



**Project Charter
Site Validation
Children's Hospital of Saskatchewan**

April 22, 2010

1 PROJECT CHARTER PURPOSE

Before moving forward with detailed design of the Children's Hospital of Saskatchewan (CHS), it is important to validate the site selection based on the identified criteria. Site validation will include a feasibility analysis of both the relative costs and benefits of the following options:

1. **Saskatoon City Hospital - Children's Hospital of Saskatchewan Renovation**
 - Using the existing Saskatoon City Hospital (SCH) building with required renovations for maternal and children services and required collocations.
2. **Saskatoon City Hospital - Children's Hospital of Saskatchewan New Construction**
 - Constructing new space to accommodate maternal and children services at SCH and required collocations to be accommodated in existing space.
3. **Saskatoon City Hospital - Children's Hospital of Saskatchewan and Adult Tertiary/Quaternary, Trauma and Subspecialties.**
 - Constructing new space to accommodate maternal and children's services (CHS Functional Program) at Saskatoon City Hospital. The option must also accommodate adult tertiary/quaternary, trauma and subspecialties at SCH. The option must also demonstrate how the site will accommodate projected 2021 service needs of the Inpatient Acute – Tertiary/Quaternary/Trauma/Mat Child and sub-specialties.
4. **Royal University Hospital - Children's Hospital of Saskatchewan and Adult Tertiary/Quaternary, Trauma and Subspecialties.**
 - Constructing new space to accommodate maternal and children's services (CHS Functional Program) at Royal University Hospital (RUH). The option must also accommodate adult tertiary/quaternary, trauma and subspecialties at RUH. The option must also demonstrate how the site will accommodate projected 2021 service needs of the Inpatient Acute – Tertiary/Quaternary/Trauma/Mat Child and sub-specialties.

The role of SPH is not expected to change as a result of this process. The project capital construction budget is capped at \$200 million.

2 EXECUTIVE SUMMARY

In 2004, the Saskatoon Health Region (SHR) began evaluating clinical service alignment in order to determine efficient location of clinical services amongst the 3 acute care buildings in Saskatoon. As part of this process, RUH Master Planning process was also undertaken and part of this was the decision to place the Maternal and Children's hospital within a hospital on the RUH site.

In March 2009 an official announcement was made by the Ministry of Health regarding the Maternal and Children's Hospital. Since the announcement and the unveiling of the planned site for the Children's Hospital of Saskatchewan, questions have been raised that have called for the site decision of RUH to be reviewed. In addition, significant time has passed since this decision and therefore it is relevant to review the criteria and evidence utilized in the original decision, considering the current context. In response to this, it was decided that a formal site validation be performed.

3 PROJECT INFLUENCERS

3.1 Project Constraints

- Time is the primary project constraint - the project is limited to three months.
 - internal resource allocation
 - cost of external resources
- SHR capital planning and project management staff will heavily prioritize this project, perhaps deferring other activities.

3.2 Project Background and Context

- SHR has received approval to construct a maternal children hospital within a hospital in Saskatoon.
- The project's capital construction budget, capped at \$200 million, represents the largest capital investment in health care in the history of Saskatchewan.
- The existing functional program from December 7, 2007 (25,000 gsm) specifies that the facility contain maternal and children programs to serve the Saskatoon Health Region as well as specialized children's services for the Province of Saskatchewan. The functional program also encompasses both adult and pediatric emergency services.

- The proposed hospital is named the Children's Hospital of Saskatchewan (CHS).
- The CHS is expected to open in 2015.
- SHR and the Ministry's shared vision for this project is an easily identifiable hospital within a hospital that supports patient and family-centered care.
- The goal for the new building is to enable more functional spatial relationships; enhance employee morale; improve access and clinical care for maternal and children services; incorporate Lean principles in design and operations; and promote environmentally-sustainable design.
- SHR approved a service alignment model in 2007 and many service alignment consolidations are now complete.
- There is a significant relationship between maternal children services and adult sub-specialty services in Saskatoon Health Region, given the limited number of specialist practitioners, many of whom provide both adult and pediatric care.
- SHR is developing its master space plan as follows: RUH (2009); SPH (2010 – in progress); and SCH (2011).
- SHR is a multi-site academic health sciences centre with a mission to improve health through excellence and innovation in service, education and research.
- RUH is located on leased lands of the University of Saskatchewan (U of S), and any construction on that site must conform to the Meewasin Valley Authority river bank development process and be approved by the U of S Board of Governors.

3.3 Criteria for Site Validation (see Appendix 5.7)

Criterion	Score
Impact on safety and quality of patient care as determined by the approved collocation report	100
Improve the patient/family experience	40
Relative Capital costs	30
Incremental operating costs	40
Impact and fit with other relevant capital plans (e.g. City of Saskatoon, University of Saskatchewan, Cancer Center)	10
Impact on Teaching and Research	20
Implications for location and relocation of other clinical & clinical support services and staff	20
Impact on Service Alignment model and Saskatoon Health Region's ability to accommodate future population changes and health care needs for the next ten years	20
Shortest time to occupancy	10
Infrastructure Considerations and Impacts	10
	300

3.4 Project Risks

- SHR is managing multiple priorities including implementation of Patient First recommendations and budget planning in a financially constrained environment.
- The current organizational climate is disrupted by recent and pending staff layoffs.
- The tight timeline might compromise project quality.

3.5 Project Dependencies

- Clear decision-making tools and process that leads to a transparent CHS site decision/recommendation
- Prioritization by the Advisory Panel members to meet as required to fulfill the mandate in the allotted time
- Engagement of the preferred Prime Consultant in a timely fashion
- Engagement of other consultants as required (e.g. Cost Consultant)

4 APPROVALS

Approved by _____
Project Lead – Craig Ayers

CHS Steering Committee – Jackie Mann

Executive Sponsor – Maura Davies

Advisory Panel Chair – Jim Rhode

5 APPENDICES

5.1 REFERENCES & SUPPORTING DETAILS

5.2 Approved Budget

- CHS Project Manager (ZW Group) – per contract
- Prime Consultant – per contract
- Cost Consultant contract
- SHR support – Capital Planning, Finance, Planning, Policy and Performance (Project Management Office) and others as required.
- Honoraria for patient/family participants

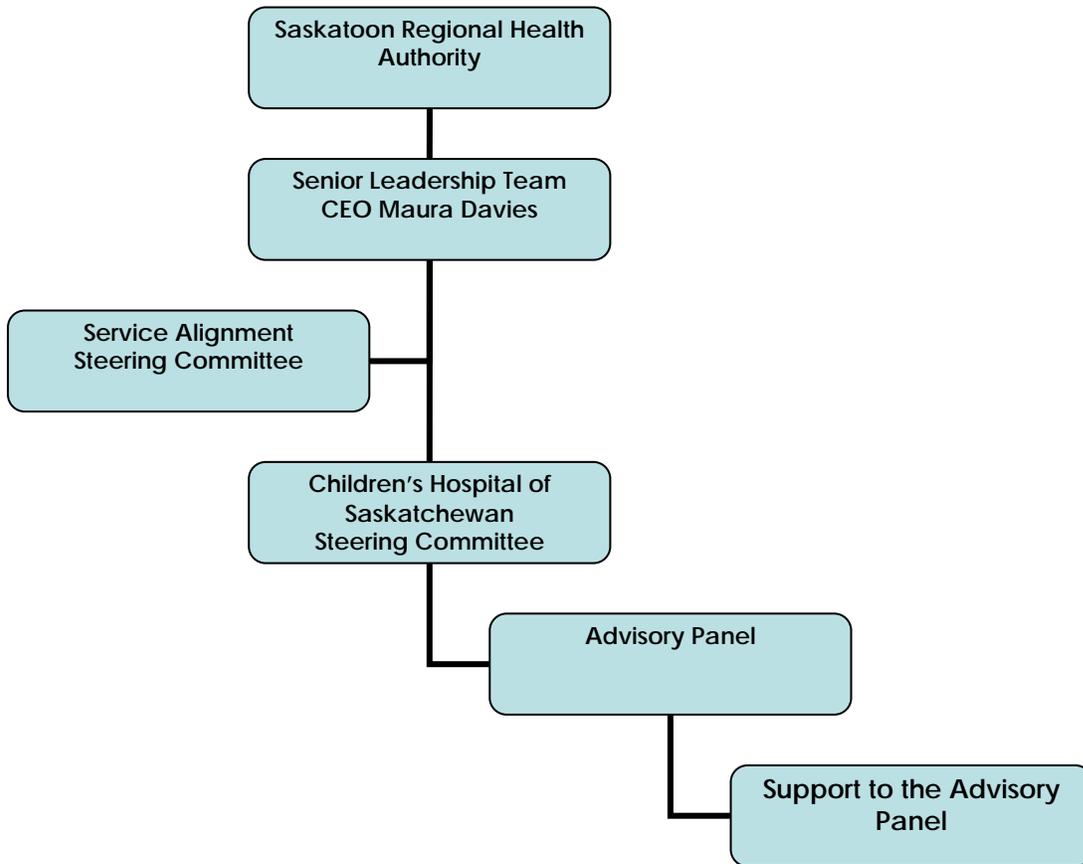
5.3 Milestones

Milestone	Target Date	Deliverable
First Advisory Panel Meeting	March 2010	Finalize membership and hold first meeting
Approve Evaluation Criteria	March 2010	Develop evaluation criteria, definitions and scoring
Finalize Scope of Work of the Advisory Panel	March 2010	Scope Statement
Finalize Recommendations	June 2010	Prepare and present final recommendations to CHS Steering Committee

5.4 Project Organization Structure

The project will be governed by the Children’s Hospital of Saskatchewan Steering Committee and sponsored by CEO Maura Davies.

Structure



Decision-making

The panel will be expected to put forward a recommendation to the CHS Steering Committee. The recommendation will be made by consensus. If consensus cannot be reached, the majority will rule but differing opinions will be noted. For all recommendations, quorum must be obtained.

Guiding Principles

- panel members are committed to maintain and improve patient and family centered care
- recommendations will be unbiased and remain true to the criteria developed
- all planning will be consistent with the Regional vision, mission, values, and goals
- recommendations will be based on best available evidence

5.5 Project Teams

Project Team Role	Project Team Member(s)	Responsibilities
<p>Advisory Panel</p>	<p>3 public members: Dave Dutchak; Cheryl McCallum; Rena DeCoursey (Maternal Child Family Advisory Council)</p> <p>2 representatives from SHR Medical Staff: Dr R Weiler; Dr. L Givelichian</p> <p>2 representatives from SHR staff; Janet Harding; BettyLou Agnew</p> <p>2 members of the Saskatoon Regional Health Authority: Jim Rhode; Mike Stensrud</p> <p>Representative from the Ministry of Health: Louise Greenberg</p> <p>Representative from the University of Saskatchewan: Richard Florizone</p> <p>SHR President and CEO: Maura Davies</p> <p>Project Management Firm for the CHS – Principal from ZW Group Louis Guilbeault</p>	<p>Works in a close, collaborative manner to ensure project success. Makes recommendations to the CHS Steering Committee. Examines the impact of the options on patient care and the patient/family experience, capital and operating costs, and operational efficiencies from multiple perspectives.</p>

	Prime Architect for the CHS Karl Sonnenberg	
<p>Support to the Advisory Panel</p> <p>Children’s Hospital of Saskatchewan Steering Committee</p>	Chair: Jackie Mann	Provides guidance and support for the Advisory Panel and the project. Determines required tasks, resource requirements, cost, schedule and communication. Reviews and makes recommendations regarding the Expert Panel recommendations.
Executive Sponsor	Maura Davies, President and CEO	Highest individual authority for the project. Represents the project at the Children’s Hospital of Saskatchewan Steering Committee. Champions the project, gains commitment of peers and maintains ongoing links with key stakeholders. Clears roadblocks and gathers support at the executive level.
Project Lead	Craig Ayers, Director, Capital Planning	Manages project by applying knowledge, skills, tools and techniques to meet project purpose and scope. Coordinates the

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		tasks required for initiation, planning, execution and closure. Monitors and reports on project status. Facilitates the completion of project specific Documents
Project Support	<p>Chris Arnold , CHS Project Lead – Planning, Policy and Performance</p> <p>Deb Rhodes – VP Finance and Administration</p> <p>Anne Neufeld, Director – Planning, Policy and Performance</p> <p>Ken Unger, Manager, Finance and Administration</p> <p>SHR Communications Advisor</p> <p>CHS Project Manager, ZW Group</p> <p>CHS Prime Architect ZGF</p>	Works with Project Lead in a close, collaborative manner to ensure project success. Actions and completes work required to move the project from initiation, to planning, executive and closeout.
Ad Hoc participants as required		Attend the Advisory Panel meetings as Subject Experts during various stages of the project.

5.6 Stakeholders

Organization	Role
Ministry of Health	Approval body for funding and functional program
University of Saskatchewan	Academic and research partner, RUH site owner and approval body for RUH site
Meewasin Valley Authority	Approval body for South Saskatchewan River bank development zone
Children's Hospital Foundation of Saskatchewan	Primary fundraising body for the CHS project
Royal University Hospital and Saskatoon City Hospital Foundations	Fundraising bodies for the RUH site and SCH site, respectively.

5.7 Criteria for Site Validation

Criterion: Impact on the safety and quality of patient care as determined by the approved Collocation Report (Collocation of clinical and service departments)

The following criteria have been incorporated into the Collocation Matrix:

Quality & Safety of Patient Care	The opportunity for the location to enhance or support quality patient care through co-locations, clinical adjacencies, physical synergies, estimated ease of patient use, etc.
Patient Flow	<p>The ease with which services are reached and the degree to which clients are able to obtain care promptly and in a coordinated fashion. The opportunity to enhance patient flow and achieve efficiencies, both external and internal</p> <p>External – Example</p> <ul style="list-style-type: none">▪ Decrease the need for inter site transfers <p>Internal – Example</p> <ul style="list-style-type: none">▪ Optimize the service adjacencies in the CHS Functional Program and critical co-location service components.
Relevant Documentation	Collocation Summary* – ZW Group Maternal Children’s Hospital Services Functional Program December 7, 2007 - SHR Block Schematics* – Prime Consultant

Criterion: Improve the patient/family experience

The degree to which the option facilitates a patient and family centered care approach. Responds to client needs, values and preferences.

Ease of access to the Maternal and Children's Hospital for families and children with complex needs. For example, easy drop off, safe and warm parking, short walking distances, easy access to hospital registration

Logical service adjacencies to facilitate family and patient flow and minimize stress. For example, easy and quick access to lab services, diagnostic imaging, therapy services minimal cross-site transfers, etc.

Ability to support the family unit. For example can families be kept together in the case of siblings and/or children and parents being admitted.

Uniquely identifiable The degree to which the indicated options most positively reflect on the ability to identify the option as a Maternal & Children's center. This includes exterior signage, entry, wayfinding safety for children, mothers and families, and is culturally sensitive.

Relevant Documentation Maternal and Children's 2008 – 13 Strategic Plan. Specifically, the Purpose and Promise Statements.
Block Schematic Drawings

Criterion: Relative Capital Costs

Relative Cost The estimated relative capital costs (renovations, new construction and equipment) as compared among the four CHS Site Validation Options, including displacements, decanting, and swing space requirements.

Relevant Documentation Capital Cost Estimates from CHS Project Team

Criterion: Incremental Operating Costs

Effect on Operating Budget Impact of facility and staffing implications required to support the option.

Ability of option to provide efficient use of available resources to yield maximum benefits and results and avoid waste.

Relevant Documentation Maternal and Children’s Hospital Services Operating and Equipment Estimates October 31, 2007 draft – SHR
Additional Operating Estimates* – CHS Project Team

Criterion: Impact and fit with other Relevant Capital Plans

Examples - City of Saskatoon, U of S, Cancer Center

Effect on Community: The relative estimate to which the adjacent community is impacted by the programs and services located on that site. This may include increased traffic flow, increased emergency vehicle usage in residential areas, etc.

Parking The relative degree to which the option supports the estimated parking demands.

Relevant Documentation RUH Traffic Study* – SHR
SCH Traffic Study* – SHR
Cancer Centre Capital Plan – SCC
U of S Capital Plan for Health Sciences Precinct – U of S
The City of Saskatoon & The Saskatoon Health Region Population Projections (2006-2026) November 2008 - City of Saskatoon
Parking Requirements Study* – SHR

Criterion: Impact on Teaching and Research

Impact on Teaching and Research The degree to which the option supports that academic mission including, geographic proximity, research mandate, multi-departmental and interdisciplinary education.

Relevant Documentation Maternal Children’s Hospital Services
Functional Program December 7, 2007 - SHR
SHR/U of S Physician Resource Plan
Baseline SHR/College of Medicine documents
RUH Master Program

Criterion: Implications for location & relocation of other clinical services & staff

Staff Movement (Site-to-Site) The potential amount of staff disruption, as defined as having to move site-to-site, required to achieve the final configuration. This factor reflects the approximate number of staff-members that would be required to move site-to-site under each scenario. This factor assumes that staff would move with their program/service.

Service Disruption The potential amount of service/program disruption required to achieve final configuration. This factor reflects the approximate number of times a service or program would be required to make multiple (more than one) moves in order to arrive at their final destination.

Recruitment and Retention Ability of option to aid in the recruitment and retention of staff.

Relevant Documentation Co-location table* – ZW Group
March 2007 CHS Site Decision document - SHR

Criterion: Impact on Service Alignment model and Saskatoon Health Region’s ability to accommodate future population changes and health care needs for the next ten years

Positioning for the Future The option that positions the Saskatoon Health Region most favorably for future re-development with the least clinical disruption.

Relevant Documentation MoH Population and Bed projections – MoH
The City of Saskatoon & The Saskatoon Health Region Population Projections (2006-2026)
November 2008 - City of Saskatoon
Hay Group Clinical Service/Bed Projections

Criterion: Shortest time to Occupancy

Maternal and Children’s Timeline The estimated relative amount of time between final approval of Functional Program to Occupancy.

Relevant Documentation High Level Master Schedule for each Option – ZW Group

Criterion: Infrastructure considerations and impacts

Effect on Infrastructure The degree to which the indicated option most positively affects current infrastructure, addresses deferred maintenance and addresses future service delivery requirements.

Reinforce the Best: Repair or Replace the Rest The degree to which the option provides an organized framework for development which meets immediate needs and also is flexible to respond to change and meet the whole needs of the site.

- Reflects consolidation of services on site, while vacating time expired existing buildings.
- Option where possible is free from physical and environmental restrictions or limitations that allow maximum flexibility in achieving the immediate and longer term program service requirements.

Site is Adequate to Meet Current and Future Needs

The site encompasses sufficient land to accommodate all requirements identified for the site.

- Accommodates projected physical construction needs;
- Provides ample outdoor space in support of therapeutic programs;
- Provides ample outdoor green space in support of recreational activities
- Allows potential for further accommodation and consolidation of health service providers and organizations and services;
- Retains a perimeter “buffer zone” to protect the site from encroachment ensuring patient privacy and safety, and providing equal consideration to adjacent neighbours; and
- Allows sufficient parking for families, visitors and staff including sufficient disability parking.

Relevant Documentation

2006 VFA Report
Master Plan – Working Papers, Evaluation of Option