



Hôpital St-Boniface Hospital

Emergency Department Redevelopment – Community Input

Results of Town Hall Meetings & Community Feedback

FINAL Version October 18, 2021

Overview

Process

- 2 “Town Hall” Meetings were held to gather perspectives and feedback from staff and the St. Boniface community on the Emergency Department Redevelopment
 - September 14: Staff Session
 - September 21: Community Session
- Presentation Panelists:
 - Martine Bouchard, President & CEO, St. Boniface Hospital
 - Mike Nader, CEO, WRHA
 - Jerald Peters, Principal, ft3 Architects
 - Sue Owen, CEO Impreza Consulting
- Dialogue and presentations for both meetings were scripted using approved language from WRHA and St. Boniface Hospital (Appendix A)
- Principal Consultants from Bounce Design (Dean Smallwood and Oai Trung) coordinated the Zoom Platform used for both meetings
- The event was communicated to staff using SBH internal communication vehicles
- Approximately 7500 invitation postcards were sent by mail to residents of the SBH community to invite participants to attend
- All participants were required to register for the event
- There were 49 participants at the Staff Meeting and 37 at the Community Meeting
- Dialogue with participants was facilitated using the Chat functionality (Appendix B) ; Sue Owen moderated the session
- Participants were encouraged to continue to provide feedback using the email address talktomartine@sbgh.mb.ca
- **Results from these sessions have been summarized in this document as: Comment, Feedback or Question**

Results: Key Themes Arising from Staff Town Hall Meeting

Capacity	Parking	General Flow	General Feedback
<ol style="list-style-type: none"> 1. Concern: the additional capacity in the ED will place strain on the inpatient units – questions regarding the ability of Medical/Surgical /Critical Care/ICU to manage the additional patient volumes entering the hospital through ED. Questions/comments regarding the need for additional beds & additional capacity in these other units 2. Feedback: waiting room capacity and assurance that the waiting room will be able to accommodate increase in ED volumes 3. Question: does the design allow for future expansion if needed? 4. Question: are patient registration clerks part of the design/plan? Comment that the previous plan did not create space for these staff 5. Comment/Concern: Comment that the plan does not call for an increase in I/P beds outside of ED; however the increase in ED volumes will have an impact on the Pharmacy. The relocation of the Pharmacy will separate teams from current state (not ideal) to a worsened future state. The segregation decreases efficiency and reduces the ability for teams to work effectively. The increased isolation will not be good for overall team cohesiveness 	<ol style="list-style-type: none"> 1. Concern: availability of parking for staff; question regarding consideration for a parkade to accommodate all parking needs 2. Question: are stretcher services also expected to park in the emergency ambulance bays? Was this taken into consideration? 3. Concern: only 4 EMS spots behind triage will be insufficient 	<ol style="list-style-type: none"> 1. Concern: Access to the loading dock through the parking lot has increased potential for collisions 2. Feedback: meeting the needs of SBH's Obstetrical population; many OB patients enter the hospital after hours – question regarding how these patients will be “flowed into” the building 3. Question: what is the plan for a secondary exit from floor Y3 4. Questions: what happens when the elevators go out of order and staff are caring for a resus patient; or what happens when staff are caring for multiple resus patients simultaneously? 5. Question: how does the design facilitate traffic flow between shipping and receiving? Comment that trucks might have issues coming/going making deliveries 6. Question: is rooftop access to Cardiac Catheterization Lab and ICMS meant to be covered? 7. Comment: design as illustrated looks like it will improve flow for patient drop off 	<ol style="list-style-type: none"> 1. Feedback: Great investment 2. Feedback: Residents of St. Boniface catchment deserve an efficient place to care for patients 3. Question: Will the new waiting room have climate control? Concerns regarding maintaining a temperate environment – cold in winter/hot in summer with doors open 4. Question: how will delivery of Cancer Care services be affected? 5. Comment: direct entrance to CT from resus looks great 6. Comment: design appears to accommodate a larger resus room and negative pressure resus room

Results: Key Themes Arising from Community Town Hall Meeting

Capacity	Parking	General Flow	General Feedback
	<ol style="list-style-type: none"> 1. Question: is there any consideration to converting the south parking lot to a parkade? 2. Comment/concern: ambulance bays half a grade below may cause a problem with snow and ice in the winter 3. Comment/concern: a parking garage south of the ED would allow for space for a heliport 4. Feedback: residents who live near the hospital should not be concerned as there is a building, parking lots and a parkade in between the construction zone and their home 	<ol style="list-style-type: none"> 1. Question/comment/concern: elevator only access to the ambulance bay – concern what will happen to patient flow/transportation/care if the elevators are out of service 2. Comment/question: given the current elevator system with direct access to the Cath Lab, will patients from other hospitals go directly to the Cath Lab or will they need to be seen in the ED first? 3. Concern: having the ED and ambulance bays not all on one level – particular concern if there is a large emergency with many patients 4. Question/comment: stairs to the entrance of the ED; may be bad in winter 5. Comment/concern: many of the commercial zones near the hospital will be concerned about (a) pedestrian traffic (b) vehicle traffic (c) the building of a helipad and (d) noise related to construction and helipad 6. Question: Will Tache Avenue close completely? 	<ol style="list-style-type: none"> 1. Question: what does ‘constant contact’ with the community look like? 2. Question: was there an opportunity for staff to provide feedback? 3. Comment: more capacity is always great – hospital looks aged right now 4. Comment: love the use of space and the way treatment rooms are off the central hallway 5. Comment: have a long, boring wall along Tache 6. General Questions: upon seeing the architect rendering, some questions as to how wide the parking drop off is/how many cars can be accommodated 7. Question: where stairs went 8. Comment: love the accessibility at the curb facing south 9. Comment: public/community would welcome ongoing feedback through emails and posts on website 10. Comment: like to see the legacy of the Grey Nuns continue at the ED

Appendix A





Welcome
Martine Bouchard,
President & CEO Saint Boniface Hospital



A landscape photograph of a lake at sunset or sunrise, with trees silhouetted against a colorful sky. The text "INDIGENOUS LAND ACKNOWLEDGMENT" is overlaid in white, bold, uppercase letters.

INDIGENOUS LAND ACKNOWLEDGMENT

Land Acknowledgement

A decorative graphic at the bottom of the slide consisting of overlapping, wavy bands of green, blue, and yellow.

We acknowledge that while this session is being conducted virtually, Winnipeg is located within Treaty No. 1 Territory, the traditional lands of **the Anishinabe (Ojibway), Ininew (Cree), Oji-Cree, Dene, and Dakota**, and is the Birthplace of the Métis Nation and the Heart of the Métis Nation Homeland.

As a Faith-based organization, Saint Boniface Hospital plays a major role in ensuring that our care and our culture supports Diversity, Equity and Inclusion. We take this leadership role very seriously and are grateful for all opportunities to be in service of the Winnipeg community.

Our Objectives for Today

1. Introduce our Presenters
2. Introduce our plan for the
Emergency Department
Redevelopment
3. Listen to and learn from you
4. Summarize your feedback
5. Confirm next steps – including how
you can provide additional feedback



Our Presenters

- **Ms. Martine Bouchard**
President & CEO
Saint Boniface Hospital



- **Mr. Mike Nader**, President & CEO
Winnipeg Regional Health Authority



- **Mr. Jerald Peters**, Principal
Ft3 Architects



- **Ms. Sue Owen**, CEO
Impreza Consulting





Opening Remarks

Mr. Mike Nader, President & CEO
Winnipeg Regional Health Authority





Transformation to Manitoba's Health Care System

- **Transformation Goals:**
 - Operating more efficiently
 - Improving access to services
 - Ensuring we meet the needs of the communities we serve
- Not without challenges
- Ensuring our system will be stable and sustainable for generations to come
 - Plans for the long-overdue modernization of health care sites across the province
 - The redevelopment of the St. Boniface Hospital emergency department is an important part of those plans



Opening Remarks

Ms. Martine Bouchard

President & CEO, Saint Boniface Hospital





Key Messages

- Today is about you
- The well-being of our staff, patients and community is our number one priority
- Within that priority is redeveloping and expanding our Emergency Department to serve you better





Our Commitment to the Saint Boniface Community

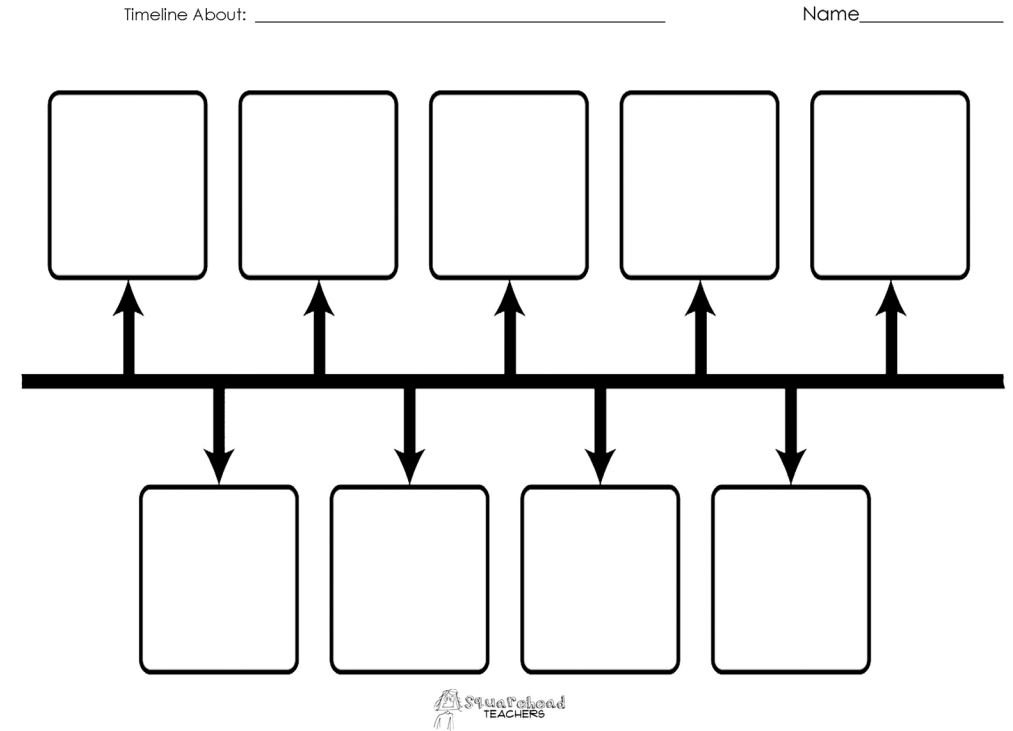
- The staff and volunteers at Saint Boniface are truly dedicated to providing safe, high-quality care for the people of Winnipeg. That won't change
- **Our goal is to continue to communicate to and with you regarding what we are doing** to minimize disruption and facilitate access to the services that our community needs
- We will be communicating with you early and often as demolition and construction progress





Q. What are the Project Timelines?

- Based on current estimates, the project should be complete by mid-2025 – *this is a preliminary estimate only*
- Our current environment (Covid/election/changes in healthcare environment) makes it difficult to confirm an “exact” date – what we can do is keep everyone informed of dates *as/when we know them*.
- What we can tell you:
 - We anticipate that the project will encompass 86,200 square feet of new construction
 - 18,600 square feet of renovated existing space





Q. How Much Will This Project Cost?

- The most recent estimate for the project cost was \$94 million
- Estimate is based on preliminary planning
- The landscape in which we're working has changed even since that estimate was made in late July
- The designs have not been finalized; the budget will likely change as the designs are confirmed





Q. How will the construction affect parking?

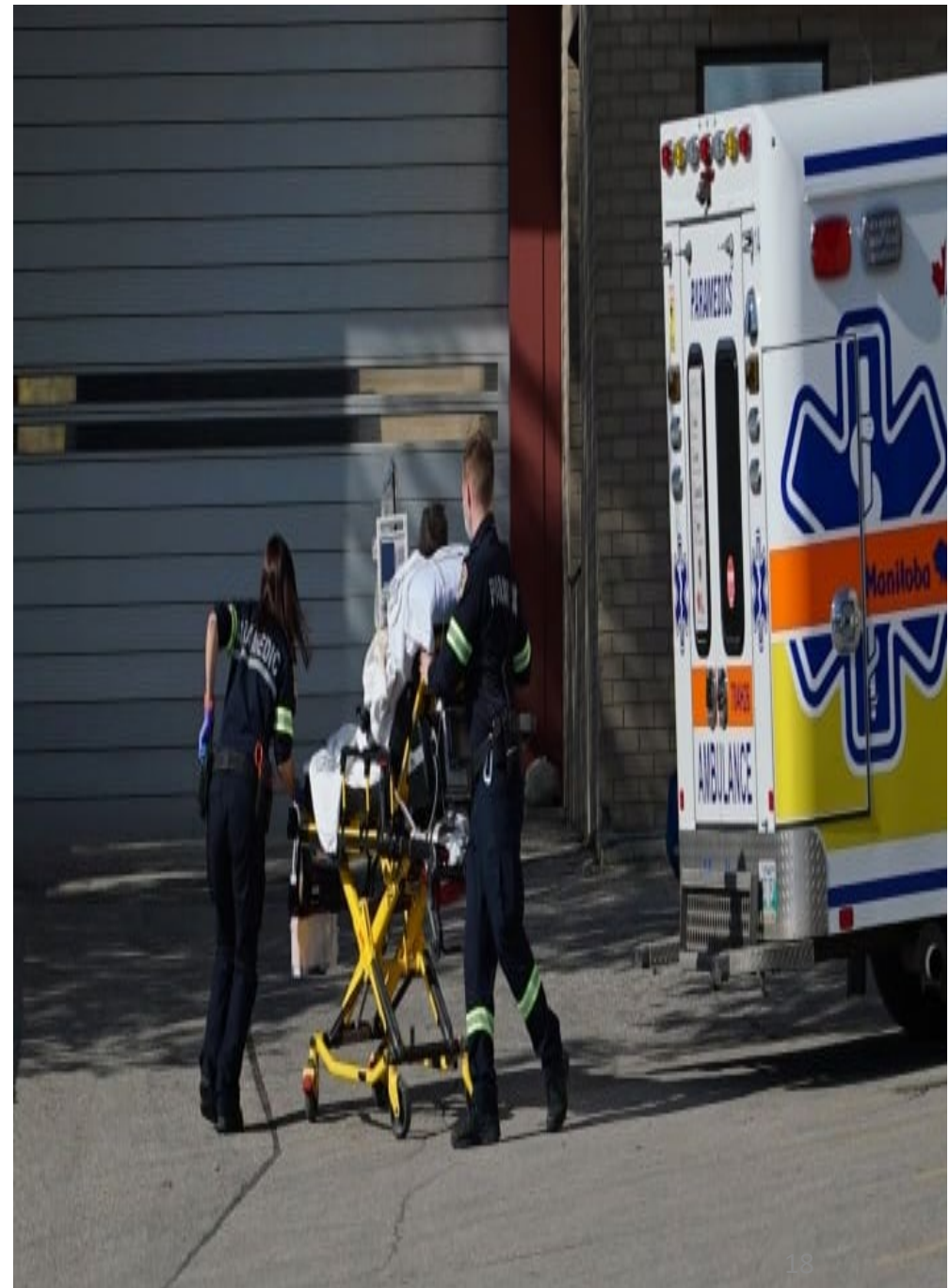
- We understand that accessible parking is important to staff, patients and visitors
- We do know that parking will be reduced during the demolition and construction periods
 - This can't be avoided
- So that you can plan your travel to/from the hospital:
 - We will work to keep you updated on the impact of construction on parking
 - **We will do our best.**





Q. Will the St. Boniface ED have reduced capacity and/or have to close at any point?

- Our goal is to keep the ED open
- It would be impossible to have zero disruption for a project this size
- *What will be the solution for staff, patients and visitors during the redevelopment?*
- Providing safe, high-quality care for the people we serve is our top priority
- We will do our best to:
 - Monitor all aspects of emergency and urgent patient care
 - Keep disruption to a minimum
 - Be in constant contact with you






St Boniface Hospital Emergency Department Planning & Design

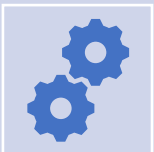
Jerald Peters, Principal, ft3
Jon Huddy, Senior Healthcare
Planner, Huddy Healthcare
Solutions

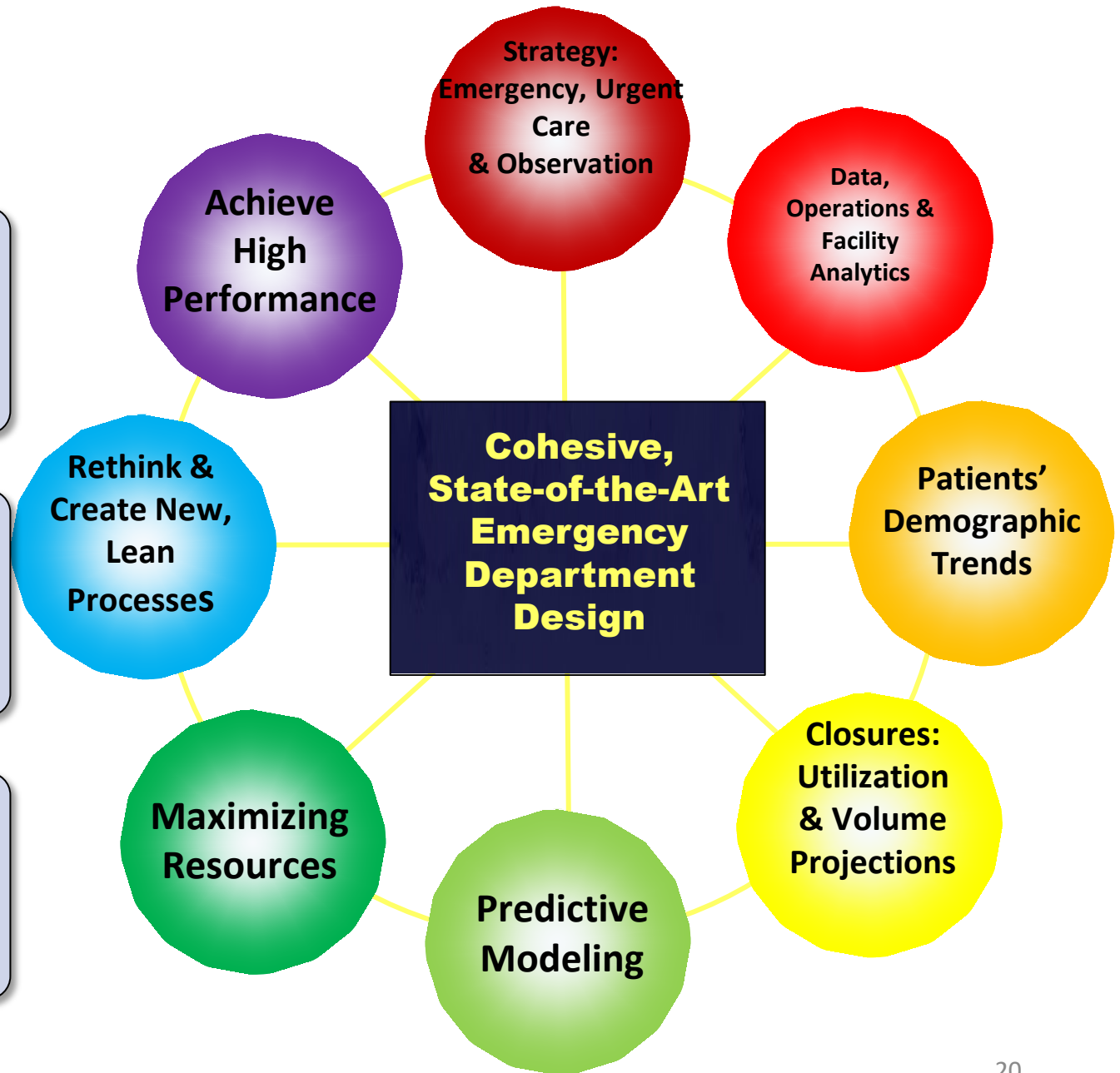


Design Objectives

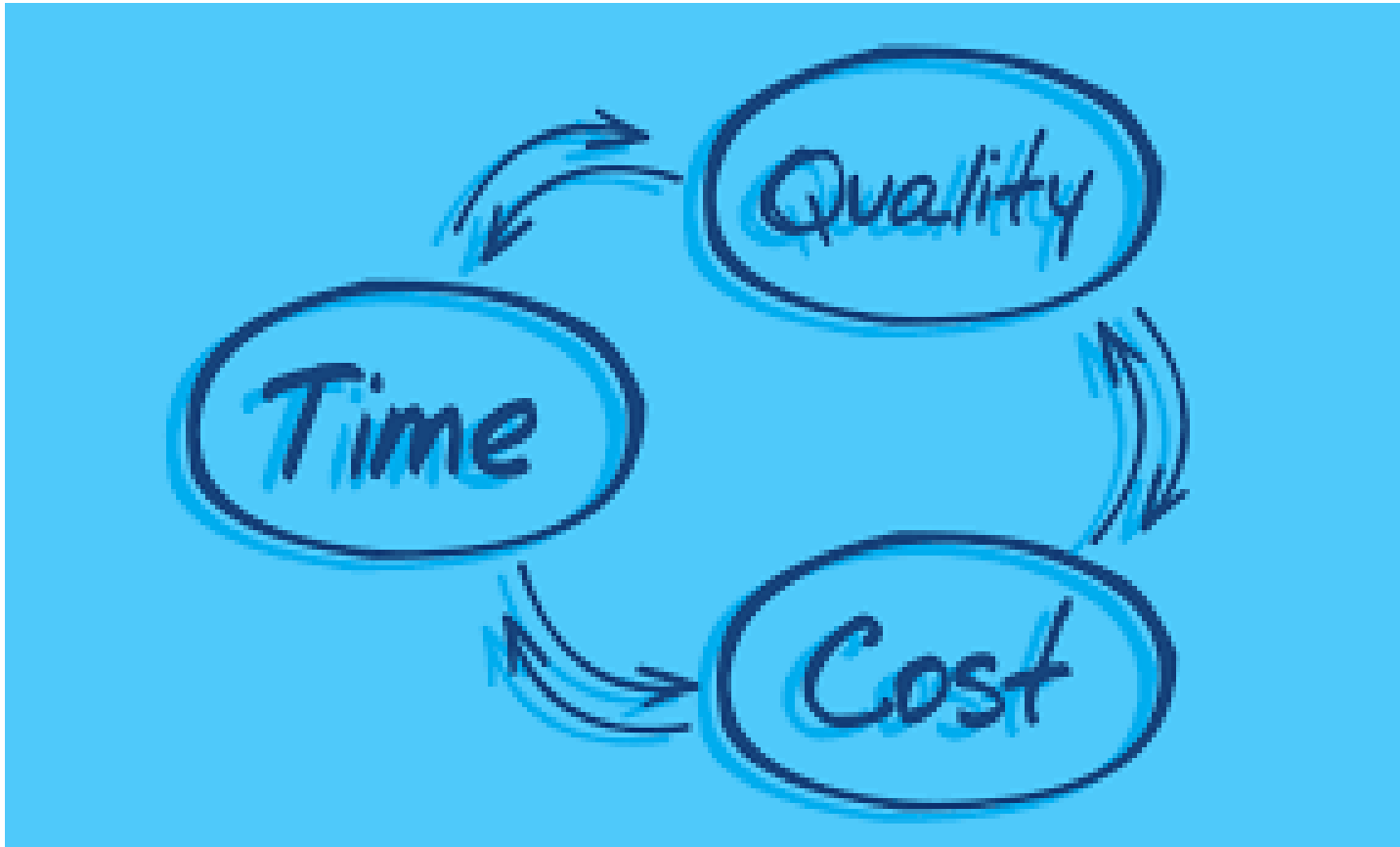
 **Clinical** Reduce wait times & LOS

 **Spatial** Improve patient & staff experience

 **Operational** Maximize functionality & flexibility



Project Objectives



- Project Schedule
- Project Cost
- Quality & Risk Management



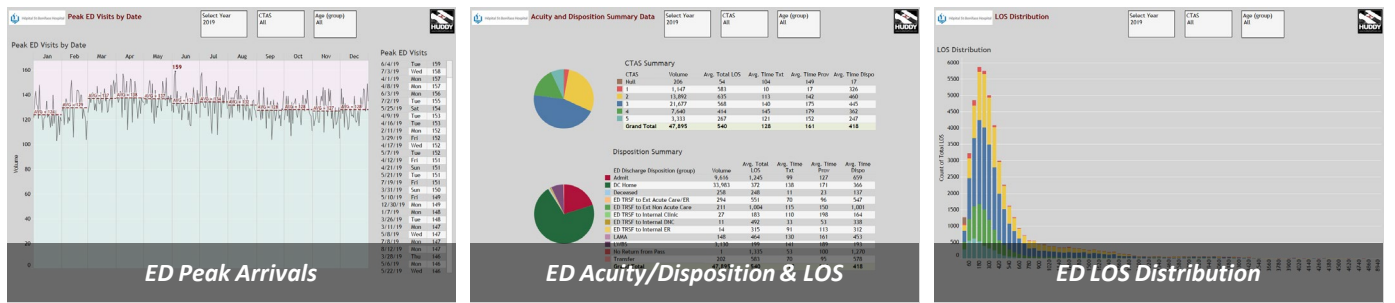
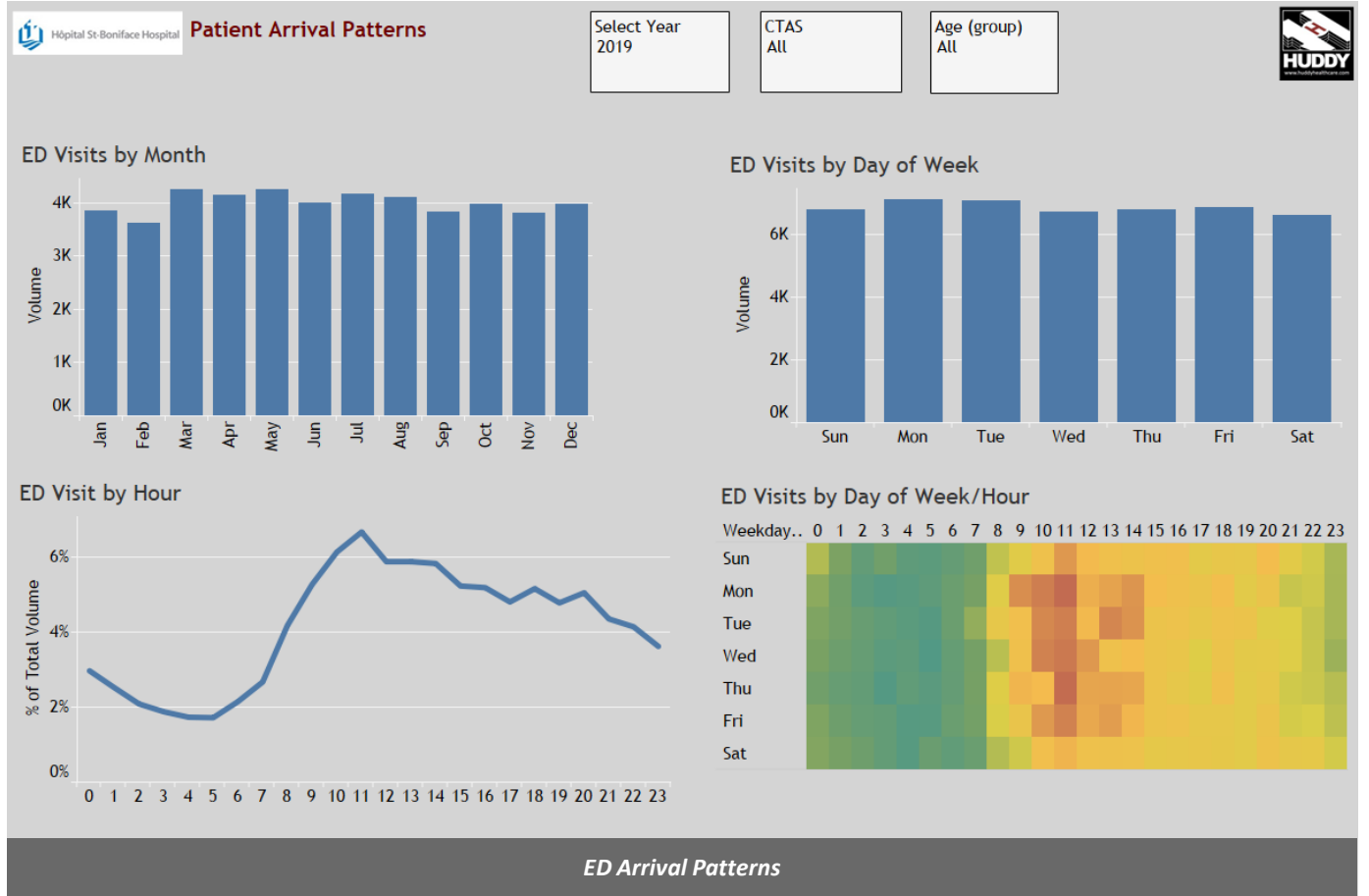
Context

- Existing Data & Conditions at SBH
- 3 Emergency Departments & 3 Urgent Care Centres in the WRHA
- Provincial Clinical & Preventive Services Plan
 - Transformation Planning & Initiatives
- Changing Demographics
 - Growing & Aging Population





ED Operational Data





Scenario

Reset



Total Service Area

Select Area

Total Service Area

Assiniboine South

Downtown

Fort Garry

Inkster

Point Douglas

River East

River Heights

Seven Oaks

St. Boniface

St. James - Assinoba

St. Vital

Transcona

Summary

		2019 Data					2029 Projections				
Age	Group	2019 Pop	2019 ED Visits	2019 Use Rate	SBH 2019 ED Visits	SBH 2019 Svc Area %	2029 Pop	2029 ED Use Rate	2029 ED Visits	SBH 2029 Svc Area %	SBH 2029 ED Visits
Under 15		129,996	42,876	330	570	1.3%	156,032	330	51,260	1.3%	690
15-24		100,298	32,997	329	3,532	10.7%	108,338	329	35,388	10.8%	3,830
25-44		237,019	71,362	301	11,221	15.7%	284,123	301	84,816	15.7%	13,317
45-64		195,975	59,242	302	11,196	18.9%	212,294	302	63,980	19.0%	12,146
65-74		70,079	26,856	383	6,266	23.3%	91,789	383	35,175	23.3%	8,185
75+		50,061	36,626	732	7,981	21.8%	74,290	732	54,261	22.3%	12,095
Total		783,428	269,959	345	40,766	15.1%	926,865	351	324,880	15.5%	50,263

% of Service Area Visits

85.3%

% of Service

85.3%

Total Visits 47,785

Total Visits 58,925

		2029 Projections					2039 Projections				
Age	Group	2029 Pop	2029 ED Visits	2029 Use Rate	SBH 2029 ED Visits	SBH 2029 Svc Area %	2039 Pop	2039 ED Use Rate	2039 ED Visits	SBH 2039 Svc Area %	SBH 2039 ED Visits
Under 15		156,032	51,260	330	690	1.3%	172,025	330	56,515	0.5%	761
15-24		108,338	35,388	329	3,830	10.8%	124,611	329	40,704	8.2%	4,405
25-44		284,123	84,816	301	13,317	15.7%	301,397	301	89,971	9.8%	14,126
45-64		212,294	63,980	302	12,146	19.0%	259,169	302	78,104	11.6%	14,826
65-74		91,789	35,175	383	8,185	23.3%	95,607	383	36,639	17.3%	8,526
75+		74,290	54,261	732	12,095	22.3%	105,194	732	76,833	20.1%	17,129
Total		926,865	324,880	351	50,263	15.5%	1,058,003	358	378,766	15.8%	59,773

% of Service Area Visits

85.3%

% of Service

85.3%

Total Visits 58,925

Total Visits 70,074

2039 Capacity Forecaster - Volume 75,000 Visits

Admit LOS 12 hours

ED Capacity

Current Volumes **47,895**

Scenario

Current State
Admit %

20%

LOS Data
9.0

DC **6.0** Admit **21**

Future State
Admit %

23%

LOS Data
6.1

DC **4.4** Admit **12**

% Ch **-27%** % Ch **-43%**

ED Avg Pts by Month

ED Avg Pts by DOW

For an average **Monday** in **March**

Average Daily Visits Yr 0	142.9
Average Daily Visits Yr 15	202.8

Peak Visits **0%**

ED Capacity

ED Txt Spaces **40** RAZ/CIA Spaces **24** Observation **18**

Volumes **75,037**

Patients in ED by Hour of Day

Results Pending Capacity for overflow as needed during surge times

Volume Data

Select Year **2039** Annual Volume **75,037**

ED Annual Volumes

LOS Times decreased: Discharge from 6.0 hrs to 4.4 hrs (-20%) and Admit from 20.75 hrs to 12 hrs (-43%)
Admit Rate 23%

Estimated Capacity Needs: **64 ED spaces (mix of ED and CIA) plus 18 Observation**

Evaluation Process

- Two Stage
- Stage 1 Screening (7 options)
 - Functional Criteria
 - Site Criteria
 - 3 Selected

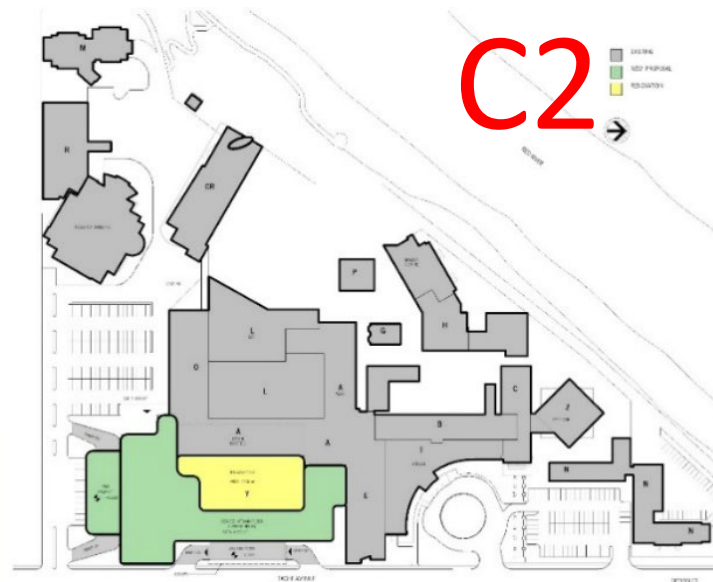
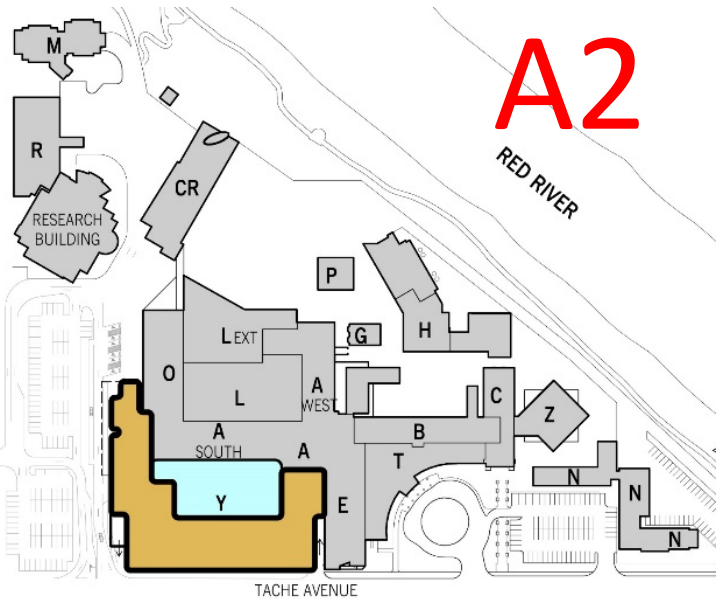
SBH ED Redevelopment Project
Site Options Evaluation Matrix

Functional Assessment Criteria	Evaluation Score*						
	Option A Expan/Reno	Option B Stand Alone	Option C1 Expan/Reno	Option C2 Expan/Reno	Option C3 Expan/Reno	Option D Expan/Reno	Option E Expan/Reno
Accommodates all programmatic elements required within the ED (one floor)	4	0	4	4	4	4	4
Minimizes travel distances to essential external departments and services	4	0	2	2	2	2	4
Improves south entrance as a secondary access to the hospital	4	0	4	2	2	0	2
Existing Services are fully operational during course of construction	2	4	2	2	2	2	2
Eliminates and/or minimizes decanting requirements of other programs	0	4	0	0	0	0	0
Subtotal: Functional Assessment Score	14	8	12	10	10	8	12
% Score: Site Feasibility	70%	40%	60%	50%	50%	40%	60%

Site Schematic Criteria	Evaluation Score*						
	Option A	Option B	Option C1	Option C2	Option C3	Option D	Option E
Minimizes construction phasing requirements / follows a reasonable strategy	2	4	2	2	2	2	2
Separates vehicular traffic (EMS, shipping and receiving and visitor/staff)	4	2	4	4	4	2	2
Preserves existing parking capacity	2	0	2	2	2	2	2
Accommodates Ambulance access and covered parking requirements	4	4	4	4	4	4	4
	0	0	0	0			0
Allows for future ED and/or expansion to the campus	4	0	2	2	2	0	4
Subtotal: Site Feasibility Score	16	10	14	14	14	10	14
% Score: Site Feasibility	80%	50%	70%	70%	70%	50%	70%

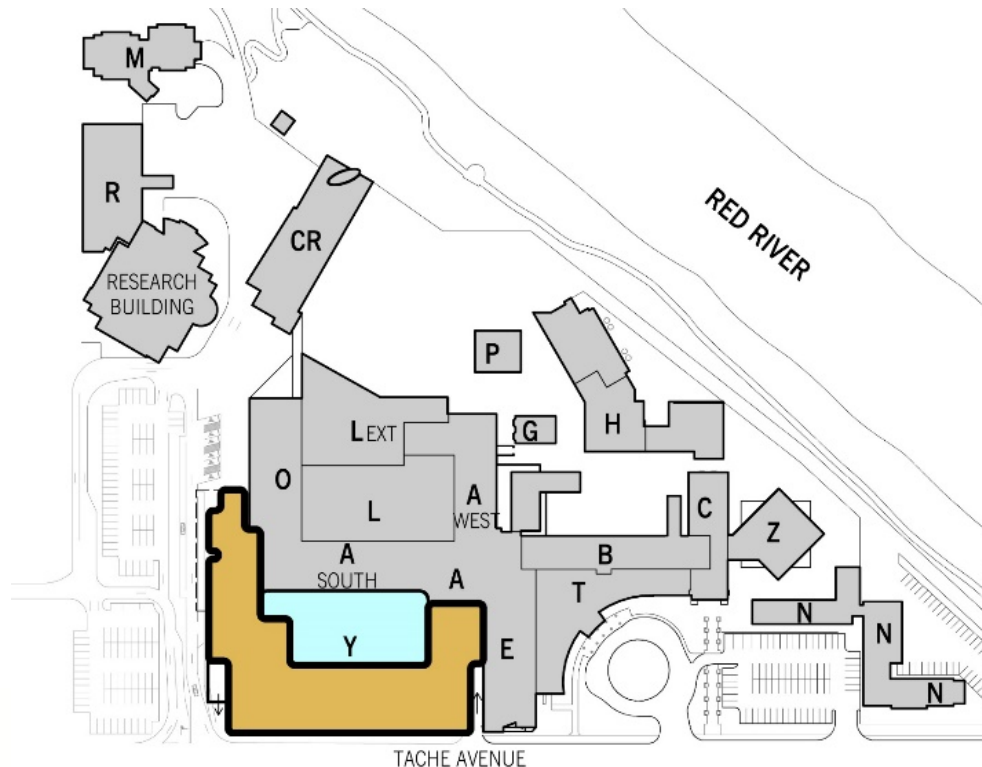
Combined Functional Assessment & Site Schematic Score /68	30	18	26	24	24	18	26
% Combined Score	75%	45%	65%	60%	60%	45%	65%

Total evaluation Score/188	30	18	26	24	24	18	26
Final Option Rank 1-4	1	4	2	3	3	4	2





Recommendation

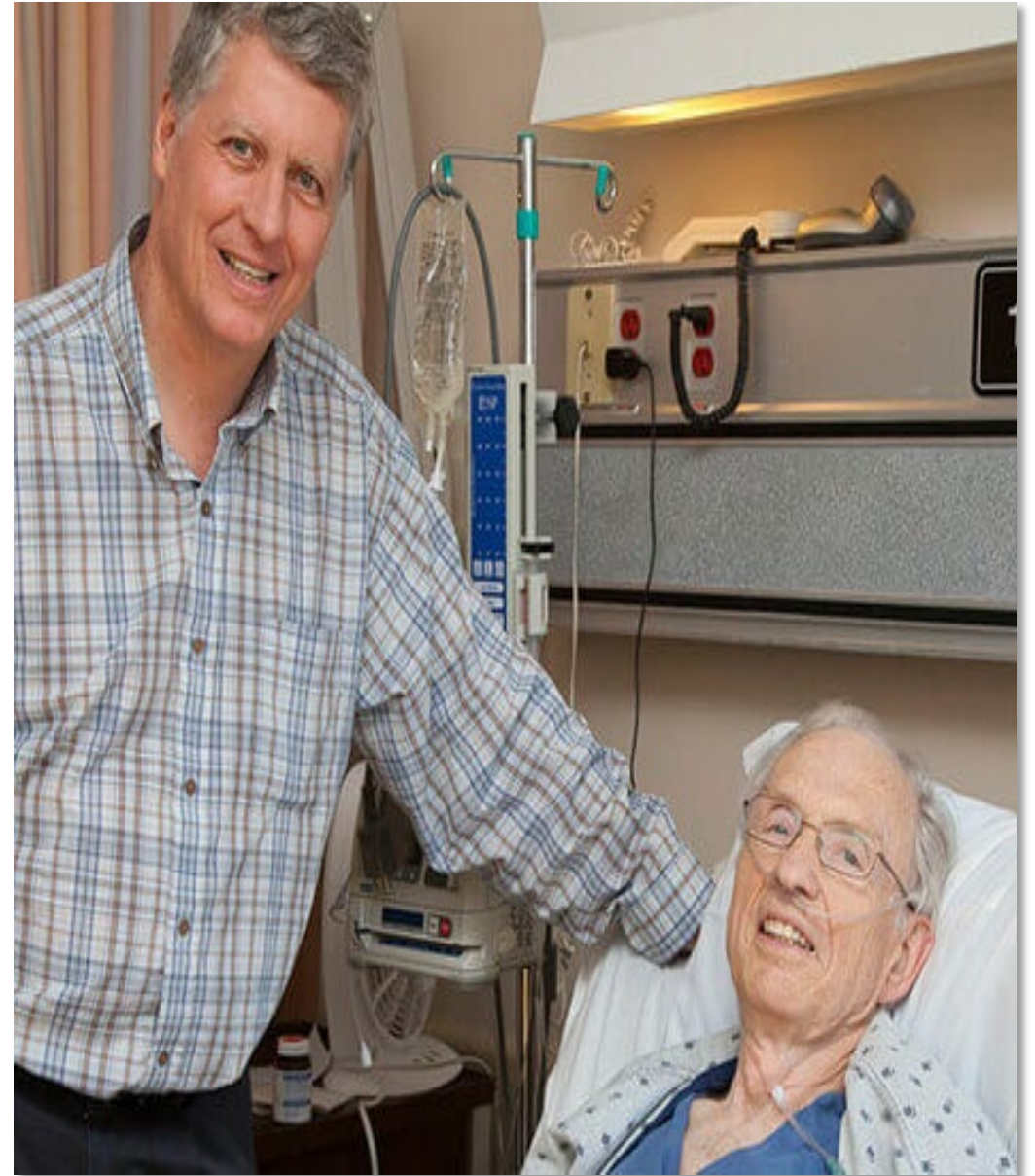


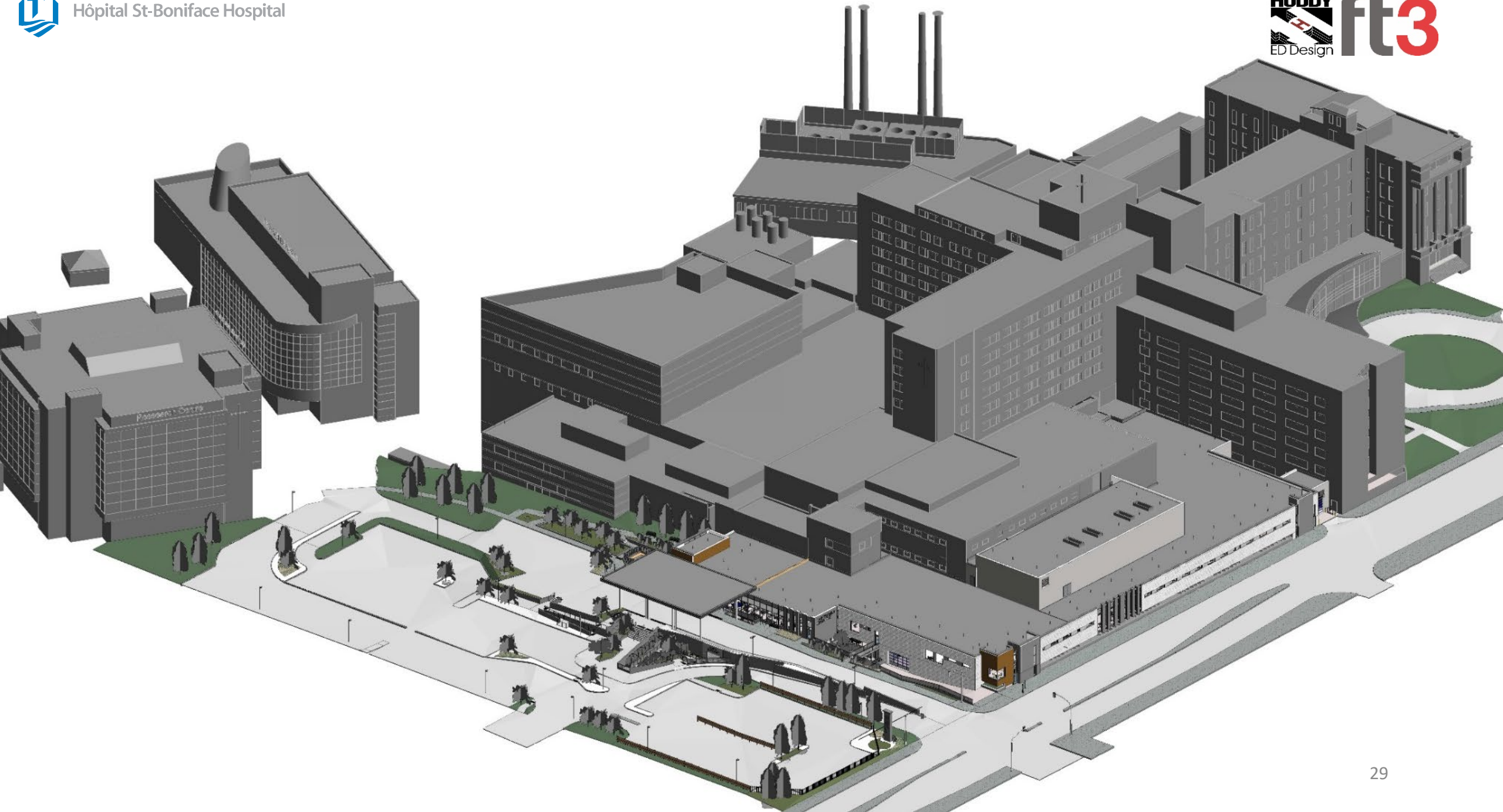
- Functional Program Report (October 15, 2020)
- Space Program V22
- Option A2
 - Highest Scoring Option
 - On budget
 - On schedule
- Supports / aligns with the Provincial Clinical & Preventive Services Plan



Anticipated Outcomes

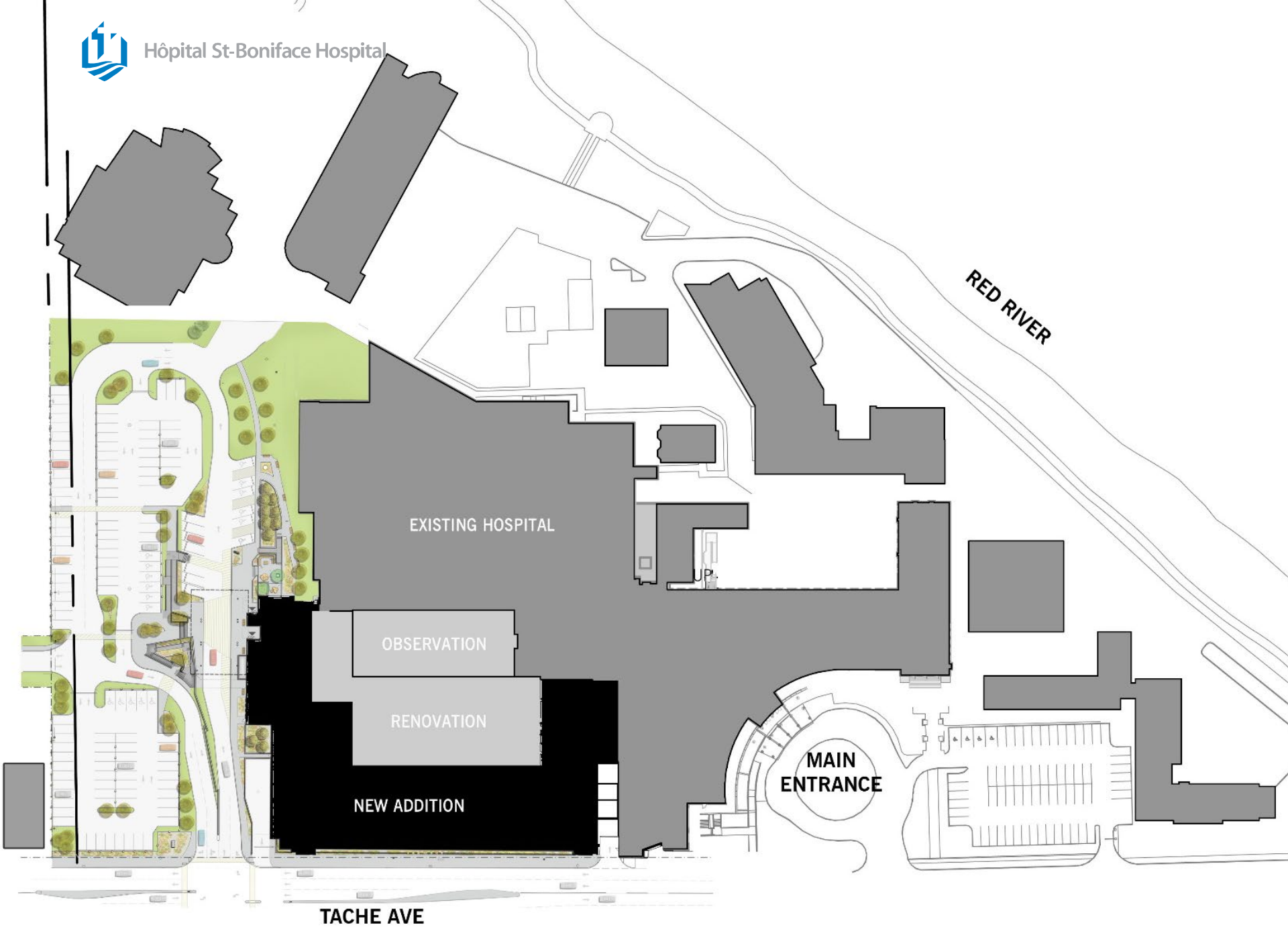
- **Increase in Patient Volumes** from 48,000/year to:
 - 55,000 on opening day
 - 60,000 in 2029
 - 70,000 to 75,000 in 2039
- **Reductions in:**
 - Discharge Length of Stay
 - Admitted Patient Length of Stay
 - Time to room
 - Time to provider

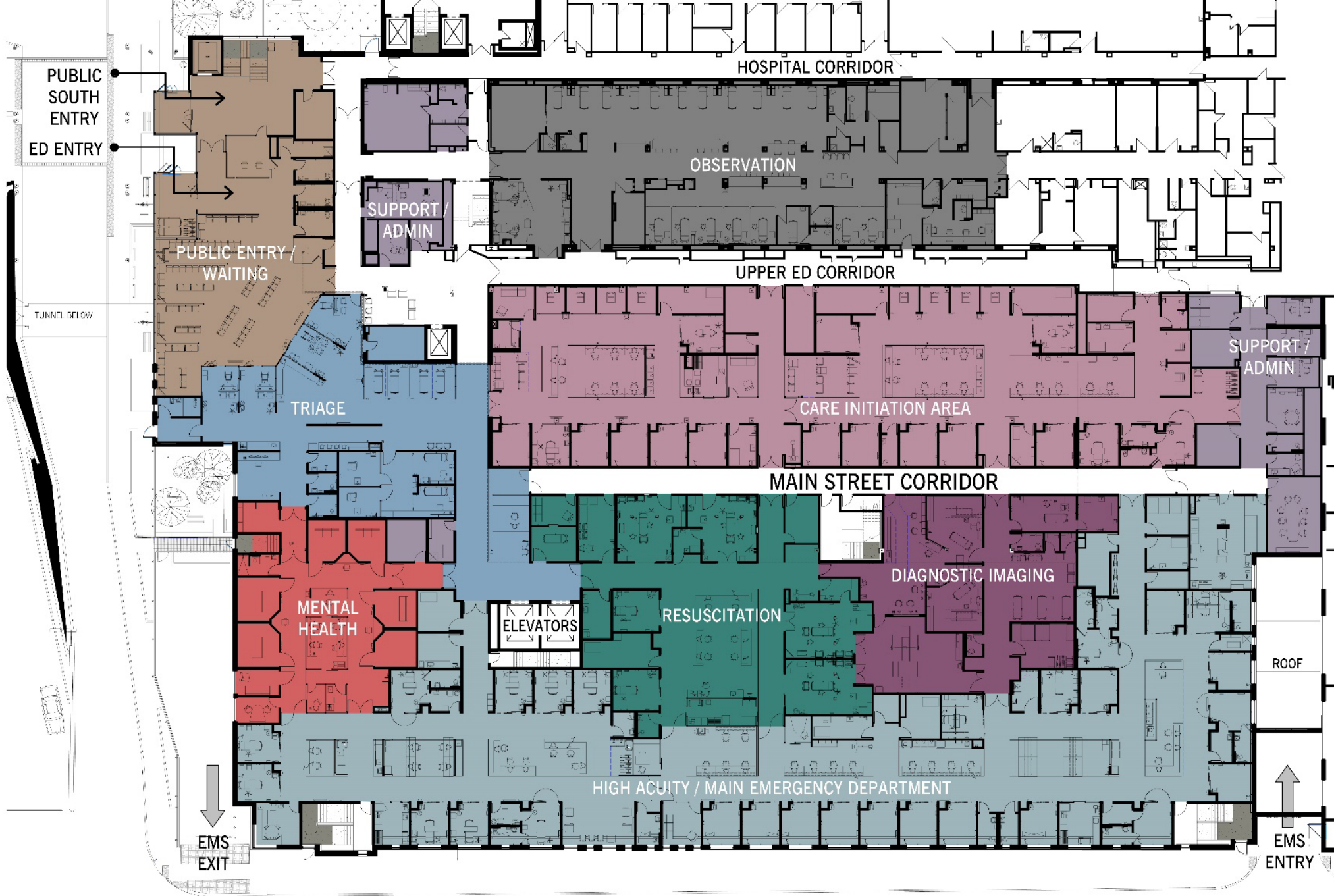


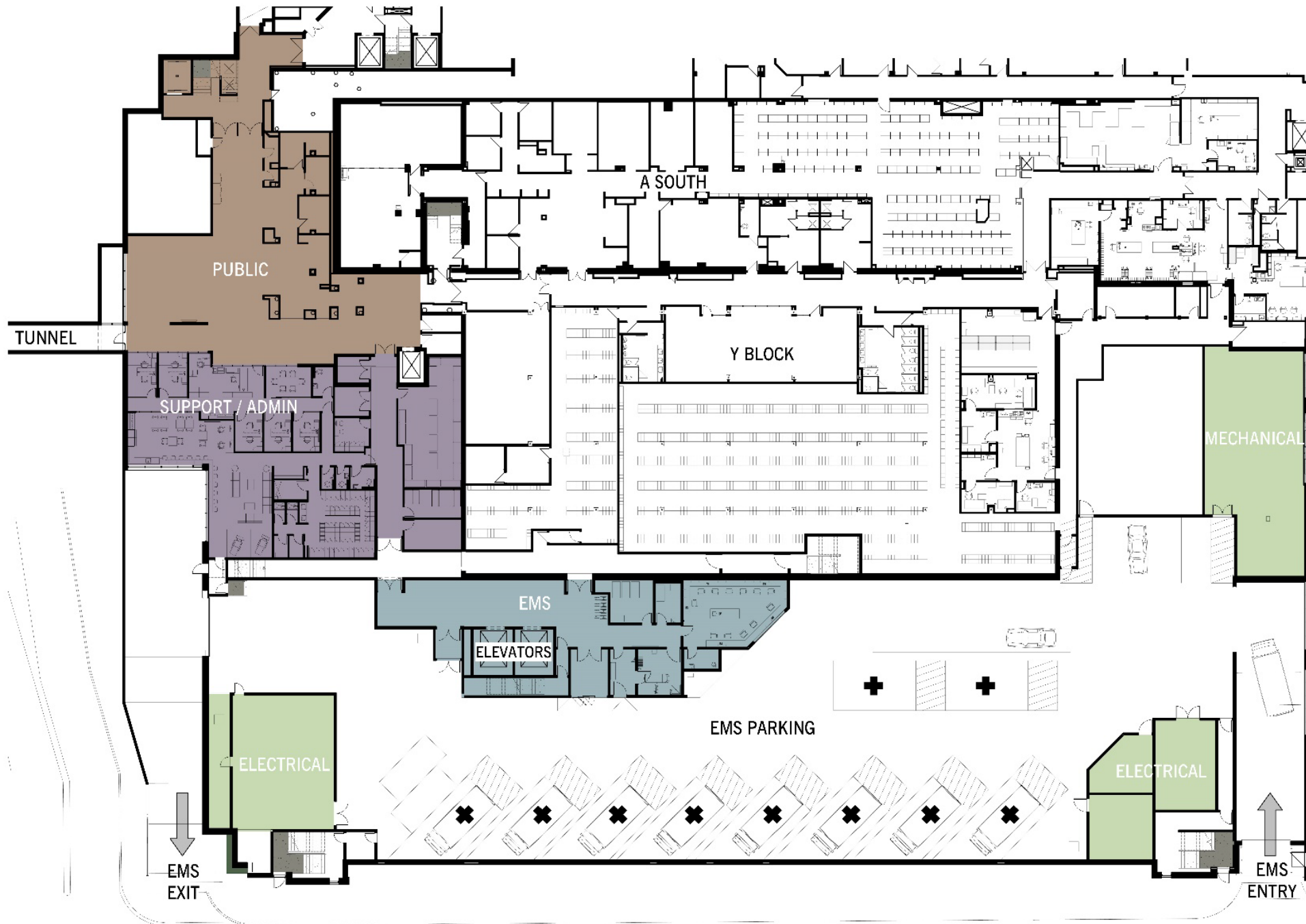


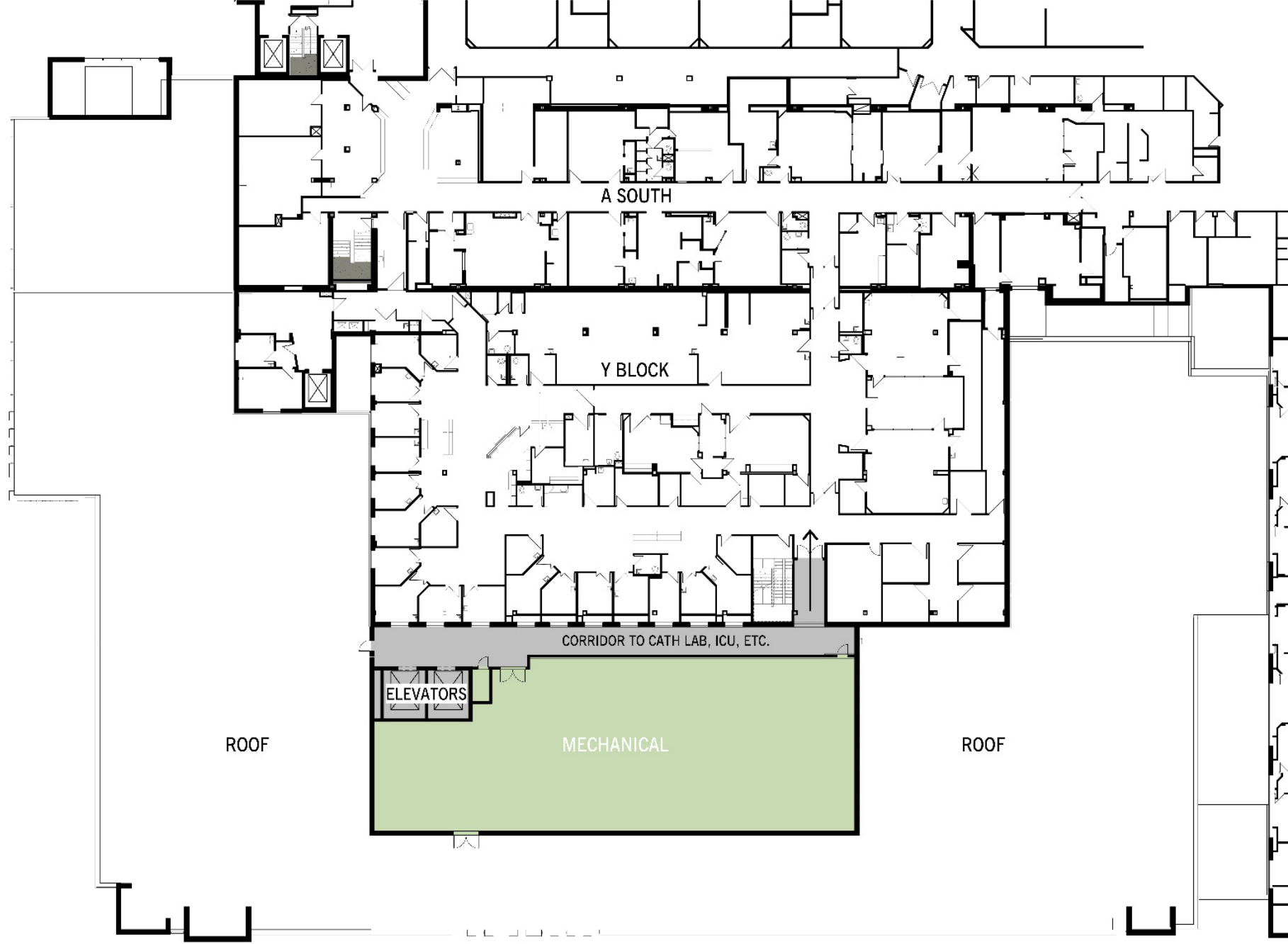


Design



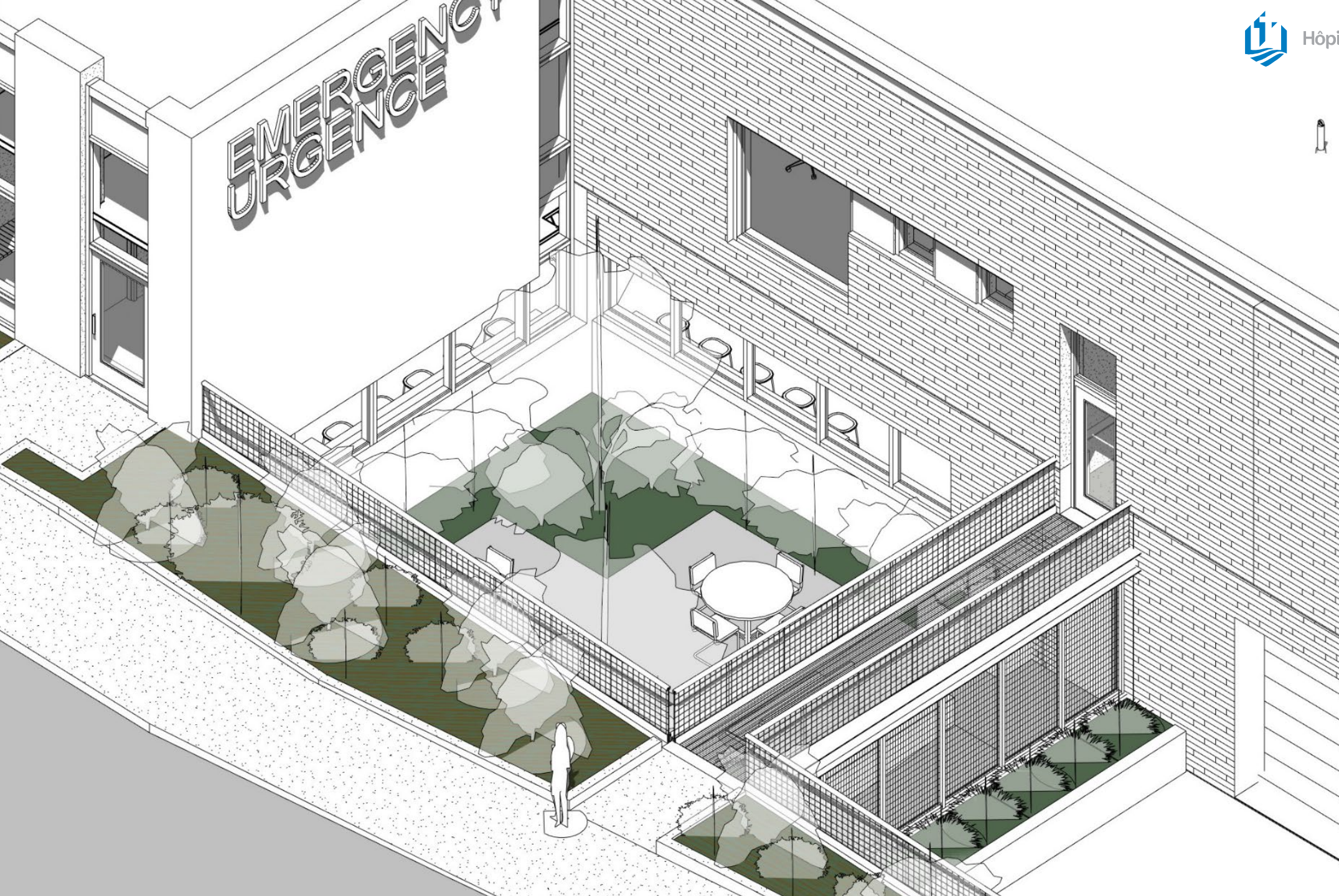


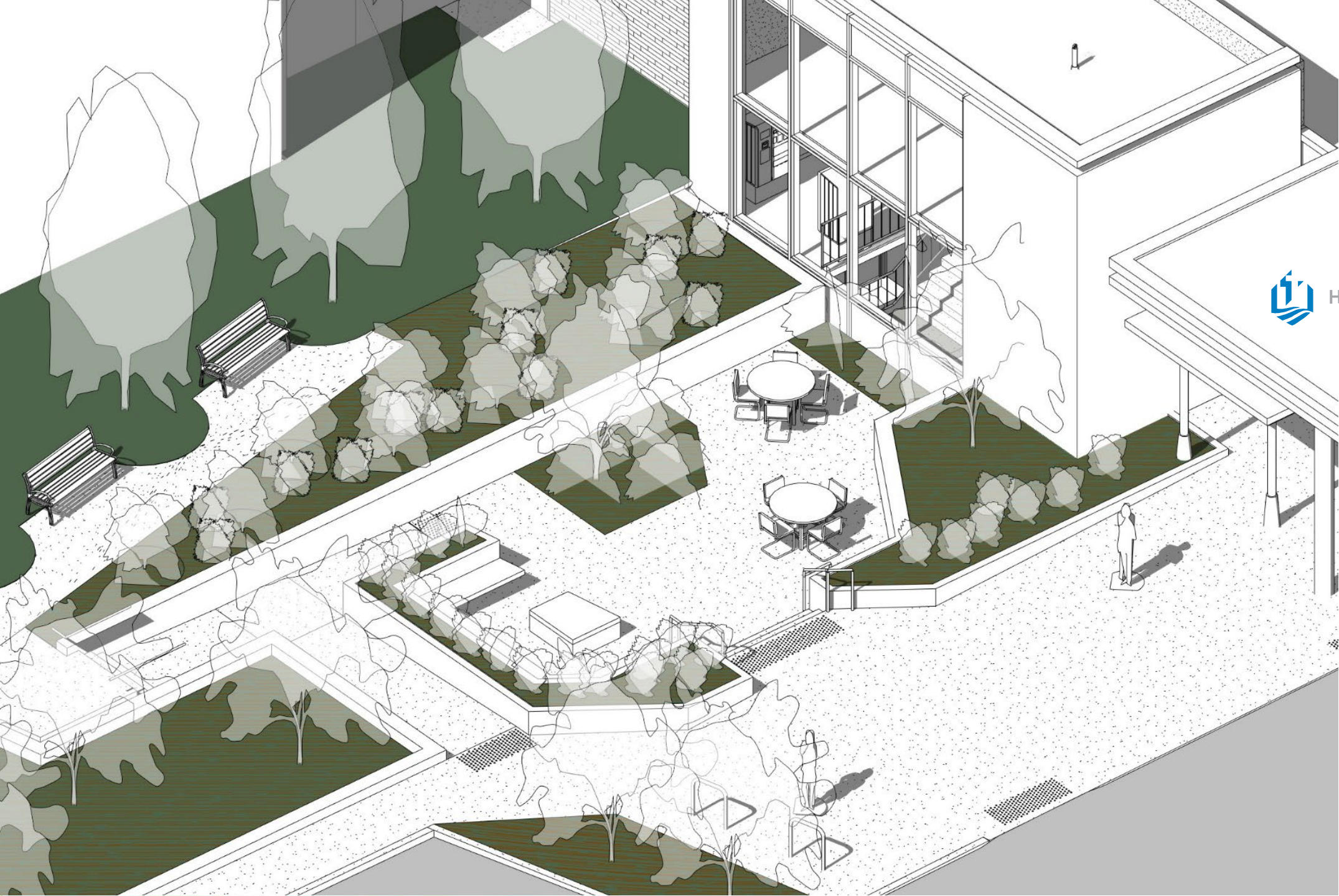














Hôpital St-Boniface Hospital

Question & Answer





Staff & Community Engagement

Sue Owen
CEO Impreza Consulting



Starting with the Positive



Hôpital St-Boniface Hospital



Impreza Consulting Inc.
Where Strategy Meets Action



Questions for You

In thinking about what you feel is positive/good about the Master Site Plan:

- *What is exciting?*
- *What will improve the way you work and provide care?*
- *How will SBH benefit from the redevelopment?*
- *How will our patients and our community benefit from the re-development?*



Let's Talk about the Not- So-Positive Aspects of the Plan





In Thinking About the Master Site Plan ...things that might not be so positive...

- *What might present a barrier or obstacle to working together to provide high quality care?*
- *What doesn't make sense to you?*





In Thinking About the Master Site Plan ...things that might not be so positive...

- **Staying in the Solution:** *In thinking about the barriers/obstacles, what might be some solutions?*
- *How can we work together as an SBH community to promote the best quality, best working environment within our new space?*





Summarizing Your Feedback





Closing Remarks

Ms Martine Bouchard
President & CEO
Saint Boniface Hospital





Welcome your Feedback!
talktomartine@sbgh.mb.ca



A photograph of three healthcare professionals in a clinical setting. In the foreground, a woman with dark hair, wearing a blue scrub top, smiles warmly. Behind her, a man with a shaved head, wearing a blue scrub top with a light green collar, looks directly at the camera with a neutral expression. To the right, another woman with dark hair, wearing a red scrub top and an orange stethoscope, smiles broadly. The background shows a blurred clinical environment with shelves and a door.

Thank you!

Appendix B



Public Townhall Session Chat

18:10:02 From Sue Owen to Everyone:

We encourage questions from participants using this chat function

18:24:59 From Sue Owen to Everyone:

Please feel free to share your thoughts and feedback on this new design

18:26:44 From Jan Watters to Host and Panelists:

At the beginning, Martine mentioned that St B will be in constant contact with us. What will that look like?

18:27:09 From AnnaMaria Magnifico to Everyone:

Is there feedback from staff as yet as I recall attending such an event re proposed new addition to CCMB

18:27:18 From Jesse Andrushko to Host and Panelists:

Is there concern about only having elevators having access to the ambulance bay? What happens if they happen to be out of service? I assume there are other ways of getting patients getting up there... maybe I am over thinking that.

18:28:33 From Anthony Sharp to Host and Panelists:

Given the elevator system, with direct access to the Cath lab area along with the rest of the hospital will patients from other hospitals who have been accepted into other services be able to go directly to that service rather than be seen in ER prior to being allowed to moved to the service they have been accepted in?

18:28:37 From Jesse Andrushko to Host and Panelists:

Is there any thoughts about converting the south parking lot to a parkade?

18:29:15 From AnnaMaria Magnifico to Everyone:

Great thank you

18:31:23 From Jan Watters to Host and Panelists:

I am a Winnipegger and can't help but be concerned about the ambulances going half a grade below re snow and ice and also loading unloading in a closed space with exhaust etc?

18:32:23 From Jan Watters to Host and Panelists:

A parking garage south of the ED would allow for space for the heliport!

18:33:12 From Jan Watters to Host and Panelists:



18:34:01 From Jan Watters to Host and Panelists:

Thanks

18:34:47 From Jesse Andrushko to Host and Panelists:

More capacity is always great - hospital looks aged right now.

18:35:38 From Jan Watters to Host and Panelists:

Love the use of space and the way treatment rooms are off central hallway

18:36:08 From Jesse Andrushko to Host and Panelists:

Having a long, boring wall along Tache.

18:36:49 From Jan Watters to Host and Panelists:

Can we have another look at south entrance?

18:37:36 From Jan Watters to Host and Panelists:

Thanks

18:37:53 From Jesse Andrushko to Host and Panelists:

I still have concerns about having the ER and ambulance bays not all on one level - especially if there is a large emergency with more than a few patients

18:37:53 From Jan Watters to Host and Panelists:

Wanted another look

18:39:11 From Jan Watters to Host and Panelists:

Where the white car is under the overhang, how wide is that space...eg how many cars?

18:39:58 From Jan Watters to Host and Panelists:



18:40:19 From Jesse Andrushko to Host and Panelists:

Stairs to the entrance of an ER... I understand it might be unavoidable, but seems bad in the winter for Winnipeg

18:40:50 From Jan Watters to Host and Panelists:

Where do the stairs at the front in the middle go?

18:40:58 From Clark Sinnott to Host and Panelists:

what is the capacity of the waiting room.....

18:41:11 From Jan Watters to Host and Panelists:

Down? Ramp?

18:41:49 From AnnaMaria Magnifico to Everyone:

Curious to know whether you have chosen design - which I like - that functions well elsewhere, i.e. similar sized cities

18:42:12 From Jan Watters to Host and Panelists:

Love the accessibility at the curb facing south.

18:45:22 From Clark Sinnott to Host and Panelists:

regular emails would help

18:46:03 From Jan Watters to Host and Panelists:

Updates on website?

18:46:48 From Jan Watters to Host and Panelists:

How many are participating ?

18:47:13 From Jan Watters to Host and Panelists:

Fabulous

18:49:31 From Jan Watters to Host and Panelists:

Merci

Staff Townhall Session Chat

12:20:04 From Sue Owen to Panelists:

We invite participants to share their questions and comments using this chat function

12:22:14 From SBHF to Everyone:

We invite participants to share their questions and comments using this chat function

12:23:53 From scott coley to Everyone:

If we have an aging and growing population and we are dealing with a greater volume from closed emergency rooms in the city our ED department must get bigger. With these increases, was there a consideration for the added need of capacity in the rest of the hospital to support that growth. Example is storage for equipment to meet the needs of that increase?

12:27:25 From Pat Robertson to Everyone:

There is a significant lag between the narrative and the images on screen. It's a bit confusing.

12:27:49 From scott coley to Everyone:

Are stretcher services also expected to park in the emergency ambulance bays as well? Was this taken into consideration?

12:28:41 From Sheila Holden to Everyone:

I am not experiencing any lag in pictures and the explanation.

12:28:49 From Rita Mann to Panelists:

We are on Y3 - there is a stairwell going directly outside to Tache from this floor - what is the plan for a secondary exit from this floor?

12:29:10 From Jennifer Chiappetta to Panelists:

What happens when the elevators go out of order and you have a resus patient? Or you have multiple resus patients arrive at the same time?

12:30:20 From Sue Owen to Everyone:

Thank you for your questions, everyone. Jerald and his team have a Q&A section of their presentation; we will be reviewing your questions then

12:34:36 From Jennifer Chiappetta to Panelists:

Does the waiting room have climate control? Patients and staff at triage have always gotten very cold in winter when doors open and really hot during summer months..

12:36:34 From Michael Hopcraft to Panelists:

How does the design facilitate the traffic going to/from Shipping/Receiving? It looks like big trucks might have issues coming/going to deliver supplies to the Hospital

12:38:15 From Ralph Wong to Panelists:

will delivery of CancerCare services be affected?

12:38:23 From Kwabena Osei-Bonsu to Everyone:

With roof top access to heart cath and ICMS, is that meant to be covered? 2. Does that allow for potential future expansion if needed?

12:38:44 From Jennifer Chiappetta to Panelists:

Are Patient registration clerks apart of your plan... Last plan did not have a space for them?

12:42:18 From scott coley to Everyone:

Direct entrance to CT from resus is really great!

12:42:34 From Leanne Smith to Everyone:

Improved flow for patient drop off

12:42:52 From Kwabena Osei-Bonsu to Everyone:

Larger resus rooms and a negative pressure resus room

12:43:29 From Sheila Holden to Everyone:

It is a great investment long term to the SBH campus and the ER deserves a great and efficient place to care for pts

12:44:26 From scott cole to Everyone:

I am slightly concerned with the additional ED capacity, that there hasn't been any in-hospital considerations to support this.

12:44:59 From scott cole to Everyone:

Additional beds*

12:45:16 From Leanne Smith to Everyone:

Access to the loading dock through the parking lot, increased potential for collisions.

12:46:06 From Caroline Campeau to Panelists:

Only 4 EMS spots behind triage.

12:46:22 From Kwabena Osei-Bonsu to Everyone:

I agree with scott. Expansion of the ED should be reflected with a larger ICU/crit care capacity

12:46:42 From Terence Wuerz to Everyone:

And medicine bed capacity

12:46:47 From Amy Cote to Everyone:

With all the parking shortages for staff and patients was a parkade considered to replace the south lot?

12:47:24 From Caroline Campeau to Panelists:

Absolutely agree with parking issue

12:47:59 From Mary-Jane Seager to Everyone:

We have a large population of obstetrical patients that need to enter the hospital after hours & I don't see where that flow will go.

12:48:20 From Terence Wuerz to Everyone:

We need to expand the medicine & crit care bed base of the hospital

12:49:08 From Jennifer Chiappetta to Panelists:

Waiting room capacity needs to be more than what we have now

12:55:35 From Kwabena Osei-Bonsu to Panelists:

I just want to clarify something. Patient loads from the previous closures accounted for here as well as the general growth in population?

12:57:32 From Michelle Gaudreau to Everyone:

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