



Fort St John Hospital & Residential Care Project

An update from the Project Management Office

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Mockup rooms let staff fine-tune design early on

“At the end of the day, it’s their hospital, and it’s important that they be fully satisfied.”

On April 20 Northern Health’s Board of Directors visited the Fort St. John Hospital and Residential Care Project’s mockup rooms.

These are nine fully functional hospital rooms of different kinds (see sidebar, page 2) that have been built in a warehouse in downtown Fort St. John.

Staff can visit the rooms to get a feel for layout and to suggest changes and improvements, allowing them to be actively involved in the design.

“It’s hard for people to conceptualize what the rooms will look like just by looking at drawings,” says Tom Sparrow, Project Director, Fort St. John Hospital and Residential Care Project. “They’re nurses and doctors, not architects. People really get a good feel for a room when they’re actually in it, and architects love the mockup rooms because they



Northern Health CEO Cathy Ulrich and Board member Dale Bumstead discuss equipment needs and room layout in a mockup of a maternity suite.

help them work with users to better design the facility.”

The mockup rooms also generate significant cost savings by allowing

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Diagnostic imaging develops work of “ART”

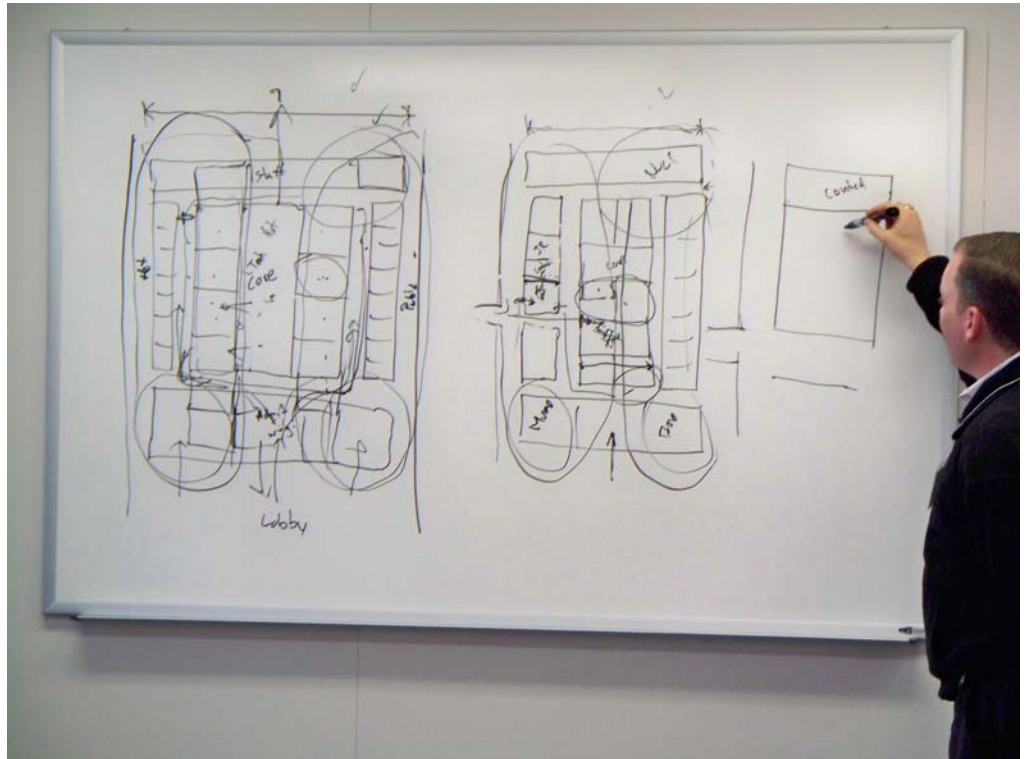
by Darlene Giesbrecht, Diagnostic Imaging Manager

The DI team is really excited about the plans we’ve developed - we call it our work of ART (Architects-Radiology -Tenacity!)

Working together, we’ve come up with a great plan right down to details such as having walls where we want them, to equipment placement and hand-sanitizers. Kudos to the design team for staying with us through our many changes!

A major project milestone is that the project now has approval from DI to proceed – it has passed User Group 3 and is now moving on for final approval. As part of this, the rooms will soon be completed on paper, including placement of all equipment and furniture in conjunction with the vendors.

The DI team is very aware that it functions in concert with the rest of the facility build. One important connection is with Wayfinding, which helps ensure staff and clients can travel to the department by the easiest and most direct routes. We



At a November 2009 workshop, architect Troy Ransdell of Cannon Design captures the DI team’s feedback on workflow and patient movement.

always want to make sure we’re sticking to LEAN principles, as this whole project has been based on LEAN throughout.

The next step for the DI team is to see how it fits within the bigger picture of ambulatory care and admitting in terms of patient flow and access – stay tuned! ●

The nine types of mockup room

1. Operating Room
2. Inpatient Unit (IPU)
3. Labour Delivery Recovery Post-Partum (LDRP)
4. Trauma Room
5. Clean Room
6. Soiled Room
7. Residential Care Room
8. Intensive Care Unit (ICU)
9. Med Room

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the people who will actually be working in the rooms to suggest changes early in the design process.

This means changes or workarounds won’t have to be implemented after the facility is completed.

“They can move furniture and light fixtures and so on to ensure the rooms are fully operationally effective,” says Tom. “It’s a lot cheaper to move things now and redesign them than it will be a year or two from now.”

Mockup rooms also facilitate the development of LEAN processes and efficiencies, including designing with the future needs of staff in mind.

Another benefit of the rooms is that transition teams can use them to

train staff, allowing them to become thoroughly familiar with the way things will work in the new facility.

Then, when they move into the new space in summer 2012, they’ll be able to carry out all needed tasks with the shortest possible period of adjustment.

But the most important aspect of the mockup rooms is the certainty they give staff that their needs and input are being heard and are vitally important to the success of the project.

“At the end of the day, it’s their hospital, and it’s important that they be fully satisfied,” says Tom Sparrow. ●

Vancouver BMO Marathon runners leave a legacy for Hospital Foundation



by Ashley Bentley, Executive Director, Fort St. John Hospital Foundation

Six months ago, Tom Sparrow, Project Director for the New Fort St. John Hospital and Residential Care Project accepted a bet that he could raise \$5,000 for the Fort St John Hospital Foundation and run the BMO Vancouver Marathon.

Tom exceeded his own expectations by gathering a team of 19 people and more than quadrupling the amount by raising \$22,000 for the Hospital Foundation. This past weekend “Team Fort St John” joined 14,000 other marathon enthusiasts to run (or walk) in the BMO Vancouver Marathon.

“The Fort St John Hospital Foundation is fortunate to have people so dedicated to us, and willing to participate in this event”, explained Ashley Bentley, Executive Director of the Foundation. “The money Team Fort St. John raised will be directed to our Endowment Fund. The Endowment Fund is a legacy fund that allows the gifts given to benefit all of our community well into the future. The principal will not be touched and only the interest is used to help purchase equipment for our hospital.” All gifts will help our community provide the best possible medical care for our patients.

Tom and his fellow teammates decided to raise their funds by approaching companies that are currently working on the new hospital and residential care project.

Two companies, Acciona and Stuart Olson, were the highest contributors

at \$5,000 each. A number of the other companies donated between \$1,000 and \$1,500. These companies are here for the long haul and showing it by supporting our community.

Sprints were high during the race, even though the rain was pouring down. The Foundation appreciates all the hard work and dedication shown by Tom and his team. ●

Team members

Lori Ackerman	Marion Larue
Ibolya Agoston	Dave Sloan
Dr. Amstutz	Katie Sloan
Dr. Badenhorst	Tom Sparrow
Garth Balint	Katherine Unrau
Wendy Giesbrecht	Duncan Unrau
Gareth Hurlbut	Cindy Welsh
Kelly Joy	

You're invited to a staff BBQ!

The design stage is almost complete — let's celebrate!

ALL physicians and staff (whether in user groups or not) are invited: you have all contributed!

Come out and enjoy burgers and hot dogs cooked by our very own project team:

- **Hospital BBQ:** Friday, June 18th from 12 to 1, on the deck at the back door of Administration (or in cafeteria if raining)
- **North Peace Care Centre BBQ:** Wednesday, June 23 from 12 to 1 in the sunroom



Designing for your future

Design and development almost complete

The crucial design and development phase of the Fort St. John Hospital and Residential Care Project is winding down, with only two months left till its planned conclusion of June 30, 2010.

Design and development is an intense period of collaborative consultation and decision-making for the design team and clinical stakeholders, with the end result being the architectural and engineering plans and drawings ready to be “Issued for Construction” and “Issued for Tendering” drawings.

Mockup rooms like the one in the photo on page 1 play a major role in the clinical design process - they are fully functional hospital rooms of different kinds that allow staff to get a feel for layout and to suggest changes and improvements early in the design process.

“We’re coming down to the last couple of months of design,” says Tom Sparrow, Project Director. “It’s been an incredible amount of time, energy, and labour of love for everyone, and its success is all due to the clinical participation in the project.”

Many of the members of the diverse group of international architects and specialists involved with the project have commented that the level of clinical participation in Fort St. John is something they have never experienced before.

“From my nearly 20 years’ experience across the UK and Europe, working on major P3 [public-private partnership] healthcare projects, this project is extraordinary in its level of participation and ownership by the clinical team - they’re all very passionate,” said Terry

Barker, Project Director, Cannon Design. Cannon Design is a leading international architecture firm whose client list includes the City of Richmond (Richmond Olympic Oval), Merrill Lynch, Citibank, the Mount Sinai Medical Center, and Air Canada.

“Both Angela De Smit and Viva Swanson have been able to be involved in nearly everything - their involvement has been both vital and significant,” added Terry. “The NH team is so friendly, and the collaborative nature of the joint design is very fruitful - it allows us to get resolution and resolve problems very quickly.”

Angela is Northern Health’s Health Service Administrator/Director of Patient Care for Fort St. John, and Viva is the Clinical Consultation Lead for Acute Care Planning and Transition. ●

Update: Design Core Team

All ideas from staff consultations (which focus largely on clinical aspects) flow up through the design Core Team, and then are passed back to the Project Management Team.

“There will be 1200 rooms in this hospital, many of them unique in their requirements,” says Tom Sparrow, Project Director. “Each one needs clinical input. We are getting great continual input and feedback from staff, administrators, and physicians, to ensure the rooms will work.” ●

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

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Steel continues to rise out of the ground! L - R: Bev Little, NH Finance Manager for the project, and Fallon Penner, Safety Supervisor, Stuart Olson and ISL, check out the new steel decking at the site.

The NH Project Management Team is ensuring that the project stays on budget, on track, and on time. Expenditures are constantly monitored to ensure it will remain that way and will not exceed the \$297.9 million affordability ceiling.