



## Strait Richmond Hospital

Development of Ambulatory Care Unit & Redesign  
of Emergency Department Proposed Renovations

05/05/18



## BACKGROUND

- ❑ Current Building - Circa 1980
- ❑ Facility has been well maintained but has undergone minimal renovations since initial construction
- ❑ A number of deficits identified
- ❑ Identified the need to:
  - ❑ Define the priorities
  - ❑ Explore options to address
  - ❑ Explore preliminary costing

# PRIORITY AREAS

## VISITING SPECIALTY CLINICS - AMBULATORY CARE



- I. Lack dedicated exam space for visiting clinics
  - I. Visiting specialty physician clinics must utilize space within the ED.
  
- II. Results in conflicts with space availability to accommodate these clinics due to:
  - I. The variability/unpredictability in the number of patient visits to the ED on a daily basis
  - II. An inpatient occupancy rate running 100% or > resulting in
    - I. 2016-17 there were 10, 549 ER visits and 1742 Clinical visits.
  
- III. Clinic visits-patients coming for dressing change, IV meds etc. from home now wait with Emergency patients. With Ambulatory Care space appointments would be made and limit wait times significantly.

## PATIENT WASHROOMS



- I. No washroom directly accessible within the Emergency Department (ED)
- II. Patients must leave the ED to use the facilities
  - I. Staff may need to leave the ED to accompany patients requiring support
  - II. Patients may be left un-attended if the staff member is required in the ED
- III. Current washrooms are neither wheelchair accessible nor bariatric friendly

# TRIAGE



- I. Triage not located within the Emergency Department
- II. Does not support the concept of “Nurse First” . The Nova Scotia Emergency Care Standards note that a trained health-care provider should initially assess patients with a perceived medical, surgical, or mental health emergency as soon as possible.
- III. The Standard for Health Care Facilities notes the location of triage should allow for the fastest identification of emergency patients by the medical team, as opposed to registration prior to seeing a triage nurse/healthcare provider.
- IV. Staff must leave the ED to attend to patients entering the facility.

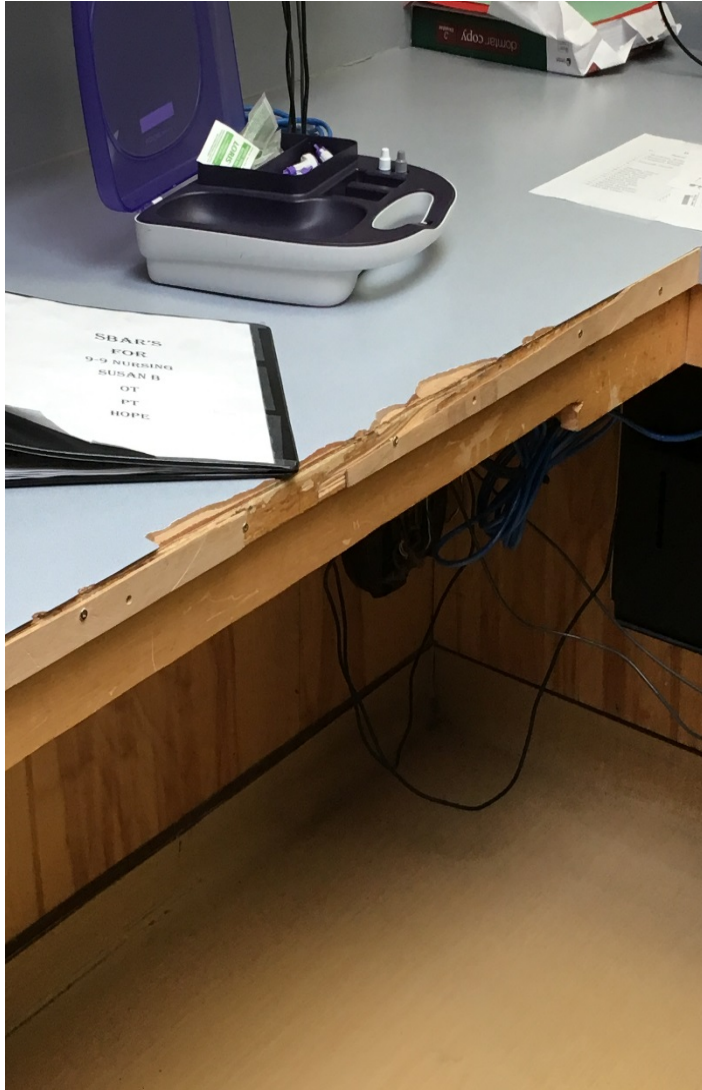


## ED CARE TEAM WORKSTATION



- I. Nurses spend a significant amount of time at the nursing station documenting and coordinating care. Studies indicate the nature of the work environment can have a significant impact on the job satisfaction of nurses
- II. The design no longer supports functionality:
  - I. Provision of a collaborative environment supportive of multi-disciplinary teams
  - II. Changing technologies (e.g., enhanced computerization, electronic devices, etc.)
  - III. Lack of an ergonomic workspace
  - IV. Lack of wheelchair accessible greeting counter for both patients and visitors
  - V. A lack of lighting
  - VI. Congested desk space, crowded, narrow space
  - VII. Inadequate supplies storage area
  - VIII. Lack of easy access to an ice machine

## INPATIENT NURSING STATION



- I. Similar to the ED, the finishes and design intent of the area are reflective of the 1980s and no longer supports current Lack of access to a dedicated hand wash sink
- II. Inability to disinfect many of the vertical surfaces (wood construction, finish has worn off), cracks etc. along the edges (unable to clean; risk of splinters, damage to clothes, etc.)
- III. Cracks/separation in flooring (infection control concerns and potential tripping hazard)
- IV. Lack of an ergonomic workspace
- V. Lack of wheelchair accessible greeting counter
- VI. Lack of ability to filter the sunlight from the 2 skylights, coupled with no air conditioning, resulting in high Temperatures (in particular during the summer season)
- VII. A lack of task lighting
- VIII. Congested desk space



## PROCESS

- ❑ With the issues and priorities identified:
  - ❑ Received funding support to engage a design team to provide design consulting services and Class C estimate
  - ❑ Request for fee proposals issued and work awarded to Archibald & Fraser Architect Ltd. April 12, 2017
  - ❑ Several design meetings held to review options
  - ❑ Preliminary design completed Oct 2017



# PRELIMINARY DESIGN



## PRELIMINARY DESIGN

### Goals

- To address the priority areas of concern
- To repurpose underutilized Lab space
- Address infection control concerns
- To provide information to support preliminary cost estimating.
- To look at impact of construction on operations
- How can we complete the work and maintain service to our patients?

## End Results

- ❑ Development of an Ambulatory Care Space that accommodates current clinics and attract future services.
- ❑ Meet the Nova Scotia Emergency Care Standards (2010) and the CSA Standard for Health Care Facilities for e-triage
- ❑ Improve flow in the Emergency Unit to improve current wait times.
- ❑ Provide washrooms that are accessible within the Emergency Department and are wheelchair friendly.
- ❑ Providing a divide between sick patients awaiting Emergency Services and Clinic patients who are well but vulnerable.
- ❑ Improve work space.
- ❑ Improve security for staff and patients utilizing the Emergency Department.
- ❑ Freeing the DI registration space to facilitate the renovations.
- ❑ Renovation to expand the existing registration area to allow for consolidation of all registration functions thus

## Where are we now?

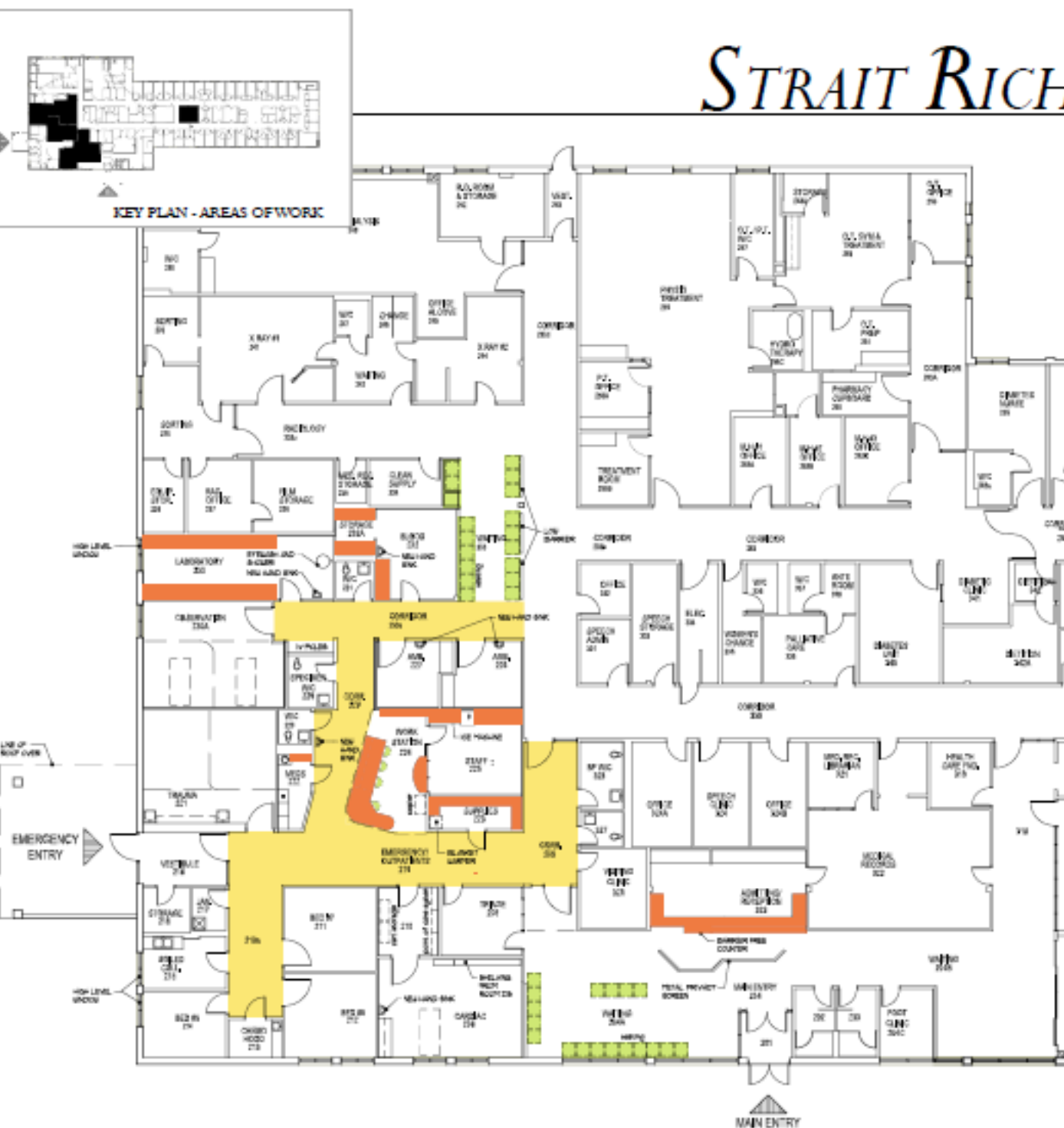
- Obtained approval in principle from NSHA.
- Private Donor has come forward to the Strait Richmond Hospital Foundation with financial assistance to support the development of the Ambulatory Care space phase of the project.
- Foundation has agreed to match donation of the private donor.
- In discussion with another potential donor.
- Optimistic that NSHA will contribute financially to the project but awaiting budget approval.
- A signed financial agreement between NSHA and Foundation will need to be formally signed before request for fee proposals can be issued for final design and construction.



# STRAIT RICHMOND HOSPITAL

RENOVATION 2017

Project Completion



FLOOR PLAN: NEW CONSTRUCTION

architect & interior architect inc.

# INITIAL PROJECT COST ESTIMATE

| Item                      |                                      | Estimate            | Notes                       |
|---------------------------|--------------------------------------|---------------------|-----------------------------|
| Design                    | Preliminary Design                   | \$ -                | Complete                    |
|                           | Detailed Design/Construction Support | \$ 140,000          | At 10% of construction cost |
| Construction              | Construction                         | \$ 1,400,000        | Class C Estimate            |
| FF&E                      | Equipment/Furniture                  | \$ 100,000          |                             |
| Transition                | Moves                                | \$ 70,000           | At 5% of construction cost  |
| Subtotal A                |                                      | \$ 1,710,000        |                             |
| Project Contingency       |                                      | \$ 513,000          | At 30%                      |
| Subtotal B                |                                      | \$ 2,223,000        |                             |
| Tax Burden                |                                      | \$ 56,687           | At 2.55%                    |
| <b>PROJECT TOTAL</b>      |                                      | <b>\$ 2,279,687</b> |                             |
| * Exclusive of Escalation |                                      |                     |                             |

## Projected Ambulatory Care Funding

We have received a \$300,000.00 donation towards the development of a Ambulatory Care Unit.

Initial Estimate of project:

Total square footage = 1,220

Based on the Class C estimate of ~ \$200/square foot, construction costs are estimated to be ~\$244,000 (a contingency factor as per industry standard of 35% = \$85,400)

Minimum Cost: \$329,000

This does NOT include TAX burden, nor does it include anticipated costs for completion of design and preparation of construction drawings.

NEXT PRIORITY.....

- Determine Scope related to currently available funding.
- NSHA to develop phasing plan as funding becomes available.
- Foundation will continue to fundraise to see project to completion.
- Foundation seeking partners in the community to help with the fundraising efforts.
- Foundation will provide information session to the community on their fund raising efforts.



