housekeeping.

Daly Pavilion is organized as follows:

- Level 1 (main floor): Laboratory, Pathology; and
- Level 0 (basement): Inpatient Psychiatric Unit plus storage spaces.

The Poplar Ridge wing includes:

- Level 2: Residential care (49 beds); and

- Level 1 (main floor): Administration, UBC Faculty of Medicine Academic Space, and maintenance shops for KBRH.

During the 1970's, there were a series of renovations and additions to KBRH. These included the ICU, Clinical Laboratory, Kitchen, Operating Rooms (ORs), Emergency Department (ED) and the Medical Device Reprocessing (MDR) spaces. During the 1980's, renovations occurred on the second, third and fourth floors of the main Acute Care building and to both floors of Poplar Ridge. More recent renovations and expansion occurred with Surgery and Emergency spaces in 2002 and former patient rooms were renovated to create Ambulatory Care Clinics in 2003. The Generator Building was constructed in 2010 and is located to the west of the Daly Pavilion.

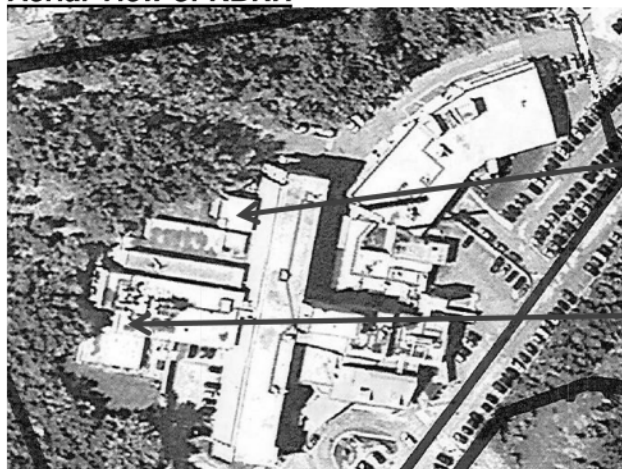
KBRH and Poplar Ridge



Main Acute Care Hospital

Poplar Ridge Residential Care

Aerial View of KBRH



Generator Building

Daly Pavilion

There are immediate service delivery challenges experienced by the KBRH site. These include facility constraints, new clinical standards of practice and increased workload volumes. The top three priority clinical programs identified for capital improvement at KBRH are: i) Emergency Department (ED); ii) Pharmacy Services; and iii) Ambulatory Care. Other service areas that will require expansion and capital improvements in the future include Rehabilitation, Laboratory, Diagnostic Imaging (DI) and Health Information Systems.

- The ED does not meet current physical standards that support patient care delivery, and will be unable to meet anticipated increases in volume and patient acuity for Emergency Services. Approximately 16,000 patients from the community of Trail and from the Kootenay Boundary Health Service Delivery Area present annually to the KBRH ED. Delivery of Emergency Services in the existing ED is challenged because the 7 stretcher bays are in an open area, and there is only one Trauma bay. There is no secure observation room. Regarding infection prevention and control, there is no airborne isolation room, and stretchers in the main area are separated solely by curtains. Significant redesign with expansion is required for the ED.
- The Pharmacy program is currently unable to meet Accreditation standards and does not meet safety requirements. The current location for Pharmacy Department precludes expansion of services to meet existing and changing clinical needs. Significant renovation or relocation is required.
- Ambulatory clinics are scattered throughout the facility. This affects efficiencies and limits options for future growth and it impacts access, flow and efficiency. Space constraints and decontamination issues exist in Surgical Ambulatory Care Services that require correction. The space for Orthopedic Services is so limited that there is no consistent clinic location for this function.

Future redesign and expansion of on-site services are extremely challenged by existing facility and site restrictions. The Facility Condition Assessment (FCA¹) Report completed in 2014 identified the 3 clinical priority areas listed above. In addition, condition of the essential infrastructure was assessed. The report included infrastructure condition assessments ranging from those requiring immediate attention to those that have satisfactory performance.

The 2014 FCA¹ report for KBRH indicated the Facility Condition Index (FCI) and the Requirements Index (RI) for the facility. The resulting indices and estimated costs follow in Table 1.

Table 1: Facility Condition Index and Requirements Index

	FCI	FCI Costs	RI	RI Costs
KBRH	.63	\$52,856,971	.66	\$55,703,710

Project Description:

Of the 3 priority clinical areas, the redesign and expansion of the KBRH ED is the most critical for KBRH. This component of the Project is required to address the immediate service delivery challenges experienced by the site due to facility constraints and workload volumes. Planning, design and construction will address immediate space and service inadequacies and accommodate projected ED needs to 2034. From an infrastructure perspective, expansion of the ED requires upgrade to the electrical transformer.

¹ FCA index ratings do not assess facility capacity and functional deficiencies due to the demand of existing services on these assets nor does it assess capacity of these assets to handle new or expanded services. Capacity and functional assessments are provided through more detailed mechanical/electrical essential service planning and structural reviews of existing facilities.

The redevelopment of the ED will provide the appropriate space capacity required to support provision of quality patient care within Emergency Services as outlined below:

- Reduce the risks that compromise patient privacy and confidentiality with appropriate space design;
- Significantly improve the safety of patients as follows:
 - Improve sight lines to enable staff to visibly monitor patients in an efficient way when working within the area; and
 - Provide a patient-centered environment that is not “overcrowded” and promotes quality Emergency Services;
- Meet Infection Prevention and Control requirements as follows:
 - Provide hand hygiene sinks and airborne isolation room to facilitate isolation of airborne infectious agents as per Infection Prevention and Control requirements; and
 - Provide accessible soiled and clean service utility areas as per current design standards;
- Improve patient flow and decrease of congestion as supported by space design and include capacity to meet higher volumes of patients presenting to this ED during peak times;
- Provide the ability to accommodate more than one high acuity patient at one time; and
- Provide appropriate space for ED equipment and supplies with easy access and appropriate space for safe storage and distribution of medications.

The functional program and concept design study prepared within the Kootenay Boundary Regional Hospital Service Sustainability Plan provide project details including the following:

- Provide a 1143 m² single story expansion plus covered ambulance area to the existing building to accommodate an expanded ED. The expansion is planned to be adjacent to the existing ED and will directly link into the existing space with the existing ED area included in the redesigned ED; and
- The expanded ED is planned to include 7 urgent care treatment bays, 2 trauma/resuscitation bays, 1 airborne isolation room, 1 secure room, 5 fast track examination spaces, 1 minor procedure room, 1 procedure/gynecology room 1 quiet/consult room, a decontamination room and triage area. Please refer to Table 2.

Table 2: Emergency Department Space Comparison

Existing Emergency Space	Existing Spaces	Functional Issue	Proposed Emergency Space	Proposed Spaces
Trauma/ Resuscitation	1	Difficulty/congestion in treating multiple trauma/resuscitation	Trauma/resuscitation	2
Airborne Isolation Room (AIR)	1	Below CSA Z8000 area standard	Airborne Isolation Room (AIR)	1
Fast Track	2 chairs	Below CSA Z8000 area standard	Fast Track	5 stretchers
Urgent Care Stretchers	7	Below CSA Z8000 area standard	Urgent Care	7
Secure Room	0	Currently does not exist	Secure Room	1
Sub Total Treatment Spaces	11			16
Minor Procedure Room	1		Minor Procedure/ENT/Eye	1
Cast Room	1	Use of a cast cart in procedure room		0
Triage	1	Operational flow issues due to location/size	Triage	1
Procedure Room	0	Currently does not exist	Procedure Room/Exam/ Gynecological	1
Decontamination Room	1	Below CSA Z8000 area standard	Decontamination Room	1
Quiet Room	0	Currently does not exist	Quiet Room/Consult	1
Subtotal Support Spaces	4			5
Total Spaces	15			21
Component areas (m²)	378			1303*

*includes covered ambulance area

The existing ED is currently 378 square meters (sm) and the proposed ED will be 1303sm including space for a covered ambulance bay.

Expected Benefits:

Strategic alignment:

The following summary points demonstrate alignment with IH Capital Strategy 'drivers':

1. Demand for Services – Emergency and Trauma Services:

- Currently, there is only one trauma bay so space limits the ability for the appropriate care management of more than one high acuity patient at one time;
- Due to lack of space, when high volumes of patients present to the ED, this cannot be managed appropriately because of the physical location of strategic personnel (such as Patient Registration and utilization of HART personnel) during the time of the high volume;

- Patients assessed at various levels of the Canadian Emergency Department Triage and Acuity Scale (CTAS), booked procedures, and high acuity patients are all occurring within the limited space;
- Current space impacts patient privacy and confidentiality, further limiting operational efficiencies as opportunities for privacy are sought out by staff, physicians and patients;
- Current space design impacts and limits effective storage and timely access to supplies and necessary equipment; and
- Need for infection prevention and control strategies in this limited space impacts efficiencies, and an example is carts with clean supplies require protective plastic shielding because of their close proximity to direct care areas.

2. Innovation & Change - Evidence Based Practices:

- Protection of patient privacy and confidentiality is required with appropriately designed space in care and waiting areas;
- Effective space design is important in the management of behavioral disturbances, in the care for people with disabilities and care of children who are commonly seen in the ED;
- Appropriate space is important in the support of patient comfort, clinical teaching and treatments;
- Availability of separate water closets with toilet and sink for patients and those in waiting areas; and
- Physical environment to provide emergency care can influence overall perceptions of health care and of health systems.

3. Sustainability - Facility Condition and Operational Efficiency:

- Improved sight lines are required to enhance monitoring of patients plus improve nursing and physician work flows;
- Ability to store equipment and supplies to improve efficiencies and effectiveness;
- Increased capacity to manage multiple trauma patients and patients with complex care needs;
- Space limitations decrease opportunities for interdisciplinary care;
- Improvements required for access and egress regarding Laboratory and Medical Imaging procedures; and
- Improved design will significantly improve space for physicians to provide medical procedures.

Ministry of Health (MoH) Priorities (selected below apply):

The following summary points demonstrate project alignment to these MoH priorities:

- Provide patient-centred care;

- Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system;
- Provide timely access to quality diagnostics; and
- Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care.

Other Strategic Influences:

The project is in alignment with the following IH current strategic influences:

- Emergency Preparedness (Disaster) planning;
- ED Decongestion – Access and Flow;
- Aboriginal Health;
- Staff and Physician Engagement;
- Working with community partners;
- Operational Sustainability, efficiency, and effectiveness; and
- Quality, Safety initiatives, and Risk Management.

Innovation:

The following summary points demonstrate areas of innovation relating to the project:

1. Quality and effectiveness

- Improved ability for staff to monitor patients and provide quality patient centered care.
 - Improving sight lines to enhance patient monitoring and improve efficiencies
 - Facilitates capacity to manage the diversity of patients who present for care in a rural ED and space flexibility to meet the needs of the culturally diverse population;
 - Equipment and supplies located close to work area will improved efficiencies and effectiveness for collaborative teamwork

2. Efficiency

- Improved patient flow, and decreased patient congestion
 - Increased capacity to manage multiple patients with trauma and patients with complex needs;
 - Space capacity will lead to more efficient utilization of human resources. Space improvements will increase utilization of allied health care providers and Registration Services to improve the speed of the registration process and patient decongestion. Improved design will provide more flexibility for the varied processes that occur within the ED. Improved space design will

improve scheduling of patient procedures to accommodate better processes and increases in volumes.

- Ability for more physicians to work in the area at times of peak volumes in the ED;

3. Productivity and Technology

- Compatibility of space for privacy and technology
 - Equipment required can be located in areas that are easily accessible for staff;
 - Improved space design facilitates improved communication abilities with regional referral centers such as having the telephone within reach for the physician caring for critically ill patients during the typical physician consultation process required for transfers while respecting patient privacy;

4. Improved Infection Prevention and Control practices

- Infection Prevention and Control standards and requirements are part of the clinical design so improved hand washing rates and isolation capabilities are enhanced.

Health outcomes:

Health outcome methodology will be prepared on a provincial level.

Access and flow:

The impact on access and flow will be high. Evidence based capital investment will ensure service disruptions are minimized, improving service population satisfaction with service access as per accepted standards and guidelines for practice.

The ED is compromised by size, and does not have adequate triage area, and no seclusion or isolation rooms. The size does not meet the current volumes of 16,000 ED visits and the referrals as a regional Hospital for the area. The project will address examples where ED congestion has impacted the ability for KBRH to provide ED services due to significant space limitations that can result in potential diversions. The renovation will improve the ability to manage multiple trauma victims and ED patients.

The project will address existing breaches in patient privacy caused through inappropriate space design. In the existing department, the close proximity and curtain separation of treatment bays does not allow patient privacy. The patients and the Trail community recognize limitations for privacy and have been quite tolerant; however they are becoming more and more vocal about this lack of privacy.

The ability to properly care for Mental Health and Substance Use patients will be met with the provision of a secure room.

Human resources:

The impact on human resources will need to be determined with new improved working conditions ensuring that personnel are available to operate equipment/ technology within the expanded department. The following human resources summary points relate to the proposed project and potential plans to minimize the impact on human resource needs:

- The project has been planned to allow existing staff to be more efficient in performing daily activities required in a regional referral center ED. Physicians will be able to see patients in the department in a more timely way because congestion will lessen.
- Physical working conditions will improve because staff will be better able to monitor and care for patients in appropriate space. Enhanced retention and recruitment of professionals will result from providing an improved work environment. Improvements to the flow of patients will positively impact physician practice resulting in retention of physicians because the environment is conducive to their medical practice.
- Environmental working conditions will improve for the staff. The current space has areas where air flow and temperature is not comfortable.
- Existing staff are currently trained and available to function in a redesigned and expanded ED.
- Improvements of work environment facilitates will improve recruitment activities for the entire health care team.

Safety and risk management:

Safety of both staff and patients is currently at risk because sight lines are obstructed from the team care station to key patient care areas within the ED. There is no adequate space for patients presenting with mental health and substance use to be assessed.

Stretchers are very close together and although curtains do separate patient from one another, the close proximity poses challenges relating to infection prevention and control.

Urgency:

There is an overall sense of urgency to redesign the ED because of increased congestion, increased number of patient visits, and increasingly higher levels of trauma for patients presenting to the KBRH ED.

The physical layout impacts patient safety, delivery of quality care, and the ability to meet triage and infection prevention and control standards. The present physical layout places health providers at high risk to not meet professional standards including potential legal ramifications. As members of the public become more aware of appropriate care standards, the existing physical layout will increasingly contribute to public perception of care and actual quality care issues.

The current physical space does not afford privacy for patients, clients or families, and the current layout significantly compromises the ability to maintain patient confidentiality.

Operating costs:

Due to the larger footprint of the building operating costs will increase in the following areas:

- Plant and Maintenance
- Support Services
- Clinical Services

The impact has been captured under “Summary of Financial Implication”.

Funding partnership:

Forty percent of the funding will be provided by the Regional Hospital District.

It is expected that the Kootenay Boundary Regional Hospital & Health Foundation will contribute \$1 million towards this project, mainly the equipment purchases.

Return on Investment:

The return on investment relates to cost avoidance, better working conditions, support of recruitment, safety and retention of staff and physicians. A renovation providing redesigned space will better serve the patients presenting to the KBRH ED by improving capacity, patient privacy, and the ability of the care team to provide the necessary treatment in space that facilitates efficiencies.

Project Schedule:

A proposed timeline of the Emergency Department Renovation and Electrical transformer upgrade is provided below. The timeline assumes procurement of a design team would occur in early to mid-2017.

	Design and Construction Timeline																			
	2016 / 2017				2017 / 2018				2018 / 2019				2019 / 2020				2020 / 2021			
Project Element / Phase:	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Emergency Department Renovation / Addition and Main Transformer Replacement																				
Design																				
Construction																				

Summary of Financial Implication:

s.13,s.17

Approvals:

A handwritten signature in black ink, appearing to read 'T Mastel', written over a horizontal line.

Todd Mastel, Director, Business Support

A handwritten signature in black ink, appearing to read 'K Bloemink', written over a horizontal line.

Karen Bloemink, Executive Director, Hospitals & Communities – IH East

A handwritten signature in black ink, appearing to read 'S. Brown', written over a horizontal line.

Susan Brown, Vice President & COO, Hospitals & Communities



FEB 23 2017

Project # 17394
HEALTHU0020

Mr. Chris Mazurkewich
President and Chief Executive Officer
Interior Health Authority
220 1815 Kirschner Rd
Kelowna BC V1Y 4N7

Dear Mr. Mazurkewich:

Re: Electrical Distribution, Lower Main Vault and South Block, Kootenay Boundary Regional Hospital, Trail

I am pleased to provide you with the Ministry of Health's (the Ministry) approval of the referenced project, and a Certificate of Approval (CoA) authorizing a Restricted Capital Grant (RCG) of up to \$196,437 of the \$647,000 total project cost. The balance of the project cost is funded by the West Kootenay-Boundary Regional Hospital District and Interior Health Authority (IHA) internal sources.

The purpose of this project is to replace two transformers and ancillary equipment in the South Block, as well as replacement of vital power distribution centre panels located in the Lower Main Vault and ancillary equipment. The project was substantially completed in September 2016.

The following is enclosed:

- CoA 726-17394 for \$196,437 expiring on May 31, 2017

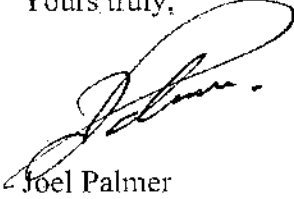
Capital expenditures for this project are to be managed within the health authority's appropriate RCG allocation. Changes to project scope and cost require prior approval from the Ministry.

On project completion, please forward a completed "Notice to Close Project Certificate of Approval" form HLTH 1556 to Capital Services Branch. Health forms are available on the Ministry website at <https://connect.health.gov.bc.ca/forms>.

...2

I wish the IHA every success in completing this project.

Yours truly,

A handwritten signature in black ink, appearing to read 'Joel Palmer', with a stylized flourish at the end.

Joel Palmer
Executive Director
Capital Services

Enclosure

Reference Project # 17394, Electrical Distribution, Lower Main Vault and South Block,
Kootenay Boundary Regional Hospital, Trail

pc: Ms. Donna Lommer, VP Residential Services/CFO, Interior Health Authority
Mr. Lorne Sisley, Corporate Director, Facilities Management and Operations,
Interior Health Authority
Ms. Birgit Köster, Director, Business Support, Capital Planning,
Interior Health Authority

CAPITAL PROJECT CERTIFICATE OF APPROVAL

Sponsoring Ministry: MINISTRY OF HEALTH

Division: INTERIOR HEALTH AUTHORITY

Government Body: INTERIOR HEALTH AUTHORITY

Certificate Number: 726-17394

Revision No.: 1

This Certificate is issued pursuant to the Treasury Board approval for the Capital Project described below (the "Project") and a Memorandum of Understanding (the "COA-MOU") between Provincial Treasury and the Sponsoring Ministry. This Certificate constitutes an approval by the Province for the Government Body to request Capital Funding (Advance) from the Province in accordance with the COA-MOU for the purpose of facilitating approved Project expenditures.

APPROVED CAPITAL PROJECT

Project No.: 17394

Project Location: TRAIL

Facility Name: KOOTENAY BOUNDARY REGIONAL HOSPITAL

Project Description: KBH ELECTRICAL DISTRIBUTION, LOWER MAIN VAULT AND SOUTH BLOCK
HEALTHU0020

Total Estimated Project Costs: \$ 647,000

Treasury Board Approval Stage: 1. ☐ Site 2. ☐ Planning 3. ☒ Completion

Funding Detail (this certificate cancels and replaces all previous certificates issued for the Project):

Previous Certificate No.: N/A

Previous Revision No.: N/A

Previous Total Approved Advance:

\$ 0.00

Increase (Decrease) Determined By This Certificate:

\$ 196,437.00

Total Approved Advance:

\$ 196,437.00

Expiry Date: MAY 31, 2017

GOVERNMENT BODY ACCOUNT

INTERIOR HEALTH AUTHORITY

Financial Institution: ROYAL BANK OF CANADA

Transit No.: 02400

Account No.: s.17

TERMS OF APPROVAL

1. The **Total Approved Advance** approved by this Certificate represents the maximum that may be advanced for the Project.
2. This Certificate is valid only until the **Expiry Date** or until cancelled by the Sponsoring Ministry. This Certificate is not transferable.
3. Additional terms specific to the Project made between the Sponsoring Ministry and the Government Body are set out below or in the attached Appendix.

SIGNATURE OF RESPONSIBLE MINISTER OR DESIGNATE

EFFECTIVE DATE

FEB 23 2017

ORIGINAL: MINISTRY OF FINANCE

COPIES: 1) GOVERNMENT BODY 2) SPONSORING MINISTRY

Bauer, Tim HLTH:EX

From: Cavelti, John HLTH:EX
Sent: Tuesday, March 28, 2017 11:32 AM
To: Gardner, Anna HLTH:EX
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Attachments: Final SFBP KBRH - Service Priority Renovations Phase 1 Feb 21 2017.pdf

From: Miller, Brian [mailto:Brian.Miller@interiorhealth.ca]
Sent: Tuesday, February 21, 2017 3:58 PM
To: Cavelti, John HLTH:EX
Cc: McEachern, Colleen (CRP); Kruschel, Brent; Mah, Brandon HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi John,
s.13

Thanks for your time today!
Brian

From: Cavelti, John HLTH:EX [mailto:John.Cavelti@gov.bc.ca]
Sent: Tuesday, February 21, 2017 10:31 AM
To: Miller, Brian
Cc: McEachern, Colleen (CRP); Kruschel, Brent; Mah, Brandon HLTH:EX
Subject: RE: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Brian,

Thanks for the information. I do have a follow up on the design costs (below for clarity):

s.13,s.17

I have looked at another recent IHA project (Nicola Valley Hospital) and those costs were identified separately, would it be possible to get them broken down for this project as well?

s.13,s.17

Many thanks,

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562
Fax: 250-952-2873

From: Miller, Brian [<mailto:Brian.Miller@interiorhealth.ca>]
Sent: Tuesday, February 21, 2017 10:15 AM
To: Cavelti, John HLTH:EX
Cc: McEachern, Colleen (CRP); Kruschel, Brent
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Hi John,

Please find below responses (in black) to your questions concerning the Business Plan for KBRH. If you require any additional Information and/or clarification of the below responses please do not hesitate to contact me.

Thanks

Brian

Brian Miller, SCMP | Manager, Capital Planning | 250-469-7070 ext 12576
505 Doyle Ave, 4th floor Kelowna BC V1Y 0C5



From: Cavelti, John HLTH:EX [<mailto:John.Cavelti@gov.bc.ca>]
Sent: Friday, February 17, 2017 2:46 PM
To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>
Cc: Mah, Brandon HLTH:EX <Brandon.Mah@gov.bc.ca>
Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A
Importance: High

Good afternoon Brent,

s.13,s.17

Please also note that we have attached the provided 1553 roll up to your appendix to have the totals match the budget identified in the business plan.

Please feel free to call me if you have any questions or concerns.

Many thanks and have a good weekend,

John Cavelti

Director, Capital Services, Ministry of Health
PO Box 9647 Stn Prov Govt, Victoria, BC V8W 9P4
Office: 250-952-2009
Cell: 250-415-9562

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

From: Kruschel, Brent [<mailto:Brent.Kruschel@interiorhealth.ca>]

Sent: Tuesday, February 14, 2017 4:53 PM

To: Palmer, Joel HLTH:EX

Cc: XT:Koster, Birgit HLTH:IN; XT:HLTH Lommer, Donna; McEachern, Colleen (CRP)

Subject: FW: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Joel, please see attached KBRH Service Priority Renovation Phase 1 SFBP, and corresponding 1553 estimate.

Please note that the Foundation and RHD financial commitments are notional, no formal commitment has been received.

The signatures for this plan will be sent tomorrow. -brent

Brent Kruschel

Chief Project Officer & Corporate Director Capital Planning, Interior Health

(w) 250 469-7070 x 12571

(m)250 864 7318

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

From: McEachern, Colleen (CRP)

Sent: Tuesday, February 14, 2017 4:48 PM

To: Kruschel, Brent <Brent.Kruschel@interiorhealth.ca>

Cc: Miller, Brian <Brian.Miller@interiorhealth.ca>

Subject: Emailing: IHA - KB KBRH - Service Priority Renovations Phase 1 Feb 14 2017, Appendix A

Hi Brent (cc Brian)

As requested, attached is 'version 7' (Feb 14 at 1:32 pm) of the KBRH Phase 1 (ED and Electrical Transformer) Project SFBP plus Appendix A.

As discussed, the signature blocks in this version have not been completed/ inserted.

Regards,
Colleen

Colleen McEachern

Director Capital Planning & Clinical Design

INTERIOR HEALTH Capital Planning / Projects

505 Doyle Ave (4th floor), Kelowna BC V1Y 0C5

Phone: 250.469.7070 ext 12575 Mobile: 778.214.2504

Bauer, Tim HLTH:EX

From: Gardner, Anna HLTH:EX
Sent: Monday, November 14, 2016 3:53 PM
To: Rains, Derek HLTH:EX; Capron, Alyse HLTH:EX
Subject: Re: Kootenay Boundary Regional Hospital MLA tour

Assuming that Capital Services has received, also(?). If not, they should be aware.

s.13

s.13 . I was aware that IH was reviewing options for ED. I have not yet received an ED business plan for program review, although expecting to receive it in coming months - probably would have to get TB approval.s.13

s.13

From: Rains, Derek HLTH:EX
Sent: Monday, November 14, 2016 3:00 PM
To: Capron, Alyse HLTH:EX; Gardner, Anna HLTH:EX
Subject: FW: Kootenay Boundary Regional Hospital MLA tour
Sharing as there is infrastructure discussions...

From: Fischer, Jennifer HLTH:EX
Sent: Monday, November 14, 2016 1:30 PM
To: Abbott, Brendan HLTH:EX; Rains, Derek HLTH:EX
Cc: Leake, Greg HLTH:EX; Duesterwald, Meghan HLTH:EX; Halston, Leslie HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FYI: Kootenay Boundary Regional Hospital MLA tour
FYI – the hospital tour is set for tomorrow.

From: Cascaden, Lori R GCPE:EX
Sent: Monday, November 14, 2016 12:22:52 PM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH HAD Issues HLTH:EX
Cc: Anderson, Kristy GCPE:EX
Subject: FW: Kootenay Boundary Regional Hospital MLA tour

Hi – passing this one along as an FYI. If you spot any concerns, please let us know.
Lori

From: Hardt, Karl [<mailto:Karl.Hardt@interiorhealth.ca>]
Sent: Thursday, November 10, 2016 2:41 PM
To: Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX
Cc: Plank, Sarah GCPE:EX; May, Stephen GCPE:EX; XT:Lindsay, Darshan GCPE:IN; XT:Braman, Jamie HLTH:IN
Subject: Kootenay Boundary Regional Hospital MLA tour
Good afternoon,
We have MLAs coming to the hospital in Trail for a tour next Tuesday so wanted to flag this one.
Relates to funding for improvements to the hospital.
Karl Hardt
Communications Officer – IH East
250-354-3030 cell
250-364-3468 office