



Fort St. John Hospital & Residential Care Project

An update from the Project Management Office
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Health care facility enters final construction phase

As construction on the new Fort St. John Hospital and Residential Care Project enters the final five months before completion, stakeholders are collaborating on the remaining steps of transition planning and move management of the project.

At the “Eight-month Look Ahead Workshop” held Monday, Nov. 7, 2011, in Fort St. John, participants were given a comprehensive briefing on the progress of the project to date. Through group participation using a café-style format, participants engaged in a rotating series of round-table discussions and developed the final steps in the project associated with transition: commissioning, training, move management, and the technical training and orientation scheduled to take place between February 26 (proposed occupancy permit date) and May 31, 2012 (service commencement date).

Workshop presenters included Patricia Santiago-Sorrell of Dot to Dot consulting group, the company leading the transition planning for the clinical operations side of the new hospital and residential care centre. Mike Shebib of Health Care Relocations was also on hand to discuss the move management of the project.

Café participants noted that there were many positive outcomes that resulted from the project, including:



An aerial shot showing the progress of the Fort St. John Hospital and Residential Care Project before the first snowfall of 2011. Photo: Tom Sparrow

- Extensive clinical involvement in the design process;
- Improved communication between departments;
- Most staff involved in transition process, with fewer expected change requests;
- Support from all managers;

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Stakeholders develop key schedules as construction nears end

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- Improved care by changing/improving clinical processes; and
- Transition planning initiated last May.

On the negative side, café participants noted that more work needs to be done on a range of issues, including the following:

- How to get physicians involved in the transition process and move into the new facilities;
- How to improve recruitment strategies so that human resources operates above the baseline;
- How to efficiently transfer equipment to the new hospital to limit service gaps;
- How to balance the final decision-making/transition planning with the regular daily work of staff; and
- How to provide up-to-the-minute internal communication with staff.



Above and below: Participants at the “Eight-Month Look Ahead” workshop participated in round-table discussions on a range of topics. Photos: Tom Sparrow

Project Director Tom Sparrow said the workshop was an excellent kick-start to the final stage of the project.

“The attendance and participation throughout the day was overwhelming and exemplifies the commitment our team members have towards this very exciting and rewarding project.”



He said a meeting has been organized to address the consolidation of the many schedules that were discussed during the workshop. The consolidated schedule will be circulated to all stakeholders for reference and planning purposes.

In addition, a complete move management implementation communications strategy is being developed by Northern Health’s communications team. This strategy will include: site plans and drawings (way-finding); a key contact list; a consolidated schedule; internal and external communication plans; an education and orientation plan; key dates and times; and media opportunities. •

Physicians tour project site

Eight physicians toured the construction site of the new Fort St. John hospital and residential care project on Nov. 12, 2011, with the project receiving rave reviews.

Angela De Smit, Health Services Administrator, Northeast, conducted the tour and said physicians were impressed with the facilities and work conducted to date. More tours are planned for the near future.

Photo (L-R): Dr. Mackey; Dr. Potgieter; Dr. Coetzer; Angela De Smit; Dr. Klompje; Dr. Cota; Dr. Van Rensburg; Mary Augustine, Primary Health Care; Dr. De Bruyn; Dr. Moody; and David Bauder (Construction Manager). •



Photo: Viva Swanson

Move to new facilities will be safe and patient-focussed

The company hired to move patients and equipment into the new Fort St. John hospital and residential care facility is putting together a sequence of events that will do just that.

“It’s not so much determining when the patients will move, but how they’ll move and the logistics of getting from one facility to the other,” said Michael Shebib, Vice President of Program Management – Senior Project Manager, with Health Care Relocations (HCR).

“Move management is around how well the equipment and patients will move – we can’t do it in one day and we have to come up with a way to make it safe and patient-focused. Physical relocation can take anywhere from seven to 10 days.”

HCR is working closely with Dot to Dot, the consulting group leading the transition planning into the new facility. Shebib said while the work of the two companies dovetails, Dot to Dot’s work tends to encompass the months before and after the patient move.

“Ours is down to mere days,” Shebib said. “The two of us have to be in sync, but on the details we go in different directions.”

Shebib said he has not been advised on the exact move-in date to the new facility, but said HCR has built a move management sequence that can be adjusted based on the days of the week.

“For example, some events might happen on a Monday or other events might happen on a Tuesday – but those days could be in May, June or July, we haven’t been told,” he said. “It’s not atypical for facilities to not want to publish the date of the move. It could affect so many things and situations.”

Shebib said HCR has encountered a few challenges early in the process.

“A couple (of challenges) that we see are the remoteness and the physical size of the community. We’ve done remote relocations before, and although Fort St. John isn’t all that remote, it could be a challenge finding resources, like trucks, and human resources,” he said, adding there are many details to finalize.

“So far, however, our interactions with the Fort St. John people have been great and I’m looking forward to working with them.” •



Photo: Tom Sparrow
Michael Shebib discusses move management at recent workshop in Fort St. John.

Health care professionals to share insights on transition planning

The Dot to Dot consulting group is inviting the Fort St. John hospital and residential care project stakeholders to a video / teleconference session, “Transition Tips: Lessons Learned from Ontario Hospitals” on Wed., January 11, 2012.

Four panellists from three Ontario-based hospitals have been invited to share their transition planning experiences. Ranging from clinical to administrative backgrounds, the speakers will provide tips on how to approach some clinical operational planning challenges in Fort St. John.

The aim of the session is to enable the Fort St. John hospital and residential care participants to strengthen their clinical operational

transition plans through an interactive discussion with the panellists.

Some of the questions that the panellists will be asked to address include:

- What safeguards did you use to ensure you have adequate and capable staffing to operate and prepare for the move?
- How do you function in a larger space when all areas are yet to be operational?
- How do we prevent space-creep into areas that are not yet opened?
- What strategies did you use for physician involvement in transition planning?

- What were the top three main program issues and how did you resolve them for transition, move, and training?

Project stakeholders will also have an opportunity to learn from each other by sharing their lessons learned to date, an important endeavour to ensure continuous quality improvement in the project.

Dot to Dot is guiding the transition process from the old hospital and residential care facility to the new facility through discussion, role-playing, monitoring and implementation.

The video/teleconference session is scheduled to take place from 8:30 a.m. to 12 p.m. •

Testing underway to ensure all systems are go for move-in to new Fort St. John health care facility

The commissioning process for all existing and new medical equipment has been part of the new Fort St. John hospital and residential care project ever since the design and planning phase of the new facility.

Commissioning of all medical technology in the new facility is underway, ensuring that all systems and components are properly designed and planned for, tendered, evaluated and procured. The equipment must be installed correctly to code and regulations; undergo connectivity and data testing from Information Technology Services; undergo operational testing to device specifications; and be certified by regulatory bodies. User education and training must be provided to all staff for proper and safe operation, with the systems and components properly maintained according to manufacturer specifications.

“In order to be successful the commissioning and certification process involves the participation of many specialists working in the Northern Health organization,” said Francis Keong, NH Regional Manager, Biomedical Engineering. “The Biomedical Engineering department assists the project management team in ensuring adherence to equipment requirements and offers guidance to all processes, regulations and certifications when it comes to medical technology.”

The new facilities in Fort St. John have a Northern Health equipment budget of \$24 million, which will cover everything from new state-of-the-art radiology equipment to renal dialysis equipment.

The larger clinical and some non-clinical systems are in the process of being purchased through the public tendering process managed by the procurement department at Northern Health and Health Shared Services BC. Additional clinical equipment will include drug dispensing systems, bone densitometers, patient monitoring equipment and mammography equipment (funded by the Fort St. John Hospital Foundation), all to be purchased before March 31, 2012.

Smaller items such as stretchers and wheelchairs will also be procured early in 2012.



This trauma light and boom is one of the many pieces of equipment that will be extensively tested before being validated for use.

“The Biomedical Engineering department will begin installations and certification of new equipment early in the new year and it will probably take us right up to opening date,” said Keong, adding that completion ahead of schedule would be ideal.

“We also need to accommodate time for user training before move-in. The schedule for the installations and testing is based on the construction and procurement schedules and the biomed resources required. A resource plan is in place to manage Northern Health and vendor resources.”

The testing process incorporates the vendor post-installation testing, Biomedical Engineering safety and operational testing, as well as any regulatory certification tests and validation.

Only when this testing is completed will the device or system be validated for clinical use.

The commissioning plan will also include the transfer of equipment from the existing facility and installation into the new facility during and after move-in.

This commissioning process will be slightly different as this will involve Health Care Relocations, Northern Health’s move management company; end-user consultations; infection control; and other departments and organizations, including ISL Health.

The hospital and residential care move-in schedule is being finalized by the project’s executive team.

“The Biomedical Engineering department is comprised of 17 technologists, one manager and one secretary servicing over 37 sites across the Northern Health region. We are a very busy team and are looking forward to the challenge!” said Keong. ●

Aboriginal Patient Liaison Workers give input on spiritual rooms

Two of Northern Health's Aboriginal Patient Liaison Workers (APLW) have provided key input to the design of the two spiritual rooms being built in the new Fort St. John hospital.

The North Peace area is designated to the Dene Za peoples of the Northern Territory. The Cree migrated here and have made it their home for 100 years. The hospital's spiritual rooms are designed for the benefit of these and other First Nations, and for people of other denominations.

Yvonne Tupper, the South Peace APLW, and Judy Cameron, the previous North Peace APLW, who is now retired, recommended that a circular design be included on the floors of the two spiritual rooms. This design will align the rooms with the Aboriginal belief of the four quadrants of the medicine wheel – the directional points of north, south, east and west. The design is also intended to create a warm and inviting space in which people can gather.

Both spiritual rooms – centrally located on the hospital's main and second floors – will be built out of natural materials and feature natural lighting. They will also be sound proof for drumming and singing and have dimmable lights.

"We wanted it to be a natural inviting space where all the Aboriginal people will feel comfortable to practice ceremonies in more timely fashion. Some ceremonies, such as honouring one's life, could take place up to a week later," said Tupper. "So using the spiritual rooms, the Dene Za and other nations could have their ceremonies sooner, rather than later."

Since the spiritual rooms will be available for people of different faiths to use, Tupper recommended that a cabinet be installed in the rooms to store the items that people might need to conduct various ceremonies.



Yvonne Tupper

"For example, the Aboriginal people would keep a smudge bowl, smudge, a fan and a feather for our smudging ceremonies," said Tupper. Both spiritual rooms will also have built-in ventilation.

Angela De Smit, Health Services Administrator, Northeast, noted that the existing hospital, under the guidance of the APLWs, has fostered some Aboriginal cultural ways into its practices. "For instance, on the maternity unit, the mother is able to retain a piece of the umbilical cord for ceremonial purposes," De Smit said.

David Callahan, Residential Care Manager of the North Peace Care Centre, noted that the services provided by APLWs at the existing care centre are used "to help deal with any Aboriginal issues that the staff members feel ill-prepared to deal with."

De Smit added that consultations with First Nations communities on the new hospital have been ongoing.

"Presentations were made on the new facility and the tentative design of the spiritual rooms to the Northeast Aboriginal Health Improvement committee and Treaty 8 on several occasions for discussion," she said. "We received positive feedback at these sessions."

Tupper said when landscaping at the new residential care facility is completed, she's hoping that a smudging pavilion can be built outside for the benefit of the First Nations residents living at the care centre.

"Most First Nations ceremonies occur outside using natural materials, so it would make sense to have an outdoor facility in the natural elements," said Tupper. "And in the future, if Aboriginal peoples could also have their own pavilion attached to the hospital, I think that that would work to enhance their holistic recovery." •

Wanted: One commemorative art installation for new hospital

Artists are being asked to submit expressions of interest to create an artistic installation that will become the Peace River Regional Hospital District's (PRRHD) indoor commemorative dedication piece when the new Fort St. John hospital officially opens in 2012.

The call for expressions of interest is being conducted by the PRRHD through the Fort St. John Community Arts Council, and stipulates that submissions should

focus on using the main staircase space leading from the hospital's main lobby to the second floor. Priority will be given to submissions proposing an innovative use of materials and structures. The deadline for applications is Jan. 18, 2012.

For complete details on the call to artists, visit the Fort St. John Community Arts Council website at <http://www.fsjarts.org/> •

Hospital Foundation edges closer to fundraising goal



In the words of Ashley Bentley, executive director of the Fort St. John Hospital Foundation, the fundraising campaign to raise money for new hospital equipment “is going fantastic!”

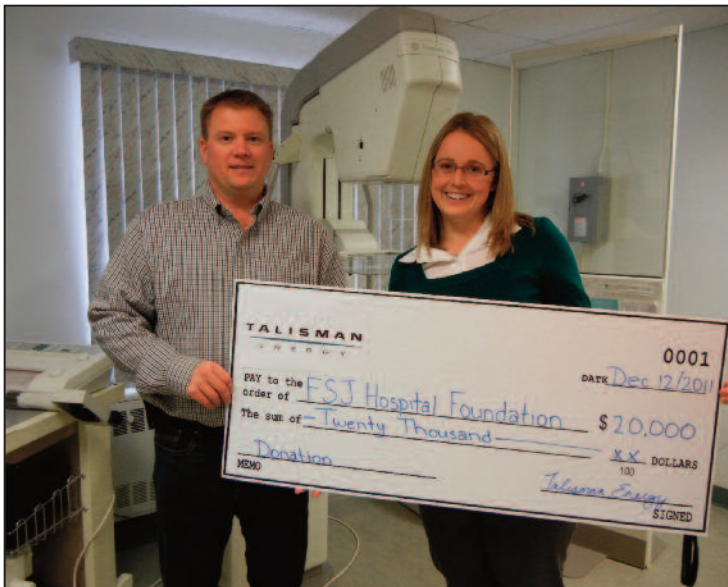
Since spring 2011, the Foundation has raised \$1,000,447.63 of its \$1.2 million goal thanks in large part to generous local businesses. The money is being raised through the Be An Angel campaign, the Foundation’s signature fundraiser since 1997.

Bentley said it is notable that the Foundation has received many generous donations from local businesses throughout November and December.

“Despite the slowing of the economy, our community has once again demonstrated where their hearts are,” said Bentley. “We have had a very successful Angel Campaign, thanks to the efforts of many people.”

The money will be used to purchase four pieces of equipment that are not covered in the Northern Health capital budget.

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Hospital Foundation donors, top to bottom, left column:

Vic and Barry Brandl (left and right) of VE Brandl present a cheque for \$10,000 to Ashley Bentley (middle) of the Fort St. John Hospital Foundation; John McGougan (left), Talisman Energy, presents a cheque for \$20,000; Suncor Energy employees (right) donate \$3,120. **Bottom right:** Adam Reaburn (left) of Moose FM with Bentley. The 8th annual “Light a Moose” radiothon raised more than \$38,000 in support of the Be An Angel campaign. All photos submitted. ●



Donations help Foundation near \$1.2 million goal

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The new equipment will include:

- A digital mammography machine, used to diagnose breast cancer in women and men, that will give quicker, clearer results, with technicians able to e-file the images to specialists regardless of location;
- Seven wireless fetal heart monitors, which will allow mothers to walk around, use the shower and bathe, etc., instead of being confined to bed during labour;
- Dedicated vital monitor machines for all 55 patient rooms, which will eliminate time-consuming searches for monitors by staff;
- Seven specialized treatment chairs for each station in the dialysis centre, which will ensure proper sterilization and which can recline completely in an emergency.

“All year, but especially during the Angel campaign, the Hospital Foundation experiences the truly wonderful generosity of our community,” said Bentley. •

Additional Hospital Foundation donors, top to bottom:

Scotiabank employees raised \$4,400, an amount matched by Scotiabank, for a total donation of \$8,800; employees of Flint Energy donated \$1,000, the proceeds from their annual Christmas dinner; and the team from First Choice Insurance and Investment donated \$6,000, to be directed to the hospital’s cancer centre. All photos submitted. •



Anesthetic gas scavenging protects patients from expelled gas

When the new Fort St. John hospital opens for business next year, it will be using cutting-edge technology to deal with the disposal of anesthetic gases.

The new hospital will feature a brand new anesthetic gas scavenging system that exhausts the drugs into the atmosphere, said Chris Over, vice-president of sales and installations with Class 1 Inc., the Ontario-based company supplying the technology to the hospital project.

Anesthetic gas scavenging prevents waste anesthetic gases from escaping into operating rooms, birthing rooms or any other rooms in which anesthetic gases are used in hospitals.

The gases are used to block the pain of patients undergoing surgery but, in some cases, they escape from the patient's breathing mask into the atmosphere of the surrounding room.

"When you put patients under nitrous oxide, they basically inhale the drug, but exhale 95 per cent of it. That 95 per cent would have gone into operating rooms in the past and it was affecting staff," said Over. He added that, in some cases, nurses suffered miscarriages.

To address the problem, operating room practices have changed. Over said medical staff now evacuate the nitrous oxide by putting a mask on the patient, with the gases going from the patient's mask through a tube into the wall. From the wall, the gases are sucked into a piping system, in which they go through a series of

pipes to a pump in the mechanical room. From there the gases are expelled into the atmosphere, said Over.

"With this system, the staff doesn't have to wear masks because the gases are expelled from the patient's mask into the piping system."

The system uses energy-efficient pumps and controls complete with variable speed drives, technology pioneered for this application by Class 1. This new type of anesthetic system has recently been installed in more than a dozen hospitals across Canada.

The benefits of anesthetic gas scavenging are obvious, said Albert Sommerfeld, Northern Health's director of engineering and environmental sustainability.

"They go to improved patient safety. The technology is better at ensuring that the anesthetic gases are delivered properly, there is less risk to the patients and there is also the capture of expelled gases for appropriate disposal," he said.

Over said there is currently no standard for anesthetic gas scavenging in Canada, but a new medical gas pipeline standard is scheduled to be released by the Canadian Standards Association in early 2012. However, a public review of the new standards will first be released in mid-January 2012.

"According to the new code, anesthetic gas scavenging going through a piping system will be mandatory," said Over. "The new Fort St. John hospital will be fine because they're ahead of the game using our new technology already." •

Fort St. John open house

An open house was held Nov. 3, 2011, at the Quality Inn in Fort St. John to update the community on the progress of the new hospital and residential care centre. In the photo at right, Angela De Smit (right), Health Services Administrator, Northeast, discusses details of the new facility with a member of the public. •

This newsletter is published by the
Project Management Team of the
Fort St. John Hospital and Residential Care Project.

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Photo: Jonathon Dyck