Bermuda Hospitals Board

CARING FOR OUR COMMUNITY

Estate Master Plan

Volume Two
Comprehensive Strategic Review

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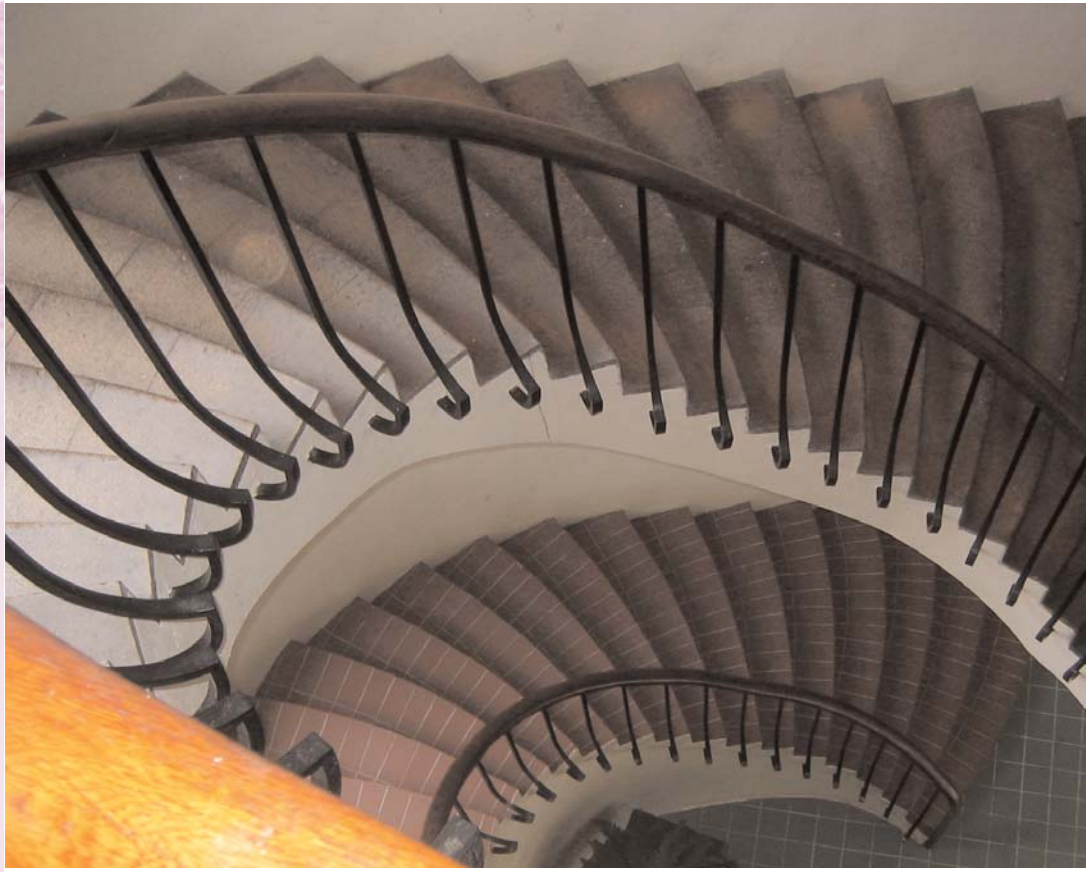


CANNONDESIGN · OBM

Departmental Assessment Summary

DIAGNOSTIC SERVICES

Table of Contents

Departmental Assessment Summary

Diagnostic Services

Department Name: Asthma

Location: KEMH Ground Floor
Existing Area (DGSF): 147 sq. ft

Observations on Current Operations/Facilities

- Limited space, single room located in Diabetes Department.
- All support functions area shared.
- Underdeveloped service line. Opportunities to develop a Respiratory Center with consult, education and examination. Recruiting Respiratory staff to support program is required.

Noted Deficiencies and/or Successful Attributes

- Location is convenient access for outpatients
- Single room configuration with shared space limits utilization
- Overall accommodations will not support growth in this service line

Recommendations

- Opportunities to develop Respiratory Center
- Proposed square footage growth accommodates consult, examination/treatment area and education space.
- Organizationally/operationally align and physically co-locate Center services with key related services (Diabetes & Cardiac.
- Potential opportunities to integrate Sleep study component - not included in square footage above.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,950 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Blood Donor Clinic

Location: KEMH First Level
Existing Area (DGSF): 2,143 sq. ft

Observations on Current Operations/Facilities

- Only operates two half days a week.
- Some wasted use of available space.

Noted Deficiencies and/or Successful Attributes

- Layout and flow poor.

Recommendations

- Some space could be reused by laboratory if renovated.
- Could be relocated along with Phlebotomy nearer Main Entrance.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,365 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Cardiology Diagnostics

Location: KEMH Third Floor

Existing Area (DGSF): 3,293 sq. ft

Observations on Current Operations/Facilities

- New space and new equipment in recent expansion.
- Convenient to inpatient care areas; but is somewhat remote for outpatient access and disconnected from other diagnostics.
- Currently providing non-invasive cardiac service - Future: Will BHB perform invasive procedures in the future?
- Current square footage serves current service functions/scope adequately.
- Overall nice quality to environment and finishes.

Noted Deficiencies and/or Successful Attributes

- Inefficient scheduling and billing system.
- Ideal configuration would have all diagnostics in a diagnostic zone with ED, Radiology, Surgical Services, etc.
- Upon renovation of Nuclear Medicine, Nuclear stress patients will be stresses in the suite for one-stop service .

Recommendations

- In addition to existing services, additional space has been programmed as Cardiology plans on providing Stress Thalium and Dobutamine studies and also space to accommodate for Clinical Trials.
- Cardiac Rehab square footage has been identified with Rehabilitation services.
- Organizationally/operationally align related Cardiac functions with future Diabetes and Respiratory services.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 4,500 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Clinical Dieticians

Location: KEMH Fourth Floor and Point of Care

Existing Area (DGSF): 829 sq. ft

Observations on Current Operations/Facilities

- Point of service concept works well
- Outpatient nutrition space on fourth floor is remote for outpatients and is located in an inpatient zone.
- Outpatient dietitians based in Diabetes and Dialysis and works well for outpatients
- Unit based dietitians works well for serving inpatients; however all inpatient units lack sufficient support space.

Noted Deficiencies and/or Successful Attributes

- Location for outpatients on fourth floor should be located near outpatient point of access.
- Individual offices increase confidentiality, but has reduced communication with dietetics team.
- 135 SF layout for outpatient nutrition space on fourth floor is inadequate

Recommendations

- Recommended square footage total may be allocated to the services/ points of care supported by dietitians.
- Additional square footage/meeting areas provided in Diabetes education and in KEMH will relieve space issues dietitians identified.

Physical Evaluation:

Overall Rating:

Function:

- Location

- Layout & Circulation

- Operations

- Technology

Space:

- Quantity

- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,100 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Diabetes

Location: KEMH First Floor
Existing Area (DGSF): 1,108 sq. ft

Observations on Current Operations/Facilities

- Outpatient activity.
- Mornings are structured for group activity and afternoons for individual counseling.
- Current reduction of one counseling room due to Asthma clinic function located in the department.
- Diabetes, Heart Disease and Asthma service lines have overlapping patients and service requirements.
- Research Trials offers five programmes.

Noted Deficiencies and/or Successful Attributes

- Convenient location for mostly outpatient activities.
- Single corridor layout compromises flow.
- Currently one group room and one private counseling room available; Diabetes requires additional space to accommodate teaching and exercise space to support for other related programs (i.e. smoking cessation).
- In newer portion of KEMH, nice quality and finish of spaces.

Recommendations

- Includes designated waiting and reception areas consult rooms, education space and staff support areas.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,480 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Emergency Department (Treatment Zone)

Location: KEMH Ground Floor

Existing Area (DGSF): 9.357 sq. ft

Observations on Current Operations/Facilities

- Approximately 32,000 visits/year.
- 14 treatment rooms used; At time of tour ICU beds located in ED; impacting room utilization.
- Most rooms are not being used for their original function.
- Adjacent to Radiology.
- Patient elevator to transport patients to Surgery new ICU and Med/Surg units.

Noted Deficiencies and/or Successful Attributes

- Exterior: Ambulance and walk-in traffic cross at entry point.
- Triage is disconnected from main treatment area.
- All registration and waiting for Emergency and KEMH patients mix in one shared area = poor environment.
- Registration area lacks privacy and confidentiality; lacks adequate public accommodations.
- Main treatment area configuration is adequate; but lacks clinical and staff support space.
- ED patient requiring Radiology must cross a high-volume general use / public corridor = poor flow.
- Poor environment fit and finish; Food Service above has frequent leaks into Emergency Care Area
- No shelter for EMS vehicles.

Recommendations

- Based on projected 34,400 visits plan for 17-18 rooms at 750 sf per room. (Approx. 65% of required sq.ft.)

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 13,500 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Endoscopy

Location: KEMH Second Level

Existing Area (DGSF): 495 sq. ft

Observations on Current Operations/Facilities

- One room within surgical suite should be outside Surgical Suite.
- It is a growth volume area.
- Well used and probably requires 2 rooms for the future.

Noted Deficiencies and/or Successful Attributes

- Scope reprocessing room too small.

Recommendations

- Relocate between Outpatient Surgery and Surgical Suite.
- Preparation and Recovery for endoscopy patients should be done in Outpatient Surgery.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,275 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Hyperbaric

Location: KEMH First Floor

Existing Area (DGSF): 868 sq. ft

Observations on Current Operations/Facilities

- Hyperbaric area is in a good location, configuration/layout with new equipment and quality; minor need of additional support areas. In newer portion of KEMH, nice quality and finish of spaces.

Noted Deficiencies and/or Successful Attributes

- Convenient location for outpatient treatments and designated access for inpatients from floors above.
- Single corridor layout passed hyperbaric area compromises flow.
- Currently utilizes three treatment bays and uses an office as a fourth treatment bay.
- In newer portion of KEMH, nice quality and finish of spaces.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,200 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Wound Care

Location: KEMH First Floor

Existing Area (DGSF): 1,075 sq. ft

Observations on Current Operations/Facilities

- Wound Care service is growing aggressively. Space needs were generated off of historical growth and opposed to island population growth. Anticipates Foot Clinic Services.

Noted Deficiencies and/or Successful Attributes

- Convenient location for outpatient treatments and designated access for inpatients from floors above.
- Single corridor layout passed hyperbaric area compromises flow.
- Currently utilizes three treatment bays and uses an office as a fourth treatment bay.
- In newer portion of KEMH, nice quality and finish of spaces.

Recommendations

- Based on significant growth for up to 12,000 visits, plan for Wound Care to provide six treatment rooms, isolation capabilities, adequate staff and support areas and foot clinic special needs.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,150 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: IV Team

Location: KEMH Second Floor Level

Existing Area (DGSF): 147 sq. ft

Observations on Current Operations/Facilities

- IV team is located in one room centrally located to Surgery but convenient to most patient care areas/units.
- Provided plan to develop Outpatient Infusion Clinic (OIC) 2004. (See related OIC sheet.)

Noted Deficiencies and/or Successful Attributes

- In adequate quantity of space compromises daily functions of maintaining supplies, equipment and daily staff work functions.
- No spaced to perform outpatient IV Therapy. (See related OIC sheet.)
- Four staff (six anticipated) work out of one 145 sq. ft. room.

Recommendations

- Locate IV Team convenient to high-use patient care areas. This location would include space to accommodate 4-6 staff, supplies, equipment, education tools and files. (Separate from Outpatient Infusion Center).
- Coordinate Outpatient Infusion Center program planning with related services such as outpatient Oncology Services.
- Consolidation of these services: 2,800 sq ft accommodates 6-8 treatment stations. (All volumes must be verified.)

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 450 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Laboratory/Pathology

Location: KEMH First Level

Existing Area (DGSF): 12,669 sq. ft

Observations on Current Operations/Facilities

- Microbiology, Chemistry, Haematology, Transfusion, Phlebotomy and Specimen Preparation areas are relatively new.
- Lacks office space particularly for Pathologists.
- No bar coding used.

Noted Deficiencies and/or Successful Attributes

- Automation room small and poorly ventilated.
- Department split by major corridor.
- Lacks adequate office space.
- Transfusion room too small.
- Histology / Cytology areas need to be reconfigured.

Recommendations

- Enclosed in Microbiology area.
- Consider relocating Phlebotomy function to ground floor near Main Entrance.
- Expand transfusion, automation and office areas.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 14,520 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Mortuary

Location: KEMH Basement Level

Existing Area (DGSF): 1570 sq. ft

Observations on Current Operations/Facilities

- There are current plans to renovate in existing area.

Noted Deficiencies and/or Successful Attributes

- Cramped and lacks sufficient space.
- Airflow is poor.
- No viewing room for relatives.
- Lacks storage space for specimens.
- Needs separate change areas for male and female staff.
- No office space.
- Exit area for removal of deceased is too near hospital receiving.

Recommendations

- Continue with plans to renovate for the short term.
- Otherwise, plan a new department.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,495 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Medical Outpatient Clinic

Location: KEMH Ground Floor

Existing Area (DGSF): 1,120 sq. ft

Observations on Current Operations/Facilities

- Convenient location for high-volume outpatient treatments; close to diagnostics for related services.
- Mostly Primary Care services, also GYN and ENT.
- In newer portion of KEMH, nice quality and finish of spaces.

Noted Deficiencies and/or Successful Attributes

- Waiting area is limited.
- Part-time service results in limited utilization of prime clinic space.
- Overall, purpose built department is/was adequate; Ultrasound currently occupies one of the three planned examination rooms further compromising clinic utilization; recapture this room and department is adequate, with the exception of waiting areas.

Recommendations

- Overall, purpose built department is/was adequate; recapture room currently utilized by Ultrasound for a total of three examination rooms and department is adequate, with the exception of waiting areas.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,730 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Infusion/Oncology Centre (formerly Oncology)

Location: KEMH Third Floor

Existing Area (DGSF): 1,273 sq. ft

Observations on Current Operations/Facilities

- Oncology provides outpatient chemotherapy and blood transfusions.
- Inpatient chemotherapy performed on the inpatient unit.
- Tumor registry function is part of program.
- Currently preparing own drug solutions.

Noted Deficiencies and/or Successful Attributes

- Third floor location is somewhat remote for outpatients.
- Oncologist office and secretary on 2 CCU separated from Oncology clinic area.
- Existing three treatment bays are inadequate from space and patient experience perspectives.
- Opportunity to consolidate with related services such as Outpatient Infusion Therapy.

Recommendations

- Consolidate Oncology clinic and Onclogist and secretary staff.
- Opportunity to consolidate Oncology Services with related services such as Outpatient Infusion Therapy.
- Consolidation of these services: 2,800 sq ft accommodates 6-8 treatment stations. (All volumes must be verified.)

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,800 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Orthopaedic Clinic

Location: KEMH Ground Floor

Existing Area (DGSF): 1,230 sq. ft

Observations on Current Operations/Facilities

- Approximately 90% of patients arrive from physicians office; 10% from Emergency Department.
- Limb and Brace Clinic for three days every six weeks. (Should occur with Physiotherapy.)
- Limb and Brace work area is located with clinic; Ortho storage space shared in work room.

Noted Deficiencies and/or Successful Attributes

- Good location, close to access public access point and adjacent to Emergency Department and Radiology.
- Ortho patients are also processed through shared registration and Emergency Department waiting area.
- Open layout with curtained cubicles lacks privacy.

Recommendations

- Provide adequately sized treatment cubicles for maneuverability and also provide with privacy and appropriate patient support areas including patient toilet and storage.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,240 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Rehabilitation Services (Outpatient PT)

Location: KEMH Ground Floor

Existing Area (DGSF): 2,445 sq. ft

Observations on Current Operations/Facilities

- Outpatient PT is located on Ground Floor, but disconnected from Heddington Rehab on First Floor.

Noted Deficiencies and/or Successful Attributes

- Good location, convenient for outpatients with minimal travel distance from front door.
- Therapy/treatment areas are narrow and crowded with equipment. Patients must maneuver through tight areas and circuitous flow to access therapy area. (i.e lacks clear area for gait training.)
- Space and staffing inefficiencies area result from split configuration of service areas on different floors.
- Although on the same floor level, PT is somewhat disconnected from the Orthopaedic clinic.
- Overall PT department is grossly undersized and poorly configured for physiotherapy environment.
- Lacks appropriate patient support areas, handicapped toilet rooms and changing rooms.
- Equipment is aging.

Recommendations

- Consolidate outpatient Rehab Services as possible in order to better use space, staff, resources and improve operations; but inpatient and outpatient Rehab Services should be separated. Inpatient services on unit(s) and outpatient services close to outpatient access point and parking.
- Incorporate Day Hospital Concept.
- Integrate Cardiac Rehab; multi-function activity area and share support spaces. (as applicable).

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,000 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Rehabilitation Services (Rehab, OT, Speech)

Location: KEMH First Floor

Existing Area (DGSF): 7,667 sq. ft

Observations on Current Operations/Facilities

- Heddington Rehab is located on First Floor but disconnected from Outpatient PT located on Ground Floor.

Noted Deficiencies and/or Successful Attributes

- Good location for CCU patients but is somewhat remote for outpatients from the front door.
- Therapy area is purpose built with adequate capacity.
- CCU gym appears underutilized and can serve as flex space for service (as applicable).
- Some minor configuration conflicts (flow through spaces and ramps) but overall functioning adequately.
- Split configuration of service areas creates some space and staff inefficiencies.

Recommendations

- Consolidate outpatient Rehab Services as possible in order to better use space, staff, resources and improve operations; but inpatient and outpatient Rehab Services should be separated. Inpatient services on unit(s) and outpatient services close to outpatient access point and parking.
- Incorporate Day Hospital concept.
- Integrate Cardiac Rehab; multi-function activity area and share support spaces with PT gym. (as applicable).

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,600 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Radiology Main (Gen Rad, CT, Specials, Bone)

Location: KEMH Ground Floor Level

Existing Area (DGSF): 8,815 sq. ft

Observations on Current Operations/Facilities

- Radiology is located in four separate service areas on Ground Floor. (Main, Diag Imaging, Bone and Nuclear Medicine).
- Main provides Gen Rad/Fluoro (3), Ultrasound (1), CT pending renovation (1), Interventional Radiology (new -1).
- MRI (1) is directly connected to Main Radiology.
- Two new Gen Rad rooms with digital capabilities; planning to go to PACS in near future based on equipment retirement plan.
- CT/ MRI renovation will provide three prep/recovery bays.
- Limited volume ERCP fluoroscopy performed in Surgery by C-arm.
- Vendor agreements big issue for equipment (CT, MRI) breakdown service/repair.
- Four Radiologists on staff; planning for fifth radiologist.
- Film storage is located on the Basement Floor.

Noted Deficiencies and/or Successful Attributes

- Convenient for outpatients; inpatients must cross high-volume public corridors and elevators to access department.
- ED patient requiring Radiology/CT must cross a high-volume general use/public corridor = poor flow.
- Main Radiology internal circulation is poor for both patients and staff; configuration is fragmented, corridors narrow, lacks appropriate staff work/support core. Lacks patient staging areas.
- Overall poor patient care environment.

Recommendations

- Existing area is significantly below planning benchmarks.
- Existing building infrastructure limits renovation projects and compromises overall departmental growth and configuration.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 14,400 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Radiology-Diagnostic Imaging Area (Mammography/Ultrasound)

Location: KEMH Ground Floor

Existing Area (DGSF): 2,365 sq. ft

Observations on Current Operations/Facilities

- Diagnostic Imaging (DI) provides Mammo (1) Stereotactic Mammo(1) and Ultrasound (4), (fifth Ultrasound provided in Main).
- Bone Density (1) separate location from DI.
- Film storage is located on the Basement Floor.

Noted Deficiencies and/or Successful Attributes

- DI location great for outpatient access; multiple locations compromise staff and operational efficiency.
- Diagnostic Imaging layout and space is adequate but maximized for existing services as Ultrasound encroaches/uses one room in Medical Outpatient Clinic. But Mammo and Ultrasound volumes continue to grow, existing configuration is limited for future service growth. Recently signed contract for fifth Ultrasound tech.
- Designated access from stereotactic mammo room to patient elevator up to Surgery separate from public flow.
- DI in newer portion of KEMH, nice quality and finish of spaces.
- Bone Density (single room) is functionally isolated; opens onto general use corridor; no support space.

Recommendations

- Configure Radiology services for convenient outpatient access, but configure with distinct separated access for inpatients.
- Provide staff work core central to support all procedure areas in consolidated model.

Physical Evaluation:

Overall Rating:

Function:
- Location
- Layout & Circulation
- Operations
- Technology

Space:
- Quantity
- Quality

Equipment Inventory:

Overall Rating:
- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,600 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Radiology- MRI

Location: KEMH Ground Floor Level

Existing Area (DGSF): 635 sq. ft

Observations on Current Operations/Facilities

- Radiology is located in four separate service areas on Ground Floor. (Main, Diag Imaging, Bone and Nuclear Medicine).
- MRI (1) is connected to Main Radiology.

Noted Deficiencies and/or Successful Attributes

- Recent expansion, new equipment.
- Recent renovation will provide MRI/CT three prep/recovery bays.
- Ideal suite configuration would include additional circulation and support space for MRI.

Recommendations

- As MRI capabilities become more versatile and KEMH expands service base initiatives / patient volumes increase additional support areas will be required.
- Projected square footage accommodates full suite configuration.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,500 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Radiology- Nuclear Medicine

Location: KEMH Ground Floor

Existing Area (DGSF): 935 sq. ft

Observations on Current Operations/Facilities

- Radiology is located in four separate service areas on Ground Floor. (Main, Diag Imaging, Bone and Nuclear Medicine).
- Nuclear Medicine suite pending renovation.

Noted Deficiencies and/or Successful Attributes

- Nuclear Medicine suite is adjacent to Main Radiology; but is separated by a high-volume general use corridor.
- Procedure suite opens onto this a high-volume general use corridor; should open onto internal department corridor.
- Cardiac Stress tests will also be performed here providing one-stop service to patients.

Recommendations

- Renovation will accommodate main components of Nuclear Medicine, however it appears to be slightly deficient on support space.
- Configuration opening onto main public corridor is not desirable.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,200 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Radiology- Film Storage

Location: KEMH - Basement Floor Level

Existing Area (DGSF): 2,230 sq. ft

Physical Evaluation:

Overall Rating:

Function:
- Location
- Layout & Circulation
- Operations
- Technology

Space:
- Quantity
- Quality

Equipment Inventory:

Overall Rating:
- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,000 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Surgical Care Programme- Preadmission Clinic/Scheduling

Location: KEMH Second Level

Existing Area (DGSF): 1,977 sq. ft

Observations on Current Operations/Facilities

- Functions well.

Noted Deficiencies and/or Successful Attributes

- Does not do some same day admissions.
- Lacks two offices.
- Lacks group education room.

Recommendations

- Conduct preadmission on all elective / urgent cases 4-7 days ahead of surgery date.
- Locate adjacent to outpatient surgery.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,690 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Surgical Care Programme- Operating Room

Location: KEMH Second Floor

Existing Area (DGSF): 7,291 sq. ft

Observations on Current Operations/Facilities

- 4 ORs plus 1 endoscopy room used.
- Reprocessing within surgical suite should not be done except for minimal flash sterilization.
- Do not use a full case cart system.
- Scheduling system is a problem resulting in poor utilization of resources.

Noted Deficiencies and/or Successful Attributes

- OR room walls are gyproc so do not meet standards.
- No central clean core system - clean and dirty use same corridor.
- Orthopaedics OR of 425 NSF small, should be 500 NSF+.
- Support space inadequate.
- Air conditioning inadequate.
- PACU across major corridor from surgical suite.

Recommendations

- Expand to have 6 ORs. Provide 2 endoscopy rooms and relocate adjacent to outpatient surgery.
- If clean central core system is to be implemented, the surgical suite would need to be relocated new and expanded.
- Centralize all reprocessing and case cart preparation to SPD.
- Conduct a review of scheduling system.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 15,540 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Surgical Care Programme- PACU

Location: KEMH Second Floor

Existing Area (DGSF): 1,820 sq. ft

Observations on Current Operations/Facilities

- 4 ORs plus 1 endoscopy room used.
- Reprocessing within surgical suite should not be done except for minimal flash sterilization.
- Do not use a full case cart system.
- Scheduling system is a problem resulting in poor utilization of resources.

Noted Deficiencies and/or Successful Attributes

- OR room walls are gyproc so do not meet standards.
- No central clean core system - clean and dirty use same corridor.
- Orthopaedics OR of 425 NSF small, should be 500 NSF+.
- Support space inadequate.
- Air conditioning inadequate.
- PACU across major corridor from surgical suite.

Recommendations

- Expand to have 6 ORs. Provide 2 endoscopy rooms and relocate adjacent to outpatient surgery.
- If clean central core system is to be implemented, the surgical suite would need to be relocated new and expanded.
- Centralize all reprocessing and case cart preparation to SPD.
- Conduct a review of scheduling system.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,080 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Surgical Care Unit- Surgical Outpatient

Location: KEMH Second Floor

Existing Area (DGSF): 1,649 sq. ft

Observations on Current Operations/Facilities

- Operate in extremely cramped area.
- Staff should be congratulated on making it work in limited space.
- Same day preadmission work done on day of admission instead of prior to day of surgery.

Noted Deficiencies and/or Successful Attributes

- Each stretcher space is only 35-40 NSF as opposed to 80 NSF.
- Insufficient support spaces.
- Poor patient and relatives waiting and support areas.

Recommendations

- Provide adjacent to PACU.
- Share 2 isolation rooms with PACU.
- All preadmission work-ups done prior to day of surgery.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,160 sq.ft.

Departmental Assessment Summary

Diagnostic Services

Department Name: Surgical Care Programme- Sterile Processing Distribution (SPD)

Location: KEMH Second Level

Existing Area (DGSF): 3,925 sq. ft

Observations on Current Operations/Facilities

- Relatively new department.
- Generally good layout, but flow of materials could be improved.

Noted Deficiencies and/or Successful Attributes

- Insufficient space for full case cart system.
- Insufficient storage space.
- Some equipment not working due to poor water quality, etc..
- Across major corridor from surgical suite.

Recommendations

- Centralize all reprocessing in SPD except scopes.
- Centralize all supplies for OR in SPD except emergency back up supplies.
- Establish full case cart system.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,720 sq.ft.

Departmental Assessment Summary

INPATIENT SERVICES

Departmental Assessment Summary

Inpatient Services

Department Name: Inpatient Medical Care- Medical Care Beds- Curtis

Location: KEMH Third Floor Level

Existing Area (DGSF): 9,045 sq. ft

Observations on Current Operations/Facilities

- 36 Beds: 4 Quads(16), 9 Semis (18), 2 Private rooms (2).
- Racetrack configuration with limited support spaces.

Noted Deficiencies and/or Successful Attributes

- Configuration provides limited to no visibility of some rooms.
- Approximately 44% of beds are quad-occupancy or semi-private rooms.
- Placement of long-term patients awaiting nursing home beds hinders bed utilization and throughput.
- Lack of technology to support unit functions: No Automated Dispensing Machines (ADMS) for medications.
- No Electronic Medical Record (EMR) initiative.
- Unit lacks staff support rooms.
- Lack clinical support rooms and adequate storage - equipment in corridors.
- Bathrooms do not provide showers and are not wheel chair accessible.

Recommendations

- Overall square feet/ bed is close to 50% desired benchmark ratios.
- Planning model identifies need for a total of 63-64 Medical beds at 550 SF/Bed average. (Reduction from 73 Medical Beds).
- KEMH must confirm beds per unit and private room -to- semi-private room ratio per unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 17,600 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Inpatient Medical Care- Medical Care Beds- Gordon

Location: KEMH Third Floor Level

Existing Area (DGSF): 8,865 sq. ft

Observations on Current Operations/Facilities

- 36 Beds: 4 Quads(16), 9 Semis (18), 2 Private rooms (2). (Fluctuates to 37.)
- Racetrack configuration with limited support spaces.

Noted Deficiencies and/or Successful Attributes

- Configuration provides limited to no visibility of some rooms.
- Approximately 44% of beds are quad-occupancy or semi-private rooms.
- Placement of long-term patients awaiting nursing home beds hinders bed utilization and throughput.
- Lack of technology to support unit functions: No Automated Dispensing Machines (ADMS) for medications.
- No Electronic Medical Record (EMR) initiative.
- Unit lacks staff support rooms.
- Lack clinical support rooms and adequate storage - equipment in corridors.
- Bathrooms do not provide showers and are not wheel chair accessible.

Recommendations

- Overall square feet/ bed is close to 50% desired benchmark ratios.
- Planning model identifies need for a total of 63-64 Medical beds at 550 SF/Bed average. (Reduction from 73 Medical Beds) KEMH must confirm beds per unit and private room -to- semi-private room ratio per unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 17,600 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Inpatient Surgical Care- Surgical Care Beds- Cooper/Perry

Location: KEMH Fourth Floor Level

Existing Area (DGSF): Cooper: 9,115 sq. ft
Perry: 9,280 sq. ft

Observations on Current Operations/Facilities

- Cooper - 37 Beds: 4 Quads(16), 9 Semis (18), 3 Private rooms (3)
- Perry - 31 Beds: 2 Quads(8), 10 Semis (20), 3 Private rooms (3)
- Both Units have racetrack configuration with limited support spaces.

Noted Deficiencies and/or Successful Attributes

- Configuration provides limited to no visibility of some rooms.
- Many quad-occupancy (4-bed) patient rooms provided.
- Medical patients "bumped" from medical units (due to patients awaiting nursing home beds), are placed on surgical unit mixing patient types and hinder bed utilization and throughput.
- Lack of technology to support unit functions: No Automated Dispensing Machines (ADMS) for medications.
- No Electronic Medical Record (EMR) initiative.
- Unit lacks staff support rooms
- Lack clinical support rooms and adequate storage - equipment in corridors
- Bathrooms do not provide showers and are not wheel chair accessible.

Recommendations

- Overall square feet/ bed is close to 50% desired benchmark ratios.
- Planning model identifies need for a total of 36 Surgical beds at 550 SF/Bed average. (Reduction from 68 Surgical Beds)
- KEMH must confirm beds per unit and private room -to- semi-private room ratio per unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 19,800 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Intensive Care Unit

Location: KEMH Second Floor Level

Existing Area (DGSF): 6,645 sq. ft

Observations on Current Operations/Facilities

- New Expansion: Nine (9) private patient rooms.
- New location is convenient to Surgery and has direct access from Emergency Department via patient elevators.
- Anesthesia currently provides respiratory support on the unit.

Noted Deficiencies and/or Successful Attributes

- New unit meets benchmark requirements.

Recommendations

- Planning model identifies need for a total of 8 ICU beds. (One bed reduction.)
- Seven (7) Intermediate Care Beds were also identified in planning mode. These beds are currently allocated in the Medical unit count and SF projection, but these beds can be located adjacent to the ICU with "swing" capacity to flex to accommodate more acute patients.
- KEMH must confirm beds per unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,400 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Maternal Child Programme- Paediatrics- Gosling

Location: KEMH Second Floor

Existing Area (DGSF): 6,590 sq. ft

Observations on Current Operations/Facilities

- Current layout has multi bedded rooms.
- Clients are adolescents ranging from 4- 18 years in age
- Serves as consultants to other agencies providing services to children
- Hospital transportation is inadequate to provide new programs and to allow staff to reach community based programs

Noted Deficiencies and/or Successful Attributes

- Lack of inpatient beds limits the cases of children with longer term needs
- Current long term patients are placed in facilities over seas
- Lack of larger group spaces limit programs
- Need additional private consultation rooms
- Lack research space for the program.
- Medical gasses do not function properly
- Need staff support rooms
- New ICU took part of the Paeds unit, also caused some support rooms to be located outside of the unit.
- Lacks proper security system for the unit
- Lacks parent spaces - sleeping and lounge
- Lack adequate storage - corridors are clogged with supplies, beds and cribs
- Bathrooms are not wheel chair accessible.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,600 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Maternal Child Programme- Maternity

Location: KEMH Second Floor

Existing Area (DGSF): 10,815 sq. ft

Observations on Current Operations/Facilities

- Service line covers obstetrical, neonatal and pediatric care. (Paediactrics covered separately).
- Unit has shortage of storage space.
- Service line would line a fully integrated mother/child service on a contiguous floor.
- C-Sections are transported to the surgery department. Volumes may not support a dedicated C-section room.
- Renovations over the years have shortchanged the efficiency of the layout.
- With the SCBU/Nursery, there is only one way out to the floor to the elevators. Pre-op has taken space from the unit.
- Delivery rooms have adequate space and equipment storage, - no natural lighting.

Noted Deficiencies and/or Successful Attributes

- Unit lacks storage space.
- No proper isolation beds are on the unit.
- Lacks parental teaching rooms, toilet rooms, and family waiting rooms.
- On call space is inadequate.
- Patient rooms for labor and recovery do not have on suite showers.
- Offices have been carved out of vacated patient rooms.
- Aesthetics and environment needs upgrading.

Recommendations

- Area based on 5 LDR rooms and 11 post-partum beds.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 14,500 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Maternal Child Programme- Colposcopy Clinic

Location: KEMH - First Floor Level

Existing Area (DGSF): 460 sq. ft

Observations on Current Operations/Facilities

- Area not reviewed/toured.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 460 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Maternal Child Programme- NICU/Nursery

Location: KEMH - First Floor Level

Existing Area (DGSF): 1,745 sq. ft

Observations on Current Operations/Facilities

- Nursery and SCBU has no natural light.
- Need a secure entry into SCBU.
- Needs easier and direct access to labour rooms.

Noted Deficiencies and/or Successful Attributes

- Lacks adequate hand washing for each area.
- Need parental waiting room and breast feeding room.
- Lacks proper support rooms - clean, soiled, storage, treatment room, lab, offices.
- Needs nurses station - views to both SCBU/Well Baby nursery.
- SCBU needs medical gasses.

Recommendations

- Based on new projections for SCBU and Nursery bassinet numbers.
- New unit should have easy access to training and educational facilities.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,350 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Continuing Care Programme- Day Care/Activities Area

Location: CCU First Floor Level

Existing Area (DGSF): Included in CCU Upper

Observations on Current Operations/Facilities

- Activities provide one on one bedside care, groups, community social, sensory, stimulation, message therapy and community outreach social functions
- Currently the day care program is integrated with the activities shared space.
- Wide range of programs keeps the patients active and involved with daily life learning
- Activities and Day Care programs are in sub standard space in dire need of renovation. Sub Standard space is causing some down turn in the day care volume.
- Also works with the rehabilitation program for some of the patients.
- Transport department is slow in responding to the transport needs of the CCU
- Needs close proximity to PT/OT.

Noted Deficiencies and/or Successful Attributes

- Kitchen is hard to access. Patients who need or want to use the kitchen find accessibility problematic
- Day Care program and Activity program need separate spaces.
- Control doors are needed to minimize interruptions by other patients and staff.
- Need additional toilets for patients
- Needs additional staff offices and support rooms
- Outdoor space is desired for various programs. - Currently, patients need to track through other units to get to the outdoor space.
- Need separate lounge/waiting space for family and visitors
- Additional storage rooms are required.
- Staff locker and lounge areas needed
- Covered entrance.
- Need appropriate tables and chairs design for the elderly and wheelchairs
- The current bus does not seat the numbers need to, when community social events are planned.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): Included in CCU Upper

Departmental Assessment Summary

Inpatient Services

Department Name: Continuing Care Programme- Upper

Location: CCU First and Second Levels

Existing Area (DGSF): 33,785 sq. ft

Observations on Current Operations/Facilities

- Corridor system is confusing and therefore there is Minimal visual control to all of the beds
- Patient privacy is greatly compromised due to lack of cubicle curtains in shower and tub rooms and between patient beds.
- Medical gasses do not function properly.
- Physical condition of the unit needs drastic improvements. This is also leading to lower staff morale.
- The oldest part of the CCU building is soft in many areas of the floor. Safety concerns have been noted and turned in to the facilities department.
- Plants are growing from the ceiling tiles.
- Above the lay in ceiling, HVAC units are dripping water onto lights above the lay-in ceiling. Roof leaks are also causing water issues and ceilings tiles to collapse.
- No staff growth is forecasted to FY2009
- Close proximity to the rehabilitation department is working well for the CCU patients
- ARDU unit is located such that staff, visitors and the patients must go through the CCU to enter the ARDU.

Noted Deficiencies and/or Successful Attributes

- CCU need storage space.
- Staff support rooms need to be provided.
- Exterior lighting is needed for the late shift
- Wheel chair accessibility needs to be incorporated.
- Units need classrooms/group rooms for patient activities and education
- Larger activity spaces are needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 67,000 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Continuing Care Programme- Lower

Location: CCU First and Second Levels

Existing Area (DGSF): 17,575 sq. ft

Observations on Current Operations/Facilities

- Corridor system is confusing and therefore there is Minimal visual control to all of the beds
- Patient privacy is greatly compromised due to lack of cubicle curtains in shower and tub rooms and between patient beds.
- Medical gasses do not function properly.
- Physical condition of the unit needs drastic improvements. This is also leading to lower staff morale.
- The oldest part of the CCU building is soft in many areas of the floor. Safety concerns have been noted and turned in to the facilities department.
- Plants are growing from the ceiling tiles.
- Above the lay in ceiling, HVAC units are dripping water onto lights above the lay-in ceiling. Roof leaks are also causing water issues and ceilings tiles to collapse.
- No staff growth is forecasted to FY2009
- Close proximity to the rehabilitation department is working well for the CCU patients
- ARDU unit is located such that staff, visitors and the patients must go through the CCU to enter the ARDU.

Noted Deficiencies and/or Successful Attributes

- CCU need storage space.
- Staff support rooms need to be provided.
- Exterior lighting is needed for the late shift
- Wheel chair accessibility needs to be incorporated.
- Units need classrooms/group rooms for patient activities and education
- Larger activity spaces are needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 21,450 sq.ft.

Departmental Assessment Summary

Inpatient Services

Department Name: Continuing Care Programme- ARDU (Dementia Unit)

Location: CCU First and Second Levels

Existing Area (DGSF): 9,075 sq. ft

Observations on Current Operations/Facilities

- Corridor system is confusing and therefore there is Minimal visual control to all of the beds
- Patient privacy is greatly compromised due to lack of cubicle curtains in shower and tub rooms and between patient beds.
- Medical gasses do not function properly.
- Physical condition of the unit needs drastic improvements. This is also leading to lower staff morale.
- The oldest part of the CCU building is soft in many areas of the floor. Safety concerns have been noted and turned in to the facilities department.
- No staff growth is forecasted to FY2009
- ARDU unit is located such that staff, visitors and the patients must go through the CCU to enter the ARDU.
- Outdoor activity space is useful, but with the cat population using the space as a litter box, the smells force light use of the area.

Noted Deficiencies and/or Successful Attributes

- ARDU need storage space.
- Staff support rooms need to be provided.
- Exterior lighting is needed for the late shift
- Wheel chair accessibility needs to be incorporated.
- Units need classrooms/group rooms for patient activities and education
- Larger activity spaces are needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 28,500 sq.ft.

Departmental Assessment Summary

Departmental Assessment Summary

ADMINISTRATIVE SERVICES

Departmental Assessment Summary

Administrative Services

Department Name: Admitting/OP Registration/ Scheduling/Cashier

Location: KEMH Ground Floor

Existing Area (DGSF): 380 sq. ft

Observations on Current Operations/Facilities

- Cramped in emergency entrance area.
- Noisy and lacks confidentiality.
- Does some surgical scheduling when should be done in OR scheduling.
- No central scheduling of outpatient diagnostic and clinic procedures.

Noted Deficiencies and/or Successful Attributes

- Decentralized layout.
- Lacks good security for staff.
- Training, meetings, and patient waiting space required.
- Staff lounge required as it operates 24 hours.

Recommendations

- Centralize all admitting / registration and cashier functions.
- Provide good security for staff in registration booths.
- Consider central scheduling for outpatients (no space programmed for this).

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,390 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Chapel/Chaplain Service

Location: KEMH - Ground Floor

Existing Area (DGSF): 800 sq. ft

Observations on Current Operations/Facilities

Noted Deficiencies and/or Successful Attributes

Recommendations

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,000 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Clinical Educators

Location: KEMH Point of Service

Existing Area (DGSF): Included in Point of Care

Observations on Current Operations/Facilities

- Point of service concept works well; Unit based educators works well for serving inpatients; however all inpatient units lack sufficient support space.
- Clinical educators are currently supporting Medical, Surgical , Critical Care, Continuing Care and SBPH.
- Additional staff is projected for Maternity, Rehab and Operating Room.

Noted Deficiencies and/or Successful Attributes

- Meeting space throughout KEMH is inadequate and has been increased. These rooms are multi-functional.
- Lacks a centralized storage area and team room to facilitate sharing of supplies and collaborating.

Recommendations

- Required areas for clinical educators have been included in programs (point of care) identified supported by educators.
- The 360 sq. ft included above accommodates a team room and supply storage near areas of responsibility.
- Additional square footage/meeting areas provided in expanded KEMH Education will relieve meeting space issues clinical educators identified.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 360 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Clinical Programmes

Location:

Existing Area (DGSF): 780 sq. ft

Observations on Current Operations/Facilities

Noted Deficiencies and/or Successful Attributes

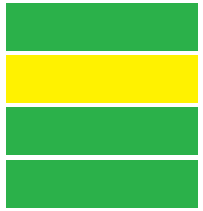
Recommendations

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology



Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,200 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Educational Services

Location: Nursing Quarters and Hospital

Existing Area (DGSF): 4,245 sq. ft

Observations on Current Operations/Facilities

- Department is responsible for education services, including counseling, career development, continuing education for KEMH and SBH staff of over 1400 FT/PTE.
- New BHB staff are given orientation through the department.
- Service includes distance learning with joint partner relations in the UK, Canada and the US.
- When lectures are given, the wall air-conditioning system overpowers the speaker.

Noted Deficiencies and/or Successful Attributes

- Inadequate data management - poor access to records for employees.
- Classroom is poorly design for group demonstration and lectures. Current room can accommodate 15-20.
- Current classroom does not have multi level lighting options which limits the types of programs provided.
- Current service is not wheel chair accessible.
- Additional staff workrooms, AV and storage areas are needed.
- Large Lecture room is needed (Auditorium configuration is an option but limits flexibility).

Recommendations

- FY personnel growth grows from 6 to 17 staff.
- Envisions conference center with multiple rooms to be sub divided.
- Education Center will have nursing training rooms.
- New center to have all IT systems to enable Teleconferencing and Telemedicine.
- Computer center with online education.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,800 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Executive Administration

Location: KEMH - Fifth Floor

Existing Area (DGSF): 1,175 sq. ft

Observations on Current Operations/Facilities

- Current Administration offices are disbursed throughout the Hospital
- Boardroom is undersized given size of BHB.
- Current facilities do not create an image for the BHB

Recommendations

- Executive Administration should be consolidated in one location.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,550 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Health Records

Location: KEMH Ground Floor

Existing Area (DGSF): 2,570 sq. ft

Observations on Current Operations/Facilities

- Staff work areas extremely cramped.
- Filing is decentralized in five locations.
- Planning to move towards Electronic Medical Records (EMR).
- Record retention period is 10 years (which is good, longer requires much more space).

Noted Deficiencies and/or Successful Attributes

- Work stations too small.
- Filing needs to be centralized.
- Support spaces are required.
- Air conditioning is poor.

Recommendations

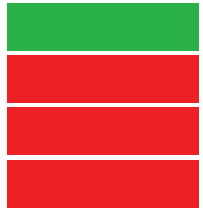
- Centralize all filing in one area.
- Move towards EMR ASAP (will lessen future filing space).
- Implement central dictation system.
- Consider doing some transcription off-site.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology



Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,825 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Infection Control

Location: KEMH Fifth Floor

Existing Area (DGSF): 125 sq. ft

Observations on Current Operations/Facilities

- Infection Control covers both sites but 90% of work is acute care so proximity to KEMH is important
- Work closely with the Department of Health.
- No requirement for direct proximity to other depts. But must be in clinical area of building.
- Old office was by CCU - was a long way from support i.e. photocopier.
- Space requirements limited to general file & binder storage + fax machine.
- Also deal with employee health so confidentiality is N.B.
- Securable office is important because of security and confidentiality issue among employees.
- Can work separately from Quality and Risk but Q&R does like to have IC in proximity- currently together.
- Important to be well known in the hospital.

Noted Deficiencies and/or Successful Attributes

- Lack of private rooms.
- Negative pressure rooms are required.
- Have low communicable rates of T.B. - want to keep that up.
- ICU will have 2 negative pressure rooms but their location may not be ideal.
- Issue of anti-biotic resistance that must be considered.
- Hand washing is virtually non-existent in room because only have patient sink.
- Most hand wash sinks (the few there are) have knob handles - very few with levers.
- Scrub sinks in OR and Maternity do have foot/knee control.
- Very few public washrooms throughout the facility.
- Equipment storage is a serious issue.
- 5th Floor - painting, dust, and squishy (wet) carpets all contributed to the growth of mould and bacteria. Though employees tested positive for the antibodies to legionnaire's disease there was no conclusive proof that there was Legionnaire's in the department.
- Housekeeping (and the lack thereof) is a major issue.
- Records and library had large fans after last flood to try to dry out space.
- Trying to institute an I/C policy for construction but it is not followed by Facilities.
- Basement of KEMH has issues with rodents, termites and bugs - mosquitoes have been found breeding in both the basement and Lab.
- Considerable trash onsite contributes to the rodent population.
- Lack of space on the wards - no quiet room/meeting room, staff space or storage.
- Current isolation rooms in ED are in the wrong location - no windows to monitor patient or visitors - safety can become a serious issue.
- Some equipment/space that is older is actually performing better than newer.
- Need to have cleaning standards for occupying new space.
- #1 complaint from public at KEMH is the noise in the hospital.

Recommendations

- Additional closed office and work area.

Physical Evaluation:

Overall Rating:

Function:

- Location

- Layout & Circulation

- Operations

- Technology

Space:

- Quantity

- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 300 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Medical Library

Location: KEMH Ground Floor
Existing Area (DGSF): 1,095 sq. ft

Observations on Current Operations/Facilities

- Convenient access for community visitors and outpatients and staff.
- Large open plan works well for function.

Noted Deficiencies and/or Successful Attributes

- Convenient location is also in prime real estate for high-volume outpatient functions.
- Additional sq. ft. required to add AV center.

Recommendations

- Increased sq. ft. accommodates AV Center and increased support space..

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,610 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Medical Programme Administration

Location: KEMH Third Floor
Existing Area (DGSF): 230 sq. ft

Observations on Current Operations/Facilities

- Two office suites located adjacent to Curtis Unit.

Noted Deficiencies and/or Successful Attributes

- Current location is close to programme/unit areas.
- Plan to expand to three offices and support space.

Recommendations

- Increased sq. ft to accommodate expansion to three offices and support space.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 550 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Medical Social Workers

Location: KEMH Point of Service

Existing Area (DGSF): 840 sq. ft

Observations on Current Operations/Facilities

- Formerly in centralized department.
- Now decentralized to the patient units.
- Point of service concept works well; Unit based social workers well for serving inpatients.
- Social workers share space with dietitians on some units..
- Medical social workers are currently support five groups: Medical, Surgical , ICU, Continuing Care and Maternity.

Noted Deficiencies and/or Successful Attributes

- Meeting space throughout KEMH is inadequate and has been increased. These rooms are intended to be multi-functional for all departments.
- Lacks a centralized storage area and team room to facilitate sharing of supplies and collaborating.

Recommendations

- Required areas for medical social workers have been included in programs/units (point of care).
- The 300 sq. ft included above accommodates a social work team room for collaboration central areas of responsibility.
- Additional square footage/meeting areas provided in expanded KEMH Education will relieve meeting space issues.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 300 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Quality and Risk

Location: KEMH Fifth Floor
Existing Area (DGSF): 1,835 sq. ft

Observations on Current Operations/Facilities

- Service line includes Quality improvement programme, utilization management, risk management, accreditation, licensure and compliance, and infection control.
- While the department is a great resource for KEH, more time is needed at SBH. This may need additional staff.
- Department should be near the clinical areas, not in an administrative section of the hospital.
- Service should be easily accessible to the clients and staff.

Noted Deficiencies and/or Successful Attributes

- Secure storage is needed.
- Privacy for work areas is needed for patient confidentiality.

Recommendations

- Additional staff may be located at SBH.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,835 sq.ft.

Departmental Assessment Summary

Administrative Services

Department Name: Volunteer Services/Gift Shop

Location: KEMH First Floor

Existing Area (DGSF): 565 sq. ft

Observations on Current Operations/Facilities

- Gift shop is in an ideal location in King Edwards
- No deficiencies were reported in the gift shop itself
- Volunteers for KEMH and MAWI are all ages ranging for high school students to the retired.
- A small workroom is located on the first floor for volunteer check-in and coordination.
- A larger workroom is required for assembling materials and to serve as a break area.

Noted Deficiencies and/or Successful Attributes

- Additional storage is needed for the gift shop.

Recommendations

- Larger work room and storage area is required.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,040 sq.ft.

Departmental Assessment Summary

SUPPORT SERVICES

Departmental Assessment Summary

Support Services

Department Name: Bio-Medical

Location: KEMH Second Floor

Existing Area (DGSF): 300 sq. ft

Observations on Current Operations/Facilities

- Bio-Medical supports all equipment at KEMH and MAWI.
- Difficult to recruit staff; use vendor contracts.
- Current staff of 3.0, planning to grow up to 6.0 - 8.0.
- No plan in place to retire/replace equipment that is aging.

Noted Deficiencies and/or Successful Attributes

- Department is deficient in all categories of analysis: Location, Layout/Configuration, Operations, Technology, Quantity, and Quality.
- Department is remote from receiving area. All equipment is delivered to dock and then transported to Bio-Medical(lengthy). There is no lockable staging area near main Receiving to secure this expensive equipment until pick-up.
- The single room layout requires all equipment flow through one narrow door.
- Location, layout and quantity of space all contribute to inefficient operations.
- Basic medical gases, oxygen and electrical systems required for testing capabilities are not provided.
- Overall square footage is grossly inadequate to accommodate work bays, equipment, staff, storage, parts and reference materials, and test multiple pieces of equipment.
- Overall poor quality environment.

Recommendations

- Replace/relocate a new Bio-Medical Department.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,050 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Coffee Shop

Location: KEMH Ground Floor

Existing Area (DGSF): 2,235 sq. ft

Observations on Current Operations/Facilities

- Good operation and layout.
- Well-used and good food.
- Good location.

Noted Deficiencies and/or Successful Attributes

- Nil

Recommendations

- Perhaps a few more seating if renewed.
- More space in servery area if renewed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,235 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Environmental Services

Location: KEMH Basement Level

Existing Area (DGSF): 1,290 sq. ft

Observations on Current Operations/Facilities

- Storage spaces need tight security.
- Housekeeping closets throughout too small.
- Staff do not strip beds, done by nursing.

Noted Deficiencies and/or Successful Attributes

- Lacks appropriate office spaces.
- Lacks locker space for staff.
- Needs washer and dryer for mops and rags.
- Garbage and biohazard storage and removal of same lacks space.

Recommendations

- Consider one decentralized equipment storage space on Level 2.
- Provide adequate sized housekeeping closets.
- Implement workload measurement system.
- Consider implementing Bed Tracking® software to streamline bed turnovers.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,575 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Facilities (Support Areas)

Location: KEMH Basement Level

Existing Area (DGSF): 1,100 sq. ft

Observations on Current Operations/Facilities

- Administrative services recently renovated.
- Support services located in Basement Level of KEMH.

Noted Deficiencies and/or Successful Attributes

- Administrative area pending renovation - adequate.
- Support areas need additional space to accommodate staff.

Recommendations

- Overall administrative area is adequate.
- Slight increase for support and shops.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,400 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Food Services- Food Preparation/Storage

Location: KEMH Basement and First Levels

Existing Area (DGSF): 9,930 sq. ft

Observations on Current Operations/Facilities

- Conventional cooking system used.
- Requires large refrigerated and general storage spaces being based on an island.
- Decentralized on two levels and from Cafeteria.
- Uses Aladdin insulated tray system for distribution.
- Inventory may be high.

Noted Deficiencies and/or Successful Attributes

- Layout is poor.
- Flooring is poor and uneven.
- Some equipment may need replacing soon.
- One entrance only for trays out and soiled carts in.
- Lacks sufficient air conditioning.

Recommendations

- Explore potential to convert to cook / chill and rethermalize cart system.
- Consider central commissary to serve both hospitals and others.
- Conduct a feasibility study to serve two hospitals and others.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF):

8,000 sq.ft. if centralized on one level for KEMH only

Departmental Assessment Summary

Support Services

Department Name: Food Services- Cafeteria (Staff)

Location: KEMH First Level

Existing Area (DGSF): 3,780 sq. ft

Observations on Current Operations/Facilities

- Seating space adequate.
- Servery area needs to be converted to scramble system.
- Cashier operation is slow due to poor configuration.
- Easy to pilfer and not pay.
- Portion control is required.

Noted Deficiencies and/or Successful Attributes

- Long servery section.
- Cashier can only serve one line at a time.
- Private dining area used by IS.

Recommendations

- Convert servery to scramble system
- Revamp cashier area.
- Increase retail potential to increase revenue.
- Implement portion control.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,750 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Information Services

Location: KEMH First and Fifth Levels
Existing Area (DGSF): 2,255 sq. ft

Observations on Current Operations/Facilities

- Lacks adequate space.
- Decentralized.
- More work than staff can handle.

Noted Deficiencies and/or Successful Attributes

- Department on 5th level still contaminated.
- Decentralized.
- Servers and equipment decentralized and located in some corridor spaces.
- Lacks adequate training and storage of equipment space.

Recommendations

- Centralize in one area.
- Provide adequate wiring and secure closets throughout the building.
- Develop IT Strategic Plan.
- Provide training facilities for both IS and Telehealth.

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Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,970 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Laundry

Location: KEMH Basement Level

Existing Area (DGSF): 7,105 sq. ft

Observations on Current Operations/Facilities

- Operates in inadequate space or height causing operational inefficiencies.
- Currently being renovated with new washers, but still inefficiencies due to decentralization of functions.

Noted Deficiencies and/or Successful Attributes

- Space.
- Many rooms decentralized with poor flow.
- Ceilings too low.
- Air conditioning generally inadequate.
- Driers may be inadequate to meet future needs.

Recommendations

- Focus on meeting hospital needs before considering hotel volumes.
- If hotel volumes to be considered, conduct full feasibility study.
- Consider constructing a service building to process laundry with sufficient height and appropriate equipment.
- Use fitted sheets, eliminate ironer and consider eliminating presses.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 7,160 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Materials Management

Location: KEMH Basement Level

Existing Area (DGSF): 9,485 sq. ft

Observations on Current Operations/Facilities

- Inventory is high at 4 times turnover per year.
- Distribution and delivery systems need to be reviewed.
- No bar coding.
- Materials management information system needs to be upgraded.

Noted Deficiencies and/or Successful Attributes

- Inadequate receiving docks and holding spaces.
- Layout and shelving in general stores is poor.
- Office spaces cramped.
- Requisition frequencies for ordering are too often from some departments.

Recommendations

- Upgrade Materials Management information systems for inventory control and bar coding.
- Consider offsite or adjacent warehouse.
- Provide two loading docks with levelers plus walk in receiving section.
- Provide appropriate shelving for storage.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 12,270 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Pharmacy

Location: KEMH Basement Level

Existing Area (DGSF): 3,485 sq. ft

Observations on Current Operations/Facilities

- Need to increase unit dose packaging.
- No bar coding - inventory is probably high.
- New IV additive preparation area provided.
- Need to convert to 24-hour unit dose delivery system and or ADUs (Automated Dispensing Units).
- It is reported there are a high number of outdated items in storage.
- New manager is moving forward with good ideas.

Noted Deficiencies and/or Successful Attributes

- No quiet order entry area.
- Inadequate office space.
- Layout in stores area poor.
- Inadequate information system for Pharmacy.
- Needs more circulation space.

Recommendations

- Develop plan to upgrade use of technology for Pharmacy.
- Expand clinical pharmacy services on the floors.
- Add information systems and bar coding.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,100 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Security

Location: KEMH Ground Floor

Existing Area (DGSF): 430 sq. ft

Observations on Current Operations/Facilities

- Currently conducting a security study and improved security plan developed.

Noted Deficiencies and/or Successful Attributes

- Security decentralized - main entrance and emergency.
- Emergency security poor in space and location.
- Need to increase number of observation cameras.
- No camera control of external areas.
- No proper key control system.

Recommendations

- Use current study to plan future needs.
- Centralize security in one location near emergency entrance.
- Establish key control system.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 545 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Staff Facilities

Location: KEMH Decentralized

Existing Area (DGSF): 3,325 sq. ft

Observations on Current Operations/Facilities

- No real centralized staff facilities provided for staff other than for surgical services.

Noted Deficiencies and/or Successful Attributes

- Needs centralized locker facilities for female and male respectively.
- Inadequate staff lounges.
- Inadequate meeting / conference rooms.

Recommendations

- Review real locker facility needs during functional program.
- Provide staff lounges.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 4,140 sq.ft.

Departmental Assessment Summary

Support Services

Department Name: Switchboard

Location: KEMH Ground Floor

Existing Area (DGSF): 550 sq. ft

Observations on Current Operations/Facilities

- Well centralized in one location with adequate space.

Recommendations

- If it needs to be relocated in the master plan, a major job is required for rewiring.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 550 sq.ft.

Departmental Assessment Summary

MID-ATLANTIC WELLNESS INSTITUTE'S SERVICES

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Acute Psychiatric Inpatient Unit- 19 Beds

Location: MAWI Second Floor

Existing Area (DGSF): 9,334 sq. ft

Observations on Current Operations/Facilities

- 19 bed unit with toilet rooms out side of the patient bed rooms allows for good patient observation to the toilet rooms.
- Entry vestibules could allow for a patient to hide from staff.
- Larger activity area is needed.
- Reconfiguration of nurse's station is needed to allow for properly sized support spaces - staff rooms are created fro a patient room.

Noted Deficiencies and/or Successful Attributes

- Well-controlled space with easy access to the patient/ staff gym area.

Recommendations

- Larger and separated activities should be provided.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 9,600 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Acute ICU- 6 Beds

Location: MAWI Second Floor

Existing Area (DGSF): 2,645 sq. ft

Observations on Current Operations/Facilities

- Most secure patients are located here.
- Separate out door activity space is provided.
- Larger staff support area is needed.

Noted Deficiencies and/or Successful Attributes

- Nurses station/ control allows for good patient observation.

Recommendations

- Slightly larger patient activity area is needed to separate noisy vs. quiet activity
- Slightly large staff control area is needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,700 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Devon Lodge- Long-Term- 18 Beds

Location: MAWI Second Floor

Existing Area (DGSF): 8,152 sq. ft

Observations on Current Operations/Facilities

- Current unit has 17 beds occupied / 18 total beds are available.
- Current room configuration does not allow for observation from the nurses station to the patients rooms.
- Unit lacks support and properly sized activity and dining areas.
- The aged facility does not allow for accessibility clearances to all of the patient areas.
- Current layout has shared bathing facilities with little patient privacy.
- Unit lacks activity spaces.
- Unit lacks staff support rooms.
- Inefficient layout of units with a single loaded corridor accounts for the high SF / bed ratio.

Noted Deficiencies and/or Successful Attributes

- Staff moral is high at this unit.

Recommendations

- Best practice psychiatric units are based around 450 sf per bed for a nursing unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 8,100 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Reid Ward- Geriatrics- 24 Beds

Location: MAWI Second Floor

Existing Area (DGSF): 7,920 sq. ft

Observations on Current Operations/Facilities

- Patients on this unit are here for many years - some have been in the unit for over 25 years. These patients have chronic mental illness who have become elderly mental and infirm.
- Current room configuration does not allow for observation from the nurses station to the patients rooms.
- Unit lacks support and properly sized activity and dining areas.
- The aged facility does not allow for accessibility clearances to all of the patient areas.
- Current layout has shared bathing facilities with little patient privacy.
- Unit lacks activity spaces .
- Unit has inadequate medical gasses.
- Unit lacks staff support room.

Noted Deficiencies and/or Successful Attributes

- Staff moral is high at this unit.

Recommendations

- Best practice psychiatric units are based around 450 sf per bed for a nursing unit.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 10,800 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Watson Ward- Vacant

Location: MAWI Second Floor

Existing Area (DGSF): 4,894 sq. ft

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 0 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Treatment- Medical

Location: MAWI Second Floor

Existing Area (DGSF): 1,995 sq. ft

Observations on Current Operations/Facilities

- Current exam treatment spaces are used for ETC treatments only.
- Patient gym is located next to the Acute Admission unit and can be secured from the other patients.
- Location of the gym is appropriate assuming that the psychiatric intensive patient does not need access to the gym.

Noted Deficiencies and/or Successful Attributes

- Lack of group treatment rooms and activities areas.

Recommendations

- Additional group treatment rooms needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,450 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Executive Administration

Location: MAWI First Floor

Existing Area (DGSF): 618 sq. ft

Observations on Current Operations/Facilities

- Access to executive offices is directly off of the lobby - no issues were cited with this adjacency.
- There is a lack of waiting space for the suite. Visitor / staff need to wait in the main lobby.
- Suite does not have a private conference room.

Recommendations

- Conference room
- Waiting area

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 850 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Inpatient Administration

Location: MAWI Second Floor

Existing Area (DGSF): 715 sq. ft

Observations on Current Operations/Facilities

- No major deficiencies reported.
- Work area for copying and sorting requested

Recommendations

- FY 2009 had no staff increases.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 800 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Mental Health Services

Location: MAWI Second Floor

Existing Area (DGSF): 2,490 sq. ft

Observations on Current Operations/Facilities

- Close proximity to the patients and units
- Work room and copy area needed

Recommendations

- Additional work area needed

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,670 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Medical Library

Location: MAWI Second Floor

Existing Area (DGSF): 325 sq. ft

Observations on Current Operations/Facilities

- Small library does not adequate space for journals and research materials.
- Computer research carols are requested.

Recommendations

- Additional shelving and computer research carols are needed

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 800 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Conference Room

Location: MAWI Second Floor

Existing Area (DGSF): 1,560 sq. ft

Observations on Current Operations/Facilities

- Space in the main conference room is adequately sized, but finishes need upgrading.
- Technologies need to be incorporated to allow for telemedicine/conferencing.
- St Brendan's allow the community to use the space for meetings.

Noted Deficiencies and/or Successful Attributes

- Additional conference room is requested.

Recommendations

- Additional conference room.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,800 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Volunteers/Gift Shop

Location: MAWI First Floor

Existing Area (DGSF): 2,550 sq. ft

Observations on Current Operations/Facilities

- Volunteer staff would like to see the the services closer to the lobby for better visual presence and better security.
- Volunteers for KEMH and MAWI are all ages ranging for high school students to the retired.
- With some vacated space, seasonal items could be stored remotely from the gift shop area.
- The services cater to clients from the Learning Disability services, Turning Point, Mental Health Services and the patient wards.
- Monies raised by the volunteers goes back to the programs and services at the Mid-Atlantic Wellness Institute.

Noted Deficiencies and/or Successful Attributes

- Seasonal storage room is needed.
- The volunteer services runs a successful Thrift store and Tuck Shop for patients.
- Work room/Break room is requested.
- Lockers could be placed in the break room.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,500 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Health Records

Location: MAWI Second Floor

Existing Area (DGSF): 925 sq. ft

Observations on Current Operations/Facilities

- Needs better visual control of records
- Potential high density storage could neglect addition space needs
- Remote storage for "dead" records is needed to free up workspace.

Noted Deficiencies and/or Successful Attributes

- Easily accessible to inpatient units
- Computer room takes space away from records area.

Recommendations

- Additional Office area
- Remote long-term records storage
- Charting area

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,200 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Lobby

Location: MAWI First Floor

Existing Area (DGSF): 1,500 sq. ft

Observations on Current Operations/Facilities

- Copy Space is adequate
- Copy Larger security/switchboard is desired

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,500 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Acute Outpatient Clinic

Location: MAWI First Floor

Existing Area (DGSF): 2,940 sq. ft

Observations on Current Operations/Facilities

- Service needs to provide individual and group therapies.- currently, no group rooms are in the suite.
- Easy access to the front door for patients
- Areas can not be closed off during sessions or off hours due to the lack of doors to the suite
- Lack of suite doors allows inpatients and visitors to wander into the suite - jeopardizes patient confidentiality.

Noted Deficiencies and/or Successful Attributes

- In the newer part of the facility
- Rooms get natural lighting.

Recommendations

- Additional group rooms and conferencing spaces are needed
- Reception and control area is needed
- Patient waiting area away from the counseling rooms is needed

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,700 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Rehabilitation Clinic

Location: MAWI First Floor

Existing Area (DGSF): 6,012 sq. ft

Observations on Current Operations/Facilities

- The Rehabilitation portion of the clinic appears to have the rooms and spaces needed to run the patients activities.
- Access to this is dual sided, new and first time patients have easy access for the main lobby, returning clients have a side access and entry lobby.
- Reception to the clinic is in panels that take away from the lobby and entry sequence.
- Patients have access to their own outdoor space for gardening and landscape projects
- Vocational clinic side has worktables along an exit corridor. Reconfiguration of space could correct this deficiency.
- Not all of the rooms are in use. There is currently no barber/hairdresser. Shop area is currently not used.

Noted Deficiencies and/or Successful Attributes

- Plexiglas windows place for vandalism issues diffuses the views towards the out side. Natural light would help the visual feel of the space.
- Reconfiguration of space would eliminate worktables and storage in the corridors.
- Dining room is a good multipurpose sized room.

Recommendations

- An efficient layout could decrease the amount of space needed for programs.
- Evaluation of physical space was conducted when the weekly programs for clients were community based outings.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,000 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Vocational Rehabilitation Clinic

Location: MAWI First Floor

Existing Area (DGSF): 4,660 sq. ft

Observations on Current Operations/Facilities

- The Rehabilitation portion of the clinic appears to have the rooms and spaces needed to run the patients activities.
- Access to this is dual sided, new and first time patients have easy access for the main lobby, returning clients have a side access and entry lobby.
- Reception to the clinic is in panels that take away from the lobby and entry sequence.
- Patients have access to their own outdoor space for gardening and landscape projects
- Vocational clinic side has worktables along an exit corridor. Reconfiguration of space could correct this deficiency.
- Not all of the rooms are in use. There is currently no barber/hairdresser. Shop area is currently not used.

Noted Deficiencies and/or Successful Attributes

- Plexiglas windows place for vandalism issues diffuses the views towards the out side. Natural light would help the visual feel of the space.
- Reconfiguration of space would eliminate worktables and storage in the corridors.
- Dining room is a good multipurpose sized room.

Recommendations

- An efficient layout could decrease the amount of space needed for programs.
- Evaluation of physical space was conducted when the weekly programs for clients were community based outings.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,000 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Medical Social Workers

Location: MAWI First Floor

Existing Area (DGSF): 2,714 sq. ft

Observations on Current Operations/Facilities

- Current work areas for the social workers are located in cramped linear configuration.
- Privacy cubicles are required to add to patient confidentially and telephone conversations.
- Area lacks work room and layout space
- Area lacks conferencing space for the staff, which could double as a group room for staff and patients.
- Reception area provides for good control for returning patients, but the space was carved out of the entry lobby.
- The lobby splits social work offices.
- Exterior windows were replaced by Plexiglas, which has been scratched over the years. Direct views to the out side are diffused and blurry. Window replacements are needed.

Recommendations

- Additional work areas, conferencing and individual work cubicles.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,500 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Dietary/Staff Welfare Facilities

Location: MAWI Second Floor

Existing Area (DGSF): 5,584 sq. ft

Observations on Current Operations/Facilities

- Reported food is good and plenty.
- Many outsiders / visitors use cafeteria for meals.
- Servery is single file.
- Dishwashing room adequate.
- Cafeteria seating adequate.
- Conventional cooking system used.

Noted Deficiencies and/or Successful Attributes

- Freezer and storage outside department in main corridor.
- Insufficient storage.
- Supervisor's office space tight.
- Other offices decentralized.

Recommendations

- Consider centralize cook / chill at new kitchen / commissary.
- Implement rethermalize carts for distribution.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,270 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Laundry

Location: MAWI Second Floor

Existing Area (DGSF): 998 sq. ft

Observations on Current Operations/Facilities

- Staff and residents prepare distribution carts.
- Large supplies of linen storage provided for Y2K linen supplies.

Noted Deficiencies and/or Successful Attributes

- No separate soiled linen holding area.
- Poor receiving / dispatch dock.
- Poor layout.

Recommendations

- Combine with environmental services.
- Consider preparing distribution carts at KEMH.
- Provide separate soiled holding room.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 750 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Pharmacy

Location: MAWI Second Floor

Existing Area (DGSF): 329 sq. ft

Observations on Current Operations/Facilities

- Operates in very tight space.

Noted Deficiencies and/or Successful Attributes

- No separate offices.
- Tight layout.

Recommendations

- Consider centralizing dispensing at KEMH (dependent on Master Plan developed).

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 560 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Staff Lockers

Location: MAWI - On Different Levels

Existing Area (DGSF): 110 sq. ft

Observations on Current Operations/Facilities

- No real centralized locker facilities.
- Staff lounge under renovation adjacent to cafeteria.

Noted Deficiencies and/or Successful Attributes

- No central staff locker facilities.

Recommendations

- If new building, provide central staff locker facilities.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,525 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Environmental Services

Location: MAWI-Midway between Second & Third Floors

Existing Area (DGSF): 437 sq. ft

Observations on Current Operations/Facilities

- Difficult building to maintain.

Noted Deficiencies and/or Successful Attributes

- Adequate space but poor layout.
- Poor location.
- Needs separate washer and drier room.

Recommendations

- Centralize on an appropriate floor level.
- Provide washer / dryer room for mops and rags.
- Consider combining with linen service.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,450 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Facilities Offices & Workshops

Location:

Existing Area (DGSF): 2,282 sq. ft

Observations on Current Operations/Facilities

Noted Deficiencies and/or Successful Attributes

Recommendations

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,500 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Materials Management

Location: MAWI Second Floor

Existing Area (DGSF): 80 sq. ft

Observations on Current Operations/Facilities

- Orders prepared at KEMH.
- No materials management function at MAWI except for distribution.

Noted Deficiencies and/or Successful Attributes

- Poor receiving dock.
- No receiving holding space

Recommendations

- Provide receiving dock with leveler.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 835 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Security Service/Switchboard

Location: MAWI - Ground Floor

Existing Area (DGSF): 156 sq. ft

Observations on Current Operations/Facilities

Noted Deficiencies and/or Successful Attributes

Recommendations

Physical Evaluation:

Overall Rating:

Function:
- Location
- Layout & Circulation
- Operations
- Technology

Space:
- Quantity
- Quality

Equipment Inventory:

Overall Rating:
- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 375 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Methadone Clinic

Location: MAWI Fifth Floor

Existing Area (DGSF): 781 sq. ft

Observations on Current Operations/Facilities

- Substance abuse clinic appears to have adequate space with the exception of the 2 group rooms.
- Group rooms are in an area, which does not allow entry to on conference room without going through another conference room.
- Clinics do meet accessibility standards.
- Methadone vault needs additional space.
- Methadone has had problems with attempted break-ins
- Clinics need better vehicular access and parking.

Recommendations

- Larger waiting area
- Additional patient toilet
- Larger/ more secure lab area

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 950 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Turning Point Detox- 7 Beds

Location: MAWI Fifth Floor

Existing Area (DGSF): 1,360 sq. ft

Observations on Current Operations/Facilities

- Detox unit is a voluntary unit for the patients. Once they are checked in, they may leave before the completion of the program.
- Unit is short on staff and patient support areas.
- Unit has multi bedded rooms - 1 seclusion room is provided.
- Layout of the building and enclosed areas allows for the patients to receive substances from the outside if they so choose.

Recommendations

- Inpatient space - 7 beds @ 450 sf per bed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 3,150 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Substance Abuse Clinic

Location: MAWI Fifth Floor

Existing Area (DGSF): 2,555 sq. ft

Observations on Current Operations/Facilities

- Substance abuse clinic appears to have adequate space with the exception of the 2 group rooms.
- Group rooms are in an area, which does not allow entry to on conference room without going through another conference room.
- Clinics do meet accessibility standards.
- Methadone vault needs additional space.
- Methadone has had problems with attempted break-ins.
- Clinics need better vehicular access and parking.

Recommendations

- Larger waiting area.
- Additional patient toilet.
- Larger/ more secure lab area.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,500 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Substance Abuse Administration

Location: MAWI Fifth Floor

Existing Area (DGSF): 815 sq. ft

Physical Evaluation:

Overall Rating:

Function:
- Location
- Layout & Circulation
- Operations
- Technology

Space:
- Quantity
- Quality

Equipment Inventory:

Overall Rating:
- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 1,260 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Adult Disability Inpatient Units

Location: MAWI Fifth Floor

Existing Area (DGSF): 15,752 sq. ft

Observations on Current Operations/Facilities

- Rooms are multi-bedded rooms.
- Group social space is shared between the 3 units and could be larger to accommodate more patients and staff.
- Nurse's stations need additional support space.
- As patients are relocated to the community, 3 and 4-bedded rooms need to be converted back to semi private accommodations.
- Patient toilet and shower rooms need more privacy.
- Current configuration does not allow for easy access to an adjacent unit for staff support or emergency.

Noted Deficiencies and/or Successful Attributes

- Physical condition of the units needs upgrading.
- Heavy rain storms cause multiple roof leaks and slipping hazards.

Recommendations

- Over the next several years, the learning disabilities will be moving patients to group homes as properties become available.
- Of the 3 nursing units, one is almost empty.
- By moving the patients to the community, rooms can be converted to semi-private rooms.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 24,750 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: New Dimension Day Programmes

Location: MAWI Fifth Floor

Existing Area (DGSF): 7,202 sq. ft

Observations on Current Operations/Facilities

- Space is adequate
- Area was toured - no patient programs were in progress

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 4,200 sq.ft.

Departmental Assessment Summary

Mid-Atlantic Wellness Institute's Services

Department Name: Administration- LD

Location: MAWI Fifth Floor

Existing Area (DGSF): 2,620 sq. ft

Observations on Current Operations/Facilities

- Spaces are in the oldest building on the St Brendan's campus.
- Offices are in close proximity to the learning disabilities inpatient units.
- No space deficiencies were noted.
- Would eventually move to community-based programs.

Noted Deficiencies and/or Successful Attributes

- Physical condition of the office area needs upgrading.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,400 sq.ft.

Departmental Assessment Summary

OUT OF HOSPITAL SERVICES

Departmental Assessment Summary

Out of Hospital Services

Department Name: Agape (Hospice)

Location: Agape House

Existing Area (DGSF): 5,105 sq. ft

Observations on Current Operations/Facilities

- 98% of patients that are in the Agape house are terminally ill.
- 5% of the patients are able to go back into the community.
- Agape house uses physicians from the CCU to exam and treat patients. Volumes do not support a full time physician for their number of patients.
- Would prefer a direct connection (tube system) to Pharmacy for quicker distribution of medicine.
- Currently shares in education and research with hospice facilities in the UK.

Noted Deficiencies and/or Successful Attributes

- Current room configuration has no dividers between beds therefore, no patient privacy.
- Room configuration make it hard to maneuver beds in and out of the patient rooms.
- Accessibility is lacking, rooms have high sills and "corridors" have multiple and steep slopes.
- Transporting patients for Agape House to the main hospital must be by ambulance due to very steep driveway access.
- Facility lack adequately sized storage areas.
- Additional conference rooms for family meetings are lacking. Currently, the dining room is used for this function.
- Tub rooms and showers are not designed for the aged and very sick patient - too deep to step into.
- The Agape house has too many entry points and access into the facility.
- Needs medical gasses into a head wall system in lieu of portable systems.
- Would like to reintroduce Day care services, bereavement counseling and ministerial services.
- With current needs and waiting list, an additional 4 beds could be filled.

Recommendations

- Based on 16 beds (4 future) at 600 sf/bed
- Day Hospital - 450 sf
- 8 additional offices 110*1.2
- Staff and meeting rooms

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 9,600 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Carrick(Dialysis)

Location: Freestanding Facility on Point Finger Road

Existing Area (DGSF): 3,750 sq. ft

Observations on Current Operations/Facilities

- Provides convenient access for outpatients.
- Remote for inpatients. (Only dialyze ICU patients are on unit in KEMH.)
- Days of operation: Monday - Saturday.
- Fifteen chairs/stations are provided, but all are not used due to placement and workload.

Noted Deficiencies and/or Successful Attributes

- Good access for outpatients; but the process of transporting inpatients across Point Finger Road is undignified and inefficient. (Dialyze ICU patients are on unit in KEMH.)
- Based on anticipated workload volume generated from historical volume, plan for 16-18 stations.
- Support and service deliveries flow through the patient care treatment zone.
- Service area lacks square footage for public, staff support and overall patient care delivery.
- Poor quality patient environment and poor condition of facility. (i.e. water treatment plant facilities for supporting Dialysis is experiencing quality/capacity issues.)

Recommendations

- Ideally the Dialysis Services would be attached to KEMH with convenient access for high-volume outpatients and direct connectivity for improved transport/ support for the inpatient population with access to related diagnostics.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,600 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Montrose Building- Child/Adolescent Psych Outpatient

Location: Montrose Building Second Floor

Existing Area (DGSF): 1,447 sq. ft

Observations on Current Operations/Facilities

- Clients are adolescents ranging from 4- 18 years in age.
- Serves as consultants to other agencies providing services to children.
- Hospital transportation is inadequate to provide new programs and to allow staff to reach community based programs.

Noted Deficiencies and/or Successful Attributes

- Lack of inpatient beds limits the cases of children with longer term needs.
- Current long term patients are placed in facilities over seas.
- Lack of larger group spaces limit programs.
- Need additional private consultation rooms.
- Lack research space for the program.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 8,485 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Montrose Building- Employee Assistance Program (EAP)

Location: Montrose Building Second Floor

Existing Area (DGSF): 345 sq. ft

Observations on Current Operations/Facilities

- Shares waiting area with Employee health.
- Service is sometimes under utilized by staff.

Noted Deficiencies and/or Successful Attributes

- Needs privacy - employees share waiting space with Employee Health.
- Remote (out of Hospital) location is beneficial. This allows the employee
- Proximity to employee health is good.
- Would like to be closer to Educational Services.

Recommendations

- FY2009 projects an additional EAP counselor.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 460 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Montrose Building- Staff Health

Location: Montrose - First Floor

Existing Area (DGSF): 345 sq. ft

Observations on Current Operations/Facilities

Noted Deficiencies and/or Successful Attributes

Recommendations

Physical Evaluation:

Overall Rating:

Function:
- Location
- Layout & Circulation
- Operations
- Technology

Space:
- Quantity
- Quality

Equipment Inventory:

Overall Rating:
- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,200 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Montrose Building- Home Care

Location: Moved to KEMH First Floor

Existing Area (DGSF): 200 sq. ft

Observations on Current Operations/Facilities

- Originally located in Montrose Building in inadequate space.
- Recently relocated into KEMH, CCU building.

Noted Deficiencies and/or Successful Attributes

- New "internal" location in KEMH is somewhat remote from van access.
- Functional space needs to include office for clinical leader, secretary, work space for nursing staff, files and supply storage.

Recommendations

- Increase square feet to accommodate staff work areas and supply storage.
- Locate with convenient access to exterior van parking.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 700 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Montrose Building- Human Resources

Location: Montrose Building, First Floor

Existing Area (DGSF): 2,973 sq. ft

Observations on Current Operations/Facilities

- HR works with the entire hospital system for recruiting, employment retiree's programs and all benefits.
- All employees' records are kept with-in the department.
- Older records (7 Yrs) can be kept off site).
- HR has a hard time recruiting new prospects due to limited housing and the high costs. The current accommodations in the nursing quarters are meant as a temporary supplement, but conditions of the building and amenities makes it difficult.
- HR needs to be on campus and attached to the hospital.
- Adjacency to security is desired due to terminations.

Noted Deficiencies and/or Successful Attributes

- Needs lockable room with high density storage for employee records and confidentiality.
- Need private offices for employee interviews.
- Need conference room(s).
- Need large workrooms - shredders, copy machines, employee photographs.
- Control into the department needs to be improved - too open.

Recommendations

- Privacy, conference rooms and offices are needed.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 5,600 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Nurses Residence Building- Nurses Residence

Location: Nurses Residence

Existing Area (DGSF): 12,450 sq. ft

Observations on Current Operations/Facilities

- Rooms in existing facility are not to modern standards.
- Lack of private washrooms are a major concern.
- Substantial Life Safety Deficiencies in Building

Noted Deficiencies and/or Successful Attributes

- Location is central

Recommendations

- Consideration should be given to development of several different configurations of Staff Facilities.
- Facilities could be developed on either site or within the community.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 16,185 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Nurses Residence Building- Facilities Dirctorate

Location: Nurses Residence

Existing Area (DGSF): 2,481 sq. ft

Observations on Current Operations/Facilities

- Administrative services recently renovated.
- Support services located in Basement Level of KEMH.

Noted Deficiencies and/or Successful Attributes

- Administrative area pending renovation - adequate.
- Support areas need additional space to accommodate staff.

Recommendations

- Overall administrative area is adequate.
- Slight increase for support and shops.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 2,485 sq.ft.

Departmental Assessment Summary

Out of Hospital Services

Department Name: Nurses Residence Building- Financial Directorate

Location: Nurses Residence Building- First Floor

Existing Area (DGSF): 4,174 sq. ft

Observations on Current Operations/Facilities

- Overall finance department would be better served in an open office environment with shared conferencing, staff rooms and work rooms.
- Each division needs its own storage room for the amount of reports each has to print and store.
- Payroll could be in a remote facility away from the hospital.
  - Current managers are in the main hospital on the 5th floor - payroll is too remote.
  - Currently has to go to the fifth floor to print reports - additional space could resolve this issue.
  - Staff will grow by an additional FTE by FY2009.
  - Records storage of 2 years have to be kept on the hospital grounds - 7 years of records have to be kept but can be off site.
- Accounts payable could be in an attached facility next to from the hospital.
  - Enclosed offices make supervision harder - prefers open office concept.
  - Outside auditor will come for a 6 week period, a conference room should be provided for this - could be shared within the service.
  - Most of the paperwork comes in from materials management.- close proximity is desired.
- Credit and Collections should be close to the intake process of the hospital.
  - CC service does make visits to the patient rooms.
  - Works closely with the insurance agency and government.
  - Service is combined with the cashier.

Noted Deficiencies and/or Successful Attributes

- Patient waiting space is needed. along with interview rooms.
- Payroll:
  - Needs additional staff room - could be shared with finance if co-located.
  - Needs adjacent storage room.
- Accounts payable:
  - Needs additional staff room - could be shared with finance if co-located.
  - Needs additional storage room.
- Credit and Collections:
  - Needs appropriate layout for patient confidentiality.
  - Needs adjacent storage room.
  - Could share adjacent lounge and conference room.

Physical Evaluation:

Overall Rating:

Function:

- Location
- Layout & Circulation
- Operations
- Technology

Space:

- Quantity
- Quality

Equipment Inventory:

Overall Rating:

- Technology
- Physical Condition
- Reusable/Relocatable

Proposed Area (DGSF): 6,875 sq.ft.

Executive Team Interview Summary

Interview:	Ms. Delia Basden, Chief Financial Officer		**Date:**	August 25, 2004
Attendees:	Bill Smeltz	Cannon Design	**Time:**	3:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

Initial Discussion

- Cannon Design gave general overview of process for the Estate Master Plan and how they will be undertaking the study.
- BHB don't have the processes in place to really look at efficiencies – benchmarking with other institutions has not been done very well.
- What should be benchmarked? Biggest question is what are appropriate staffing levels – 60% of expenditures
- Little idea how BHB is doing relative to other facilities.
- Human Resources working on new system that would produce reliable data.
- Approx 1300-1350 FTE for both facilities.
- Actual authorized FTE may be higher closer to 1400.
- Gaining some efficiency with outsourcing.
- Deriving efficiencies by contracting out Housekeeping.
- GE is largest vendor.
- Financial Software – SMS software – reasonably happy with it – budgeting side of that system is difficult to get good data. – budgeting process takes far too long
- Health Records Department collect all the statistics for utilization
- Physician will often admit patient because it is cheaper than outpatient treatment.
- Alternate Care Beds are used in the Medical/Surgical Units because no beds are available in the Continuing Care Unit.
- Very little seniors housing on Island!!

Are there community-based programmes?

- No- except for the group homes (Gov't funded).
- 90-92% of the Mid Atlantic Wellness Institute's funding is from Gov't.

Service Provisions – what determines what is done here vs. outsourced?

- Economies of scale often dictate.
- MRI is one that insurance would have liked to see still outsourced. Ministry of Finance/Health determines which services are provided here.
- KEMH must apply for new services and expansion of services.
- When BHB sees a service they would like to provide, they need to make an application to government for approval (put together a business case).
- Hospital puts together a proforma with staff before submitting. Undertaken May/June, submitted in September and notified by Gov't in March.
- Technology upgrades do not go through government. If it causes a new cost formula – that needs to be approved by Gov't to increase reimbursable.
- Important to know information of programmes that might be forthcoming. May be more difficult to identify those that were examined and rejected.

Executive Team Interview Summary

Interview:	Ms. Delia Basden, Chief Financial Officer (continued)		**Date:**	August 25, 2004
Attendees:	Bill Smeltz	Cannon Design	**Time:**	3:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Managment	**Location:**	Cannon Design Office, 3rd Floor, QENR

Do BHB have guidelines on Return on Investment?

- Not specifically. Generally do not borrow to do investment. Look at each case individually.

Do you do profit/loss analysis on provided services?

- Steer away from doing this for a number of reasons. It is manual process at this time – once software in place this would be feasible.
- Quarterly reports will be done starting this year.
- Changing to a billing system that uses CPT coding. Hoping to start switchover in Dec 2004 and full system implemented by April 2007.
- Ministry of Health has initiated this over the last 3 years. Ministry instructs what has to be done – BHB finds a way to implement it.

Are there certain technologies that are in place that are assisting you?

- Only systems are in DI, LAB and OR – these are for patient tracking purposes only.
- Material Management and Pharmacy do not currently use barcode or Pixas. About two years away from this. Inventory is computerized but large amount is still done manually.

Discuss your current operations in terms of BHB scope and services and the Goals and Objectives that you see are important over the next 10 years.

- Maintain an accurate listing of Revenue/Expenses
- Reconcile accounts receivable
- Adequate funding for equipment replacement.

What do you see are the primary strengths of the BHB both in operations and infrastructure?

- New funding model would allow to charge not only bed rate but also diagnostic procedures. This would be a large opportunity. Gov't has given approval in principle.
- A lot of staff that have been here a long time
- Location of hospital centrally works well for most people.

What do you see are the primary weaknesses of the BHB?

- Way that the government tracks/restricts what we do and how we charge really makes things difficult.
- Success rate is partly financial and partly political. BHB may get about 50% of what they ask for.
- KEMH must stay in line with CPI indexes. Always finding that they need to cut back – tends to be repairs and maintenance because they are easy to target.
- Allowing competition is difficult because playing field is not level "BHB controlled but not protected"
- Labs in physician offices have eaten away at profitability of BHB

Executive Team Interview Summary

Interview:	Ms. Delia Basden, Chief Financial Officer (continued)		**Date:**	August 25, 2004
Attendees:	Bill Smeltz	Cannon Design	**Time:**	3:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Managment	**Location:**	Cannon Design Office, 3rd Floor, QENR

- Home Care outside services have also affected BHB
- BHB been providing Home Care services for 3 years. Competition has been around for around the same amount of time.
- Nothing to stop private sector from setting up parallel services.

What opportunities and threats currently and/or in the future face the BHB?

- Opportunities – to improve Communications – be more proactive with the community and staff. Marketing BHB will provide benefits.
- Weakness – lack of understanding both inside and outside of the hospital on the impacts of decision-making. People who do not really know how the hospital works make decisions.
- Perpetuated myth that the Hospital is inefficient – need to educate the public about why we are here – do whatever it takes for the patient.
- New funding model; change rate of reimbursement for Inpatients and Outpatients

Comments:

- May need to provide up to 20% over nominal utilization because of peak demand. Maternity is a good example.
- 3 months stock supply on key supplies, 1 month on other supplies.
- Have a couple of houses that are used for Locum (visiting physicians) – don't want to pay rent – want to have housing for physicians and nursing – housing allowances are high – providing buildings would save considerable money.
- All admin is on KEMH site but is located in several buildings.
- Inpatient #'s are dropping and outpatient treatments/clinics are increasing.

How good it is it to have things centralized vs. having facilities out in the Community at either end of the Island?

- Need to perform some surveys – do not know the number of people who cannot get to the hospital.
- Decentralizing is viable as long as control procedures are put in place. Already done with St. Brendan's.

Do you anticipate any significant changes to the organization or operations of healthcare in Bermuda that may affect the BHB Estate Master Plan?

- Less inpatient stays and more diagnostic treatment.

What do you see as the primary issues that need to be addressed in the Estate Master Plan?

- Make sure there is adequate room for expansion – sufficient space for filing and storage.
- Warehouse – designed for proper use – ceiling ht – shelving.
- Need adequate parking not only for physicians but also for staff and visitors.

Executive Team Interview Summary

Executive Team Interview Summary

Interview:	Mr. Anthony Richardson, Board Deputy Chair & Steering Committee Member		**Date:**	August 25, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:30pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

As Steering Committee Chair, what are the issues that the Report must address to be useful to the BHB and useable for implementation?

- In the eyes of the average Bermudian, hospital is seen as being reasonably up to date.
- Outsourcing offshore is a reality that will have to continue because of population size
- Biggest issue with the public will be the issues that arise when we decide what we do with the buildings
- Important to give stakeholders the opportunity to have input.
- Should reinforce now that we are in an information gathering stage.
- Board and Cannon Design should come up with a campaign to tell the public how and what we are doing. – must make the public feel that they are part of the process.

One of the things Cannon Design is doing is benchmarking beds/services to communities of other size – we will probably find that there are some disproportions – part of this is demographics part of this may also be reimbursement. – is it appropriate to extend conversations to the government and insurance industry level?

- Must explore all and any avenues possible. Need to fine-tune not only medical but also business side.
- Key will be in the future to be more efficient- by improving efficiency BHB could continue with the same number of beds –
- Across the hospital there has to be many opportunities to improve efficiency – e.g. moving of departments not necessarily planned through – added cost when departments start to move – more efficient front end planning could result in cost efficiencies.
- Require insight from Board with regard to Emergency Planning vs. ongoing operations – what is the cost of this provision and what defined limits are planned from a Board level.
- Need a very clear Disaster Recovery Plan – discussion that maybe government should be funding this rather than BHB.
- Community – education and programmes – getting healthcare to population early - ministry does have outreach prog.
- Geography is an issue – if we ended up with a decision to relocate there would be big issues (physician offices are located close to the hospital) – views of the people would probably be that it is in the right location.
- May be beneficial to have community outreach centre at either end of the island for primary care and programs such as diabetes.
- Will have issues with the physicians regardless of what we do – they cannot agree among themselves so it will be a challenge – position must be supported by the facts – more important to get the support of the broader community as a whole.
- Some of the decisions will be hard decisions
- Population will want the best and everything possible – primary care centres would be an easy sell.
- Vast majority of the physicians have relationships with the hospital.
- Private initiatives not necessarily a bad thing because these facilities could be part of the disaster plan – competition can be appropriate to create more efficiencies.

Executive Team Interview Summary

Interview:	Mr. Anthony Richardson, Board Deputy Chair & Steering Committee Member (continued)		**Date:**	August 25, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:30pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

- Board identifies need and prepares options, physicians can either elect to follow the lead of the Board or go off and do their own initiative.
- Suspect the relationship between the Board and Physicians is strong mainly because the Board doesn't push back against the physicians.
- Re: privatization – BHB has to provide all services vs. private sector that can select the services they provide.

Question re: Privatization of Services

- Outsourcing – where do you draw the line between what you outsource vs. what you keep.
- Need to look at outsourcing from both financial position but also the viability of the private company to survive especially in the context of disaster planning.
- Hospital will want to be in a position where they keep control over services.
- Probably not the volume to support significant outsourcing of services.

Are there any mandates/programmes by the Ministry of Health that affect the hospital?

- Not aware of any. Ministry allows the board to run the Hospital
- Some would feel that the Ministry is more reactive than proactive.
- Board would like to maintain its independence.
- Chair and CEO meet with the Minister regularly – no signs of interference.
- It is unlikely that the government will take a position until the public reacts to the proposal.

Executive Team Interview Summary

Interview:	Mr. Wendell Emery, Board Member and Chair of Steering Committee		**Date:**	August 26, 2004	
Attendees:	William Smeltz	Cannon Design	**Time:**	8:00am	
	Ron McIntyre	Cannon Design			
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR	

Discussion:

What will make the Estate Master Plan Report most useful to the BHB?

- Will notice different perspectives among number of board members.
- Report should speak to the education of the Board members. Each board member brings different perspectives. Need to indicate what a board for a community hospital should be.
- Should have a draft report in advance to identify what may be politically sensitive to Government. This was a problem with the Kuron report.
- There was some resistance among staff with the Kuron report that resulted in inaccurate information.
- Threat to the system – Competition from Private Hospital.
- Public and government don't necessarily know how the hospital system works. Lab and MRI are good examples of services that affect revenue and viability of BHB.
- 2 major unions – Bermuda Industrial Union, and Bermuda Public Services Union. Majority of BIU members are Bermudian, lower % of Bermudians in BPSU. i.e. nurses are largely from offshore – reduction would not be a political issue.
- Change in Funding formula could have major impact – everyone recognizes that the existing system is not working – Insurance wants to know how this will affect claims – Gov't wants to know what it will cost the overall system.
- Reality is that current funding system does not encourage reducing length of stay because that is where you generate your revenue.
- Gov't is responsible for all minors and for residents over 60 and over 75 – thus they have a vested interest.
- Health Summit in Bermuda in November – Cannon should attend.
- Hospital needs to explain the funding mechanism at this summit.
- Medical inventory is worth about $3million.
- Needs aren't only hospital needs but also Bermuda needs. Perhaps Hospital provides for service needs, and Gov't provides for "public" needs such as inventory because of disaster, etc.
- Move to more outpatient services over last couple of years. Reimbursement on outpatient basis is based on procedure basis.
- Catch 22 – reimbursements better for outpatients but cannot afford to reduce inpatient stays because of how hospital is funded.
- ECU – long-term care is inefficient – better to download to private sector. Costs are very high for current extended care.
- Little cooperation between Administrative Medical personnel and Physician medical personnel.
- Hospital changed to Programme Management Patient Model. Physicians do not feel they were consulted and have not bought into the system.
- Hospital is a business. Hospital last year lost $3mil; this year will have a balance of $5mil.
- Lack of investment in infrastructure did not occur because funding reimbursement formula does not provide for reinvestment.
- Programme management concept was not implemented correctly because even staff do not understand model.
- KEMH has general rejection of Programme Management – the Mid-Atlantic Wellness Institute has general acceptance - Note – KEMH does not employ the physician but the Mid-Atlantic Wellness Institute does.

Executive Team Interview Summary

Interview:	Mr. Wendell Emery, Board Member and Chair of Steering Committee (continued)		**Date:**	August 26, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	8:00am
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

- Insurance system – Gov't controls subcomponent (standard medical benefit) but does not regulate extended health premiums.

What do you see are the primary strengths of the BHB both in operations and infrastructure?

- Very good and competent staff – at a pure healthcare level there are no complaints.

What do you see are the primary weaknesses of the BHB?

- Government funding mechanism.
- Business acumen of the senior management. Lack of business experience that now needs to be managed.
- Organizational structure has been that you can't do anything without the Board approving in advance.

What opportunities and threats currently and/or in the future face the BHB?

- Board has changed 3 times in the last five years. There is some suspicion of the Board because of past experience.
- Threat – private hospital.
- Threat – difficulty of recruitment!

How can BHB better service the population and are there particular groups that may be underserved or require a service or program not currently provided by BHB. Is there a better way to service the population?

- Have the expertise but need to be released to have a freer hand. Not underserviced as everyone can be treated.

Do you anticipate any significant changes to the organization or operations of healthcare in Bermuda that may affect the BHB Estate Master Plan?

- Based on current healthcare review, more competition, more outpatient care, BHB recently proposed a new day hospital rehab unit, a lot of vested interest within Gov't - increased business focus by physicians (provide care but also a business)
- People are concerned about the overall cost of healthcare in Bermuda.
- Concern over cost of insurance for seniors (upwards of $1000 per month).
- More Outpatients, less Inpatients.

Executive Team Interview Summary

Interview: Mrs. Joan Dillas-Wright Chief, Executive Officer & Steering Committee Member

Date: August 26, 2004

Time: 9:30am

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management

Discussion:

As CEO, what are the issues that the Report must address to be useful to the BHB and useable for implementation?

- Worked with the Board for a number of years, took over the Hospitals last year.
- Critical reports done include 1996 Anderson Report and Kuron Report 2003 (renamed the Operational Review).
- One of the recommendations of the Kuron Report was change of CEO.
- People Kuron brought in talked about lack of leadership and accountability.
- Organizational review had 250 recommendations.
- Main goal has been to provide leadership and accountability.
- Public is generally complementary about the care they receive though they are concerned about the quality of the facilities.

External Relationships

- Re: Reimbursements – lack of reimbursement at the level that they should be (ICU same as MIS).
- Charges within the hospital are not appropriately structured.
- Charge Description Master – Ernst and Young a couple of years ago assisted in preparing a costing model. Working with Siemens, BHB is going to run parallel analysis to show insurers and government true costs. Will be 2006/07 before operational.
- Medical fraternity on the Island is not a cohesive group. Accusations that the GP's do not want the physician leaders to control their patients. Need to realize that they are all here to serve the patients.
- Majority of GP's and Internists are good at providing quality care and coming to see their patients.
- Many blame things on Programme Mgmt but not necessarily valid. Trying to involve the doctors in the Programmes.
- Other problem was a weak Chief of Staff. Now have an acting Chief of Staff. Peer review process not in place.
- Major issue at accreditation was the competency of surgeons and how go about ensuring competency.
- Trying to have greater involvement and input of physicians.

What happened prior to the Programme Management structure?

- Physicians think it was better before but the programme was instituted because system was not working.
- Always had issues with regards to length of stay.
- When BHB had head of department there was accountability at the physician level.
- GP's have the authority to discharge patients.
- Weakness – getting physicians to follow care maps – need to improve Quality and Risk.
- Need Chief of Staff to hold everyone accountable.

Executive Team Interview Summary

Interview: Mrs. Joan Dillas-Wright Chief, Executive Officer & Steering Committee Member (continued)

Date: August 26, 2004

Time: 9:30am

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management

- Major issue is that there is nowhere to discharge patients to. Need to create more continuity with the community.
- Needs to be more collaboration and cooperation.
- Diabetes, Heart Disease and Hypertension are all major issues.
- Geography and community are issues. Decentralized primary care centers are important.
- Should be looking at Recruitment/Retention as a major issue.
- Need to look at really good staff accommodation – not only single people but families as well.
- Journey of the Patient is paramount. Should also be taking into account the needs of visitors and family (ie. Signage).
- If establish more clinics, physicians may feel that they are being encroached on but that is ok.
- Feel that as health care providers need to provide education opportunities for general public.
- Have had to come to terms with increasing competition with physicians in the community.
- Have started to offer HomeCare but is very minimal.
- National Health Plan is critical. **
- Legislation has established a new Health Council. What is it that this Health Council should be doing?
- Goal of summit is to create some guidelines to help to move forward.

<u>Emergency Planning</u>

- Do have an EMS service.
- Hospital does set up Triage.
- Do run disaster exercises – plane diversions etc.
- Coordinated effort with government and fire services for emergency exercises.
- Have identified some buildings for managing disasters.
- Do not have a formula in place with government for funding disaster scenario.
- “Unfunded Mandate.”

Executive Team Interview Summary

Interview: Ms Kathy Ann Lewis, Director, Clinical Programmes & Steering Committee Member

Date: August 26, 2004

Time: 11:00am

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Scott Thomas	Cannon Design

Discussion:

As a Steering Committee Member, what are the issues that the Report must address to be useful to the BHB and useable for implementation?

Initial Discussion

- Bermuda's healthcare system is very complex. Biggest challenge is to determine what we do best and what services we should provide.
- Struggle to keep competency up.
- Infrastructure issues also need to be addressed.
- In 1998, changed to Programme Mgmt. structure – infrastructure does not support it. Has been difficult because of the Unions and inability to structure departments accordingly. Goal is to have better patient experience.
- Expectations are very high but building is very ill.
- Envision a hospital that is state of the art clinical and technology wise, but also flexible allowing for future growth.
- Ability to offer offices for physicians and residences for staff.
- Board is very much committed to seeing this through – this commitment will accomplish the results.
- Need to have community involvement – high % of homecare so you can discharge earlier.
- Shortening length of stay is achievable politically because most patients want to go home as soon as possible.
- Insurers have preferred providers and they are now leaning towards Canada for economic reasons.
- Aside from diagnostics, there are a lot of services that are not captured in the current reimbursement system.
- Parallel testing is determining the gaps in the reimbursement system.
- Using CPT to capture utilization.
- CPT tracks diagnosis and charges.
- Have an Informatics team that looks at systems from an organization point of view vs. a directorate point of view. This can lead to better decision making process, improving patient outcomes.
- Need to reach the point where we realize that this is a 24 hour operation with all services being offered 24/7
- Currently no central portering system – taking nurses away from their patient care function.
- Developing care maps but they are not implemented on Sat/Sun so this is affecting the length of stay.
- A number of services (e.g. DI) run on an on call system after 5:00pm – this needs considerable improvement.
- Political arena has a huge influence on the BHB and can't be underestimated.
- If committed to Prog. Mgmt must have the infrastructure to support.

Executive Team Interview Summary

Interview: Ms Kathy Ann Lewis, Director, Clinical Programmes & Steering Committee Member (continued)

Date: August 26, 2004

Time: 11:00am

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Scott Thomas	Cannon Design

What are patient expectations re: public, semi-private and private rooms?

- Patients generally accept semi-private; Infection Control would work better with single rooms.
- To totally eliminate the 4bed ward would have to look at insurance funding as some plans only support this.

Discussion of technology and IT issues, telemedicine, etc.

- Bermuda is a great case study for electronic systems because they have a stable population with minimal in/out migration and low growth and small size.
- Could use technology to talk to outside Centers of Excellence – i.e. Read MRI at Hopkins – higher standard.
- Government's preferred provider for Cardiology is Johns Hopkins. Physicians were not happy with this but reality was that government was able to negotiate a better deal.
- Discussion of telemedicine to do initial stabilization of patients for services that currently do not provide – i.e. Neurology.
- Last year had approx. 400 airevacs. Significant number with prenatal and postnatal (119) vs. 30 in previous years.

Executive Team Interview Summary

Interview: Ms. Judy Richardson, Director, Quality & Risk

Date: August 26, 2004

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management
Scott Thomas	Cannon Design

Time: 1:00pm

Location: Cannon Design Office, 3rd Floor, QENR

Discussion:

Initial Discussion

- Bermuda is behind with Infrastructure and also on Service Modality.
- General practitioners are not hired by the hospital so this compounds the issue.
- Though there is a conflict of interest issue, it is difficult to enforce.
- Difficult to do anything in Bermuda without the consensus of the majority. This limits growth opportunities.
- Board historically has been perhaps too much involved in operations vs. setting policy.
- New facility must address the issue of long-term care patients taking up acute care beds, Wound Care and Diabetes.
- Bermuda has done a very good job in the past with keeping people at home. Issue now is that there are very few nursing homes and with aging population.
- Demographic issues: indigent population is a huge issue that must be looked at in study. Need to look at demographics for older that are indigent and also older that are living with family. Need to build nursing homes.

Discussion of St Brendan & KEMH & mixing of two populations

- Don't have forensic psychiatry in Bermuda – will find a significant pop'n in the prison.
- Talk about moving adolescent psych to MAWI – (from KEMH) considerable political resistance and parents upset.

Risk Management Issues

- KEMH needs to be replaced because of a weak infrastructure
- In general - # of falls that have been caused by leaks in the building – unknown liability/compensation claim
- Problems with steam – don't know whether you are going to get cold or scalding water
- IS system is poor – information management is very poor – no director for information management.
- Reality is there is a large turnover of staff especially for Health Records
- Equipment is technologically crippled at times- low quality.
- No technology link between physician offices.
- Infection control is very up to date. CDC guidelines are followed quite closely.
- Below target benchmarks for infections within the facility
- Bermudianising the Hospital – if a Bermudian is qualified, they need to be hired – very good at appraising expats – not so good at appraising locals- all non-Bermudians are contracted.
- Medical staff just officially accepted peer review – pop'n of Bermudian physicians will be leading it.
- Network providers – could BHB patch into other providers of IS systems rather than setting up their own system?

Executive Team Interview Summary

Interview: Ms. Judy Richardson, Director, Quality & Risk (continued)

Date: August 26, 2004

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management
Scott Thomas	Cannon Design

Time: 1:00pm

Location: Cannon Design Office, 3rd Floor, QENR

- A lot of finance data is still collected and recorded by hand because of incompatibility of systems between BHB and Min of Health
- Reimbursement is the massive issue that must be dealt with.
- It would seem that the insurance companies would have great incentives to encourage a true service based reimbursement model.
- Insurance companies want proper case management.
- Need huge preventative wellness centre.
- Gov't ministers who have a lot to do with physicians hold a lot of power.
- How can you say that you are short of staff when you have no means of measuring the productivity of staff?

Executive Team Interview Summary

Interview:	Mr. Jonathan Brewin, Board Chair		**Date:**	August 26, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	2:30pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

- Come up against complexities with the physicians – many different agendas – making the physicians part of the planning phase is the most important element of the project.
- General thrust towards Bermudianisation.
- Board is trying to be dynamic and looking for fiscal stability.
- Making progress in this regard. Not generating the level of surplus necessary to support infrastructure upgrades.
- Facility- age, lack of sufficient qualified maintenance, complexity of climate, are all major factors.
- Do have diagnostic programmes far in excess of a community of this size.
- Image that the hospital has been mismanaged.
- Very talented and committed individuals.
- Medical manpower – there is no strategy in place - at one point had 7-8 orthopaedic surgeons – 3 here on work permits, 5 were native Bermudians. Sometimes there is a problem with over providing, other specialties under represented – i.e. no dermatologist until recently.
- Insurance – Insurers like to keep the hospital under control – very concerned with system going fee for service. Don't want to have a system that is going to increase overall costs to system substantially.
- No ability to analyze costs and have real clinical review.
- Trend to shorter stay is happening by default rather than being a structured move.
- Will have fee for service in 5 years. Will then move to package price for particular treatments.
- Commitment on the diagnostic side to provide high-level service. Have failed on the less glamorous side with things such as laundry.
- Not necessarily pushing the envelope on procedures – may be restricted by the ability of the staff.
- Digital reporting/electronic records not as advanced as it could be- should be doing more.
- Hospital provides care 24/7 to anyone who needs it.
- Private clinicians will not do this.
- There is a simplistic view that competition stimulates better service. In a small captive market there are complexities. KEMH must compete on all services.

Executive Team Interview Summary

Executive Team Interview Summary

Interview:	Ms Patrice Dill, Director, St. Brendan's Psychiatric Hospital		**Date:**	August 26, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

What are the issues that the Report must address to be useful to the BHB and useable for implementation?

- The Mid-Atlantic Wellness Institute was established in about 1897. Originally a college that switched to a Psychiatric Hospital.
- Once you were in you were there for life. Construction has been based on a home life environment. With no air conditioning, establishment was built with breezeways and courtyards.
- With changing treatment models, able to discharge many patients back into the community. Many people who would have been in the facility in the 1970's are now in the community in group like settings.
- Have approx. 12 group homes in the community. They are managed from afar but there are no supervised group homes.
- Next step will be a supervised group home (currently on Devon – 6 or 7 could move into a supervised group home- 8-10 patients).
- Looking at people willing houses to the hospital to provide group home care.
- Need approx 5-6 more unsupervised group homes to accommodate needs (approx. 30 patients).
- Working with charitable foundations to try to buy group homes so they are not tied to the rental market.
- Group home pop'n not only for current inpatients but also for 25-30 patients that are currently in other housing (unsupervised).
- For supervised, one house that can accommodate 8-10 people.
- This could be done on site.
- Key is to makeover site so that it doesn't appear so monolithic (colour?).
- Clinics – outpatient clinic used to be housed in the KEMH 1920 wing. Moved because of building condition.
- No buses come directly to the MAWI site – this may have affected some clients coming to the site vs. stigma of MAWI.
- Accreditation needs are being met – things such as confidentiality, sound privacy.
- Aim is to have satellite clinics at each end of the Island. Open clinics two days a week – this has been started in Warwick.
- Child and Adolescent – only part of mental health since 1990 – currently based in Montrose at KEMH.
- Montrose runs clinic M-F – if need to be admitted child goes to Gosling, if adolescent, go to the Adult Unit. In an ideal world would want them on a dedicated child/adolescent unit. In twelve years, have only had about 20 admissions on the adolescent side (slight increase in the last 4yrs).
- Watson ward will be converted to offices to accommodate additional needs of child adolescent programmes – on hold because of funding issues and Hurricane Fabian.
- Psych. Geriatric- Alzheimer's – (Reid Ward) – clients who had lived at home with a caregiver (parent) but come after their caregiver can no longer take care of them or die.
- Want to expand to provide a daycare for Reid – offer respite care and daycare services for psycho geriatric- includes Dementia and Alzheimer's.
- Normalization – preference for MAWI vs. extended care at KEMH. Try to foster a normal homelike environment for patients.
- Funding- separate from KEMH. All funding from Government. Development has been slow because dependent on government funding.
- Over the last 4-5 years received money for new substance abuse programme.

Executive Team Interview Summary

Interview: Ms Patrice Dill, Director, St. Brendan's Psychiatric Hospital (continued)

Date: August 26, 2004

Time: 4:00pm

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management

- Substance abuse originally was done at MAWI but it was moved to KEMH because it was felt it was a medical and not a mental health unit – moved back to MAWI because care priority was not there.
- Acute detox goes to MAWI unless there is a necessity for immediate treatment.
- After 5:00pm anyone who needs to go to MAWI must go through KEMH ED first and then refer to MAWI.
- Accredited by the Royal Society of Psychiatry in UK.
- Need a dedicated room in the ED for holding and examination and a teaching facility.
- Smaller sized units have been shown to be much better for Alzheimer's (12-15 beds).
- Forensic – been very controversial in Bermuda – do they go in a psychiatric hospital or do they go in a prison in a psychiatric unit? Think that forensic unit should stay with prison. Possibility to renovate old prison to create a separate forensic unit.
- At the current time, there are approx. 12 people who are murderers that are psychotic that are housed at the prison.
- Devon Lodge – long-term psychiatric – 12-18 month stays and then back in the community (does not belong at hospital).
- Integrating long-term care on MAWI would be an easy sell, but moving acute care to MAWI would be very difficult politically.
- Could move psychiatric care to KEMH but would it become the "step sister."

Executive Team Interview Summary

Interview:	Mr. Scott Pearman, Director, Human Resources		**Date:**	August 27, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	1:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

As a Director, what are the issues that the Report must address to be useful to the BHB and useable for implementation?

- Facility itself is in grave need of upgrade
- Needs to be made modular to adapt to cycle of change (cycles of 12-15 years)
- Needs to be able to be managed and recreate itself
- With respect to change, change occurs incredibly slowly. Probably 8-12 years behind in organizational change
- With Programme Mgmt, this is the first significant change that has occurred in the system
- Medical personnel had very little reference to the outside world.
- Over the next couple of years will be changing quite quickly to play catch-up
- Then could benefit from a facility that is properly constructed to facilitate physical and operational change.

Staffing

- Matrix must change – approx. 1300 employees – 450 nurses – ½ are Bermudian and only about 15 are under the age of 30.
- Difficult to recruit Bermudians into healthcare because of state of the facilities
- Wealth in Bermuda is a shallow wealth – majority of wealth is in home ownership – cost of living – 40-50% of income on housing. Porters may earn $18/hr but they are spending $10-11 on housing.
- If we do not have the facilities to compete, always at a disadvantage competing for human resources.
- Hospital at risk of not being able to maintain dependency of 450 nursing staff, and not being able to generate 50% locally.
- Do not have LPN's at this time. – this would provide higher level of skill worker that could be trained locally.
- New facility must have design to allow for efficient use of manpower.
- 2 years ago, Bermuda College introduced an associate degree in Science, and then go to Hampton Univ in Virginia to complete RN degree.
- Would like to use that same associate degree to become LPN.
- System needs to be able to sustain itself in times of crisis (after September 11, cut off completely for two weeks)
- Very highly unionized – 99.7% unionized. Everyone up to the Programme Mgr.'s are unionized (about 20 positions are exempt). Line staff and managers are in the same union.
- Blue collar staff at $700-800 per wk ($18-19 per hour)
- Nursing staff at about $52-57k ($24-25 per hr)
- Program Mgr in the $70-80k

Executive Team Interview Summary

Interview:	Mr. Scott Pearman, Director, Human Resources (continued)		**Date:**	August 27, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	1:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Re: Unions

- Comment may be that you have a lot of money to put into buildings but not people.
- Inclusion, communication will make all the difference. Union will always be looking to ensure that things are being done equitably and fairly.
- Important to meet with union leaders – general secretaries – much easier if meet with them earlier than later. Normally bring a staff member and meet with general secretary.
- Physician space is non-existent – should be planned for.
- Open office concept – works in a properly designed space – closed offices comes at the level of manager (degree of privacy to deal with staff issues), certainly not enough space.
- No space for interviews, kiosks, concepts are often manageable if there is enough space to undertake them.
- Good to have EHS, EAP, SIC, Volunteer, HR, Educ Resources, Employee Wellness together. – purpose built facility with proper rooms.
- Would benefit from Employee Rec spaces – tennis courts and gym.
- Ideal Staff Residences – portfolio of single, couple and family units – do not need to be large – 700sq ft. – apts and condo – need a variety (if can bring in a couple very attractive, physicians are often bringing in families.) – need to facilitate their stay. Larger Units 8-12 sm family dwellings, 8-12 midsize apts, 60-70 small units.
- This will really help to retain staff.
- Banks and insurance industries are helping employees with housing.
- Physicians can be paid $3-4k per month in housing allowance. A physician's house can cost up to $7k per month.
- Morale – current morale is fair – 4-5 yrs ago incredibly high tension and stress.
- Everyone collectively challenged by the facilities – all face public ridicule. Opposition has used it to lambaste the government especially at budget time.
- Small internal conflicts.
- "Compound disinterest" – good summary of funding dilemma.•
- Private delivery but publicly reimbursed.

Executive Team Interview Summary

Interview: Dr. Robert Vallis, Acting Chief of Staff & Steering Committee Member

Date: August 27, 2004

Time: 2:30pm

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management

Discussion:

As a Steering Committee Member, what are the issues that the Estate Master Plan must address to be useful to the BHB and useable for implementation?

- If you exclude directly employed physicians, everyone else is a private physician with completely autonomous private practices. 1-2 group practices but still essentially private physicians
- See patients in offsite offices – admit patients to hospital through hospital positions.
- Also have private physicians who are also employed by MAWI in administrative roles (not programme managers – all prog mgrs. are ex-nurses) i.e. Chief of Staff
- How the physicians view the hospital – it is a facility in which to take care of their patients – some feel a greater attachment – some given the option would never come here.
- There is a struggle between GP and Internists over hospital quality of care.
- Over the years, physicians have seen gaps and shortcomings – e.g. longer waiting times to get an ultrasound or lab work
- Not against the law to have their own diagnostic equipment.
- Insurances do not reimburse physicians for facilities. – this has slowed the opportunity for competing facilities.
- CPT codes used for reimbursement. In own office, can also co-bill – this is fairly standard – in hospital can only charge up to the fee schedule and ins.

Surgery

- Access is problematic – lots of things done in the operating suite today do not require closed OR room
- Need a facility for minor procedures.
- Large number of surgeons – difficult to find time/space for them (23-24 surgeons)
- Big issues on Endoscopies and waiting.
- Accreditation – are there cases with not doing enough surgery or stretching capabilities to make ends meet?
- Not enough surgical outpatient beds – not sufficient space for recovery.
- If there were easy access to come and use facility – would think that physicians would come and use it.
- Given investment in their own current facility – there may be some resistance to moving offices to site – but it could be attractive in some cases.
- There is a group of physicians who feel hospital should not be in competition with physicians
- In a small community should be collaborating vs. fragmenting.
- Have had issues in the past with inefficient anesthiasts.
- Do not have managed care at this time in the Insurance system.
- BHB recently hired an Oncologist but hospital cannot reimburse for that service because the physician works within the hospital. KEMH pays out for docs but not reimbursed back.
- Hospital Insurance Committee – appointed by Gov't – each September put initiatives forward.

Executive Team Interview Summary

Interview: Dr. Robert Vallis, Acting Chief of Staff & Steering Committee Member (continued)

Date: August 27, 2004

Time: 2:30pm

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Alastair Lamont	Applied Management

Patient Accommodation

- Private Wings or “Pavilions” – room is not the reason people go overseas – reason is access to care.
- But there is a desire to have private rooms
- Ambience and facilities important – if you don’t take care of your facilities how well do you take care of the patient.
- Get some complaints, but also get lots of compliments over quality of care. Vast majority are happy – due to staffing.

Executive Team Interview Summary

Interview:	Mrs. Venetta Symonds, Organisational Review Officer		**Date:**	August 27, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:00pm
	Ron McIntyre	Cannon Design		
	Alastair Lamont	Applied Management	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

- Big talent issue, need talent but need to compete globally but also need to grow Bermudian policy – once you are here scope narrows because this is just one facility.
- Difficult to convey competence of programmes.
- To implement organizational challenges, must navigate considerable external politics.
- For example when CAT scan went down, Minister wanted to know which part was affected, did we have a service contract and how many patients were disadvantaged (May 2003).
- 219 recommendations in the Kuron Report.
- Discussion of departmental vs. service line model.
- Has to be dynamic – keep reinventing.
- In Bermuda, there is an experience gap – need external executive coach that tells you what is going on in U.S. or Canada.
- Supposed to be tweaking operations to prepare to move into a new facility.
- Believe we need to move towards using more technology. Use technology to provide more access to services for patients and staff.
- Through technology could have access to continuing education.
- Additional technology would lead itself to recruitment. Encourage people to come to work here. Cutting edge technology has been a key to this hospital's success.
- Continuing Education – extracted 10-12 points from report that relate to education.
- Hopkins and Mass General have both been trying to get Hospital to introduce distance Continuing Educ.
- Direction is to put own IS equipment in place then can negotiate with best provider for tele-medicine.
- If you own equipment, can negotiate with several hospitals for Continuing Educ.
- For MRI, negotiated a partnership with Hopkins. With Webnet, send images to Hopkins for them to read.
- Important to maintain a degree of autonomy.
- Hospital Insurance Commission does influence where people go. Very much controlled in a business sense. In one sense it is too much control as they may only provide two-three options for outsourcing.
- "Lack competency and experience to implement change" – said this with very little contact with the hospital.
- Generally speaking, the recommendations are ok, the damaging items are the subjective comments that were laced through the report.
- Real issue may be that we don't empower our own people.

Executive Team Interview Summary

Executive Team Interview Summary

Interview: Mr. George Melling, Director, Facilities Management & Steering Committee Member

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Date: September 14, 2004

Time: 3:00pm

Location: Cannon Design Office, 3rd Floor, QENR

Discussion:

Initial Discussion

- Looking at Occupus for FM- can grow with modules
- Maintenance and operating procedures can be built into this.
- Requisitions can be built into this – would give a full audit trail which currently is not in place
- In past, called trade directly when there was a problem – now have a service help desk
- This is concentrated on internal calls only – staff are not to contact trades people directly
- Trades people are now accountable for their work
- Customer can call back to help desk and get status report – with Occupus could do this on their own via the Internet.
- Starting with a manual system – will automate as you go forward.

Organization between Outsourcing and Insourcing

- Facilities divided into Built Environment, Facilities and Planning, Laundry, Biomedical Engineering and Environmental Services
- Built Environment - Staff levels did not cater for everything they needed to do – want to keep a core staff for general services – want to contract out specialized tasks – currently 16 staff short – will be addressed in the next 6 months
- At the moment do not do any Business Planning – budgeting is based on what was done in the last year – problem is that we are still firefighting – issues on all utilities and infrastructure.
- Fire Services – need to increase pressure but will cause other problems
- Don't want to do any major infrastructure investment until outcome of EMP
- Have identified a two year capital programme that amounts to $20million
- Built Environment get involved before project is handed over to participate in the commissioning process – involved with the commissioning, walkarounds for concealed environments and keying logged database of photographs.
- Blend of outsourcing and internal staff gives the most flexibility to react to change – reviewed every few years
- Outsourcing contracts need to be monitored – still recruiting to find appropriate person to do this.
- Because of firefighting situation, ability to monitor work is often difficult because the work needs to be done right away
- Biomed – currently undervalued here – ability to get a good biomedical engineer is extremely difficult – now all internal – staff was 1 mgr and 3 techs, now increased to 1 mgr and 6 techs – constantly need training because of changing technology
- Trying to bring monitoring of all Biomed contracts to Facilities rather than on a department basis – it will be its own department.
- Need to have knowledge of how do you get information required as quickly as possible. – could use video technology to assist this.
- Laundry – could be outsourced or could insource (take in Laundry from the hotels). Benefit to KEMH site is that there are no transportation costs – could be in an ancillary service – right now collecting it all manually – could use a chute system – offsite is a possibility (4300lbs/day over the last month which could affect costs).

Executive Team Interview Summary

Interview: Mr. George Melling, Director, Facilities Management & Steering Committee Member (continued)

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Date: September 14, 2004

Time: 3:00pm

Location: Cannon Design Office, 3rd Floor, QENR

- Kuron report recommended looking at Outsourcing for all Facility departments – Security is outsourced, Housekeeping is outsourced at MAWI.
- Outsourcing possibilities: Housekeeping (looking at initiative of going to Ward Housekeeping – would include housekeeping, maintenance and food services – this would remain insource – common areas and deep cleaning could be outsourced)
- No central portering system – each department does their own – looking at centralizing this.
- Feeling that the two sites should be run as one – probably too many directors – could have economies if run together – could come down to five directors (1/2 the #).
- Preventative Maintenance – part of staffing up will be to undertake preventative maintenance – putting a plan together to do preventative maintenance – need to get from a reactive process to a proactive process.
- Even with EMP – need to maintain buildings for at least five years – dilemma of how to maintain and not waste money but maintain safety standards for hospital.
- Do zero base budgeting for Category A, B & C and then see what moneys can come forward.
- Thinks structured cabling should come into realm of Facilities so that their can be some record and strategy to implementation and also have some accountability.
- Recommended that only use Cat5e and abandon putting in Cat3 – no real spines either on the vertical or horizontal.
- All services at KEMH are direct burial and very congested – crossovers are a problem – need manways & interstitial floors.
- Full mix of conduit, service piping etc. – many weak points.
- Emergency generators (2-750 units) not too old – not fully tested on load for safety reasons.
- If you do a water shutdown – turn off whole hospital as there are no valves.
- Could do a cogeneration system and actually backfeed to the grid as a revenue source.
- Could also do a RO facility on the water side in lieu of buying from government.
- Generation of oxygen is currently outsourced – keeping it in-house would be difficult because it is a specialized system.
- Nurse Call/Paging – starting to standardize but communications need to be improved. Single stage fire alarm at current time directly tied to emergency services – too many false alarms.
- Fire Suppression – asked by insurance companies to provide it – currently provide in certain areas.

Executive Team Interview Summary

Interview:	Ms Harlene Saunders-Fox, Acting Director, Support Services		**Date:**	September 14, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:30pm
	Ron McIntyre	Cannon Design		
	Ray Moldenhauer	Cannon Design	**Location:**	Cannon Design Office, 3rd Floor, QENR

Discussion:

Initial Discussion

- Responsible for Pharmacy, DI, Lab & Pathology, Clinical Records, Health Science library, Food Services, Telecommunications & IS.
- Food Services – approx 14 years old (1990) – Dietary Food Management System (how long has it been in place??).
- Any automation system must be carefully considered.

Pharmacy

- Plan is to automate as much as possible.

What do you see are the primary strengths of the BHB both in operations and infrastructure?

- Pharmacists need to spend more time on the units. Now have eight techs vs. three previously.
- Problem is that need Clinical Pharmacists – gradually replacing them as their contracts come up.
- Need to look at the automation process – Unit dosing, Liquid dosing – do not have enough equipment to do it in a timely manner – automation may be viable because of high labour costs – tech costs $24-25/hr for labour only.
- Costs therefore are very high – automation could deliver a good quality cost effective service.
- Looking at benchmarking facilities in US that are of similar size.

Weaknesses

- Some of the benchmarking is not readily available.
- Pharmacists are not able to spend sufficient time on the units because of insufficient techs – now has been addressed.
- Pharmacists were not able to cover all areas – new outpatient pharmacy will have its own manager with own staff.
- Need to have barcoding and pneumatic tube system.
- Little competition from private sector – pharmacy act says owner must be a pharmacist.
- Hospital carries a lot of specialized medicine ($$) that the private pharmacies are not willing to carry.
- Pharmacy does not currently charge in inpatient scenario. – Absorb costs through per diem rate.
- (Outpatient) Dialysis, Oncology, Youth Subsidy and Indigent Subsidy are supposed to get money back – in past this was not done but is slowly being implemented.
- Outpatient pharmacy components are generally reimbursed.
- Reason to not outsource Outpatient Pharmacy was because of subsidies from government – better to get 100% revenues coming back to Pharmacy.

Executive Team Interview Summary

Interview: Ms Harlene Saunders-Fox, Acting Director, Support Services (continued)

Date: September 14, 2004

Time: 4:30pm

Location: Cannon Design Office, 3rd Floor, QENR

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Strengths

- Get to know patients.
- Good relationships with vendors.
- General scenario is that drugs can get here in 5-7 days for specialized medications.
- Under Pharmacy Act can buy from 11 countries.

Diagnostic Imaging

- Generally self sufficient – stay on top of new technologies.
- Work around client hours – flexible scheduling.
- Space wise – cramped for space especially in waiting and in administration.
- Nuclear medicine well overdo for an upgrade.
- Hot Lab is budgeted for an upgrade.
- Competition is coming into play – staffing and hours are primary issues.
- Not competitive to attract staff from US or Canada because of high cost of living.

Food Services

- Many service issues.
- Restructuring of staffing – changing the hours worked model.
- Portering staff has many issues.
- Viability of Centralizing Food Services? – biggest problem is keeping patient food hot – difficult to control once it leaves the kitchen – especially if patient is in treatment when food arrives.
- Outsourcing would be good because it would alleviate the union and staffing issues that are currently occurring.
- The Mid-Atlantic Wellness Institute is based more on home-style cooking.
- Need to revamp menu at KEMH – standardizing and featuring chefs could be assist quality.
- Take service to another level.

Clinical Records

- Needs to have some automation both for Records and Physicians.
- Look at “t” system – series of checkmarks recorded by physician – allows more accurate tracking of diagnosis.
- Act has a lot to do with automated records – need to keep paper records for certain # of years (10 years).
- Hospital Act does have discussion of information – some items are kept undiscoverable for legal purposes –hospital can decide to seal records.

Executive Team Interview Summary

Interview:	Ms Harlene Saunders-Fox, Acting Director, Support Services		**Date:**	September 14, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	4:30pm
	Ron McIntyre	Cannon Design		
	Ray Moldenhauer	Cannon Design	**Location:**	Cannon Design Office, 3rd Floor, QENR

Pharmacy

- Pharmacy is in the old section of the building – issue with sump causing flooding in Pharmacy – everything is kept up off the floor – now have concerns with leaks above ***flooding is a very real concern***
- PACS will help with the volume of DI files.
- Right now – reports and films kept together.

Laboratory

- New facility- makes considerable $$ but is difficult to get staff because of competition.
- Cost of housing is a major issue for recruiting staff.
- Want to have a program to “grow our own” for both Lab and Pharmacy.
- Has proved difficult.

Executive Team Interview Summary

Executive Team Interview Summary

Interview: Mr. Bertram Fraser, Acting Chief Information Officer

Date: September 14, 2004

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Time: 5:30pm

Location: Cannon Design Office, 3rd Floor, QENR

Discussion:

Initial Discussion

- Biggest issue is that BHB doesn't have the full skill set of employees required.
- Need to bring some balance to a system that is dealing with crisis management.
- <<see report appended>>
- Quality of work was an issue.
- Problem is legacy systems – how do you buy back technology in this environment.
- MRI Digital Imaging – connection to Johns Hopkins – look at how get information back and forth – modality – scope of items that needed to be addressed.
- Future – all departments and installations (pharmacy, OR, with centralized IS, etc) – software is generally championed by each department – generally they will each have an IT person within their department.
- Pharmacy – short on dispensary and prescription services.
- If looking at barcoding look at entire enterprise solution.
- Been a lot of buy-in for technology in general.
- Use a Unix system with a packet technology so it does not reduce bandwidth.
- Radiology Information Systems – have looked at a variety of solutions including PACS – not buying digital radiology at this time.
- Medical Records – everything is a paper system – do have a transcription service but it is generally a paper system
- IT location– 1st or 2nd floor is generally the best scenario for flexibility.
- Because of health issues – now dispersed throughout the site – this poses a risk management issue.
- Wireless – is present for physician use.
- Fire Alarm goes through security.
- VPN set up for medical gas control for external monitors.
- Temperature control run by facilities.
- Voice is analog – Mitel system switch – (located in old CCU area on 1st floor).
- VOIP may be a future system – desire would be to go to a CISCO system.
- Cabling is Cat5e.
- Voice Backbone is copper.

Executive Team Interview Summary

Executive Team Interview Summary

Interview: Dr.J. Cann, Chief Medical Officer

Date: September 15, 2004

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Time: 8:30am

Location: Cannon Design Office, 3rd Floor, QENR

Discussion:

Positive Aspects to BHB

- Hospital is the centerpiece of the healthcare system.
- Institution that must operate 24/7 – should it have special status to protect it from competition.
- Because of its size, special services, role it plays in disasters will always make it important.
- Size is important because of challenge of being a small nation – can develop some inhouse expertise and act as a community resource.
- Central location is a positive.
- Fact that all physicians must interact.
- Excellent staff that keep it going.
- Focus on accreditation and quality assurance and the focus on a team approach.

Negatives Aspects to BHB

- Should be part of a health system that provides a continuum of services.
- No integrated system between hospital, public health and physicians.
- Does not have a management system that tells quasi outsiders how a decision is made – can identify pockets of accountability but it is not clear who makes the decision – this is a primary weakness.
- Development of staff to permit Bermudians to run hospital – may be unrealistic to expect Bermudians to have the specific expertise that is required.
- Inability to get the physicians fully engaged in the development of the hospital – physicians come from different parts of the world (UK vs. US, Black vs. White, Bermudian vs. Foreigners) – animosities that continually crop up under the service.
- System relies on the physician managing the care of the patient in the hospital – tension between GP's and specialists – this all takes up time.
- Have not really resolved the issue of Physician Leadership.
- Board viewed this as a Doctor's Hospital – this is now changing !!
- All parties have the best interest of the hospital at heart.
- Key is to have strong central leadership – need someone at the helm long enough to see some of these strategies implemented.
- Physician leadership is difficult – will resolve slowly over time – simple solution is to bring someone in from overseas. Local people may shy away from the conflict.
- Information technology is a big part of this.
- Have good access to expert clinicians – it's the day to day practice that needs to be improved especially with conflicts between UK and US systems.
- Access to quality diagnostics is not an issue – Lahey is a strong external connection – partially driven by cost and insurance industry.
- Physicians maintain links with where they trained. Where patient gets to go is much more driven by where insurance provider will let them.

Executive Team Interview Summary

Interview:	Dr.J. Cann, Chief Medical Officer (continued)		**Date:**	September 15, 2004
Attendees:	William Smeltz	Cannon Design	**Time:**	8:30am
	Ron McIntyre	Cannon Design		
	Ray Moldenhauer	Cannon Design	**Location:**	Cannon Design Office, 3rd Floor, QENR

Question of whether BHB should develop one or several primary relationships with specific hospitals overseas?

- Recommendation was that this should occur (Arthur Anderson study – spent millions of dollars on this study) but no real conclusion to this study.
- At the end of the day, want to establish relationships with key institutions overseas – discarded notion of only having a single relationship – this based on experience of other island nations who have gone this route.
- Would like to see a single health system with the hospital as an integral component – overlap and integrate community services into hospital.
- Would like to have a single information system that connects Public Health, Physicians and Hospital (current system is that Doctor "owns" the patient record).
- Strong division between services hospital provides vs. what community provides (e.g. Rehabilitation Services).
- Ambulatory care – oncology, haemotology, etc will never be provided successfully by private sector – need to define these.
- Hospital could/should have an Ortho Clinic, Oncology Clinic (have now at hospital), Diabetic Clinic, etc – hospital should have physicians to provide this service (in conjunction with a private practice) – some GP's see this as a threat to their private practice.
- By having an asthma campaign, reduced admissions due to asthma significantly – done by nurses not physicians.
- Need physicians to understand and cooperate vs. groundswell of opposition.
- Hospital should be providing for the needs of the community not the needs of the physicians.
- Health Council – will have oversight role over health – will have enough authority to have clout – physicians will need to have business license as well as professional license – Health council will control bus. License – can say must provide this information, etc.
- Community services located at 1/3 points on island.

Reimbursement System

- From government perspective, do not really have good information on what it costs a physician to operate – general feeling is that physician is benefiting from the current reimbursement system.
- Government, through the health council, will impose charge system for what physicians will charge for ambulatory services and inpatient services.
- Physicians are being led by practitioners who have been trained elsewhere and are trying to bring their reimbursement experience here.
- Hospital needs to cost out their services so that they know how much specific services cost to provide.
- Itemized billing from hospital (vs. per diem) will come. Basic services such as room and nursing will continue with a per diem other services based on itemized cost – this will take a couple of years to develop.
- ***Insurance system does not pay for MRI – currently funded out of reinsurance fund that is controlled by Council not insurers.
- Biggest potential for change will be for Laboratory and certain outpatient procedures (e.g. endoscopy).
- Government controls what can be charged, appoints board, can terminate board, chair meets with government on a weekly basis – with Health Council there will be even more accountability.
- Government is satisfied with current structure of hospital.
- Option could be that hospital takes over community care through contract with government to provide services.

Executive Team Interview Summary

Interview: Dr.J. Cann, Chief Medical Officer (continued)

Date: September 15, 2004

Attendees:

William Smeltz	Cannon Design
Ron McIntyre	Cannon Design
Ray Moldenhauer	Cannon Design

Time: 8:30am

Location: Cannon Design Office, 3rd Floor, QENR

- Only clinical services that hospital could take over would be immunization for children (mostly done by private paediatricians), communical diseases (do not see them providing these clinics), prenatal care (could be a clinic for OBGYN), family planning, and home care nursing (hospital currently has pilot program).
- No significant home health care – some limited services provided by DOH at low/no cost.
- High tech home care is handled by hospital/private sector.
- With a better reimbursement system, there would be much more private sector involvement.
- Nursing homes – only one currently – want to have each region of the island selfsufficient.
- Lefroy House (50) St. Georges (40) for extended care.
- Want to get to point where only specialized extended care is provided at hospital.
- Rest homes are non skilled.
- Current KEMH EC is government reimbursed – ECU could cease to exist and be replaced by a geriatric unit and download EC to regionalized facilities.
- Critical elements are an information system, and a clear authority system for decision making.

Executive Team Interview Summary

External Interview Summary

Interview: King Edward Memorial Hospital Open Staff Forum

Attendees: KEMH Staff
Ronald McIntyre

Date: October 18, 2004

Time: 2:30-4:30pm

Location: KEMH Cafeteria

Discussion:

- Ronald McIntyre described the Estate Master Planning process and outlined that Cannon Design is soliciting input from as many external sources as possible. The floor was then open to comments and questions. The following comments reflect that points brought up by staff as being important for consideration.

- Topics for Consideration:
- Room Size- much more equipment than when the facility was originally designed.
- Should have a Staff Room on each IP unit.
- Need Daycare for staff
- Multi-storey car park desperately needed.
- Lab- ventilation is a health/safety issue.
- Outpatients- should consolidate all Outpatients Services on the Ground Floor.
- W/C for visitors & staff required.
- Quiet room on impatient unit
- Exercise room for staff & cardio.
- Wayfinding is an issue.
- Staff & patient elevators should be separated from patient elevators.
- Need a better medication room.
- Larger space for controlled drugs.
- Pneumatic tube system for lab and pharmacy would be beneficial.
- Hands free sinks.
- Centralized kitchenette for staff and patients.
- Staff room needs changing room as well.
- Better air conditioning required.
- Consider a roof garden.
- Better security for staff and patients.
- Admitting should move close to main entrance.
- More storage areas throughout the hospital.
- Need more rooms for isolation cases.
- Paediatrics- need more patient rooms- designated for specific ages.
- Purpose built education centre- classrooms and teleconferencing.
- Isolation- negative pressure rooms required.

External Interview Summary

Interview: King Edward Memorial Hospital Open Staff Forum

Attendees: KEMH Staff
Ronald McIntyre

Date: October 18, 2004

Time: 2:30-4:30pm

Location: KEMH Cafeteria

- Gosling Unit- need space for parents.
- Shortage of conference rooms.
- Patient rooms- access to internet and overseas telephones desirable.
- Dietary- careful considerations to dietary.
- Disaster/fire- need better system for communication.
- Place for smokers on site.
- Need a Stop down unit between Acute Care and Discharge.
- ARDU- need safe ways for clients to go outside.

What do you feel works well with the current facilities?

- Location.
- Combine MAWI & KEMH- integrated facilities may eliminate stigma.
- Bring acute psych to KEMH.
- Diagnostic Imaging on ground floor of KEMH works well.
- BHB provides housing for staff- this helps to attract off-shore staff.
- Outpatient/Ortho. Physical Therapy works very well.
- Volunteer Café works well.

What are the most important issues that should be considered in the Estate Master Plan?

- Mechanical systems/physical plant.
- Parking.
- Space.
- Sheltered parking or waiting area at Main Entrance.
- Adequate storage throughout facility.
- Outdoor dining area.
- Additional space for dietary/food services.

External Interview Summary

Interview: Public Community Forum

Date: October 18, 2004

Time: 7:00-9:00pm

Location: Sandy's Secondary Middle School

Attendees:

Ronald McIntyre	Cannon Design
William Smeltz	Cannon Design
Colin Campbell	OBM
Scott R. Thomas	Canon Design
Senator Alf Oughton	Facilitator

Discussion:

A general introduction to the Estate Master plan process was given by Senator Oughton. William Smeltz explained the charge given to Cannon Design/OBM and then opened the forum to questions/comments.

1. How will benchmarking be approached for the Estate Master Plan?
   - Bermuda has a confined population. Use Isle of Man, Canada, UK and US for comparison.
   - High utilization elsewhere may translate to low utilization in Bermuda because of low population.

2. How will hospital integrate care for the Elderly?
   - Currently a disproportionately low volume of elderly care facilities compared to population.
   - Programmes such as Home Care or Day Care could be provided to reduce Average Length of Stay.
   - EMP will look at a strategy for increasing the number of Continuing Care Beds.

3. Tourism: Bermuda has so many visitors and many have died here. How is this captured in planning for the future?
   - The hospital must provide image of quality care and environment.

4. Taking a look at the aging facilities (i.e. KEMH) we have architects, engineers and experts looking at this fact to present the case to the Bermuda Health Board. What will it take to keep them running or replace them?
   - The cost to reuse them or rebuild them will be evaluated in the EMP.
   - From a mechanical, electrical and structural viewpoint.
   - Are the facilities capable of providing progressive Healthcare for the next 20 years?
   - The Bermuda Health Board will not build anything but on the best of foundations.

5. Parking. Will there be enough parking?
   - Parking has come up as a huge issue.
   - Parking is part of this study.
   - Patients to have priority.
   - We need more parking and in the right place.
   - Please look at peak times and quantities to determine urgent time.
   - Presumably spread out the schedules to spread out total volume during the day.

External Interview Summary

Interview: Public Community Forum

Date: October 18, 2004

Attendees:

Ronald McIntyre	Cannon Design
William Smeltz	Cannon Design
Colin Campbell	OBM
Scott R. Thomas	Canon Design
Senator Alf Oughton	Facilitator

Time: 7:00-9:00pm

Location: Sandy's Secondary Middle School

6. Does this study address staffing at the hospital?
   - No. We will look at room configuration. We will look at operational issues but not regarding staffing from a Human Resources perspective.

7. Dialysis: At the moment In Patients are usually transported across the street. Will this continue?
   - This has been identified as a significant issue and will be addressed in the EMP.

8. If KEMH has to get bigger will it go higher (vertical expansion)?
   - For a tight site that may be a good solution.
   - But typically new hospitals are aligned on single floors which function better.
   - This will be balanced against many options.

9. How do you determine what will be the state of the art service components?
   - In the medical arena there is a certain volume required to provide a service- this applies to having staff and the facility must be licensed to deliver service (i.e. Burn centre)
   - We will look at the volume of patients currently being served to justify providing new services.
   - Some small hospitals are the exception and provide high end services to a small population. We will present ideas (the Hospital will then select the best ideas).
   - Technology will change dealings in the future so services that used to go off island may stay here on island.

10. Diabetes:
   - Children currently cared for on Gosling Unit and cared for well but there is concern as the children become adults. If that patient is sent to a Medical/Surgical unit will the nurses be capable to care for their specific Diabetic needs? Will this be in your study?

11. What can be done to MAWI to change the stigma of Mental Health services on the Island? Because of the labeling of patients, it will take time to change stigma.

12. Should mental health and physical health be together?
   - One says no as they are two diverse sicknesses.
   - One says yes from economy of scale, supplies and facilities.
   - Will it change perception? Care by care basis.
   - Before they would stick Mental Health in a corner and forget about it.

External Interview Summary

Interview: Public Community Forum

Date: October 18, 2004

Attendees:

Ronald McIntyre	Cannon Design
William Smeltz	Cannon Design
Colin Campbell	OBM
Scott R. Thomas	Canon Design
Senator Alf Oughton	Facilitator

Time: 7:00-9:00pm

Location: Sandy's Secondary Middle School

13. Is Bermuda's community view a typical "healthy" view? Compared to other communities?
    - No you are not unique. Most communities have a stigma attached to Mental Health.
    - It depends on the community, more than the institution. It is how the community wants to deal with the stigma.
    - Changing the name (MAWI) may not be sufficient. New facilities are incorporating new design and operational concepts: separation of activity components from sleep components to create a normalized environment.
    - MAWI was originally defined this way with many households/neighborhoods with a good socialization pattern that we do not want to lose. We do not want an internally focused solution.

External Interview Summary

Interview: Public Community Forum

Date: October 19, 2004

Attendees:

Members of the Public	
Senator Alf Oughton	Facilitator
Ronald McIntyre	Cannon Design
Colin Campbell	OBM

Time: 12:30-2:00pm

Location: City Hall, Hamilton

Discussion:

A general introduction to the Estate Master plan process was given by Senator Oughton. Ronald McIntyre explained the charge given to Cannon Design/OBM and then opened the forum to questions/comments.

- H/C parking does not work
  - Not well-situated
  - Only one stall works
  - More & properly patrolled
- Pool at MAWI should remain.
- H/C swimming pool is a must for Heart, Asthma and disabled patients.
- Separate wing for Geriatric ward needed - current facility does not support mental or physical stimulation.
- Should have a pharmacy clinic so users do not have to go through public corridors.
- Visitor lounges need larger waiting rooms.
- Washbasins required in all rooms.
- 4 bed wards should be eliminated.
- More maintenance needed at all facilities.
- MAWI - needs an assisted living wing added.
- MAWI - stigma of isolation - acute services could be integrated at KEMH.
  - Both physical and mental isolation at current location.

External Interview Summary

Interview: Public Community Forum

Date: October 21, 2004

Attendees:

Senator Alf Oughton	Facilitator
Ray Moldenhauer	Cannon Design
William Smeltz	Cannon Design
Ronald McIntyre	Cannon Design
Colin Campbell	OBM

Time: 7:00-9:00pm

Location: Penno's Wharf, St. George's

Discussion:

A general introduction to the Estate Master plan process was given by Senator Oughton. Ray Moldenhauer explained the charge given to Cannon Design/OBM and then opened the forum to questions/comments.

- Location of hospital is good.
- Decentralized or *mobile* hospital/clinic could be useful.
- Cardiology programme is excellent.
- Hyperbaric and wound care is excellent.

Staff Perspective:
  - Feeling of compartmentalization of services.
  - Issues of management, facilities and maintenance.
  - Staff retention is an issue.
  - KEMH has grown into a white elephant.
  - Agape House introduces landscaping context to hospital and is positive.
- Need more disaster planning.
- Accessibility and wayfinding need to be addressed.
- No programme for grieving and post-traumatic stress.
- Hospital tends to be pro-active vs. reactive.
- Need an information centre.
- Idea of an "Exit Nurse" when being discharged.
- Should be greeted when you arrive and when you leave the Hospital.
- In the last 15 years, MAWI has changed and opened up considerably.
- There is a problem with MAWI in terms of transportation.
- Should promote a community health centre.
- With growing population of special needs children, need respite facilities for parents.
- Would prefer to keep Acute Psychiatry at MAWI.
- Accessibility and parking are issues to be considered.
- It is critical to move dialysis into hospital.
- Need to make more on-call services 24/7 i.e. Pharmacy.
- Encouraging young Bermudians to become Nurses is a longterm strategy worthy of persuing.
- Preventive care insurance programme should be explored.

External Interview Summary

Interview: KEMH Open Staff Forum

Date: October 23, 2004

Attendees: Staff Members
Ronald McIntyre — Cannon Design
Colin Campbell — Cannon Design

Time: 11:00am-12:00pm

Location: QE Conference Room

Discussion:

- Isolation Rooms required- currently no anti-room and air quality questionable.
  - Can't open windows
  - Transportation of isolated patients
  - Idea of an isolation unit rather than just rooms
- Chutes for laundry and refuse necessary.
- Transport patients- mix of public and patients.
- Child/adolescent psychiatry- many are sent overseas.
  - Link to education services could assist.
- Designated space for equipment storage lacking.
- No governing body for physicians and consultants.
  - Portering and elevators.
- Don't have access to patient elevators to transport patients.
- Each ward needs to have staff area.
- Ultrasound rooms should have been without windows.
- Cafeteria- smells throughout hospital- needs proper HVAC to control.
- Designated security area on each level (5 thefts in 18 months on one unit).
- Weekend staff should have same access to resources as week day staff.
- Paperwork is horrendous- new technology is increasing paperwork rather than decreasing.
- More in-service training is required for staff.
- Better updated equipment needed.
- Better communication with staff- priorities lacking focus, procedures
- Put better bus runs in place- one to Somerset, St. Georges and Hamilton- this would assist staff.
- Step-down unit between ICU and General Ward required.
- Admissions area- needs better configuration.
- Having a daycare for staff- during Fabian did have daycare for staff and this worked well.
- Sidewalks and steps outside need to be improved
- Dialysis- short-term- need to address portering solution
- If staff want to park close to hospital- have them pay for parking.