

Vancouver Island Health Authority and  
Vancouver Island Regional Hospital Districts

Friday, September 25, 2009  
9 am – noon

Regional District of Nanaimo Boardroom  
6300 Hammond Bay Road  
Nanaimo, BC

Agenda

1. Introductions
2. Minutes of the December 3, 2007 Meeting
3. Health Authority Update
4. 2009/10 Capital Infrastructure Plan
5. 2010/11 Capital Planning Process
  - Overview of funding for major capital projects (process; sources; timing, etc)
  - 2010/11 capital plan for under \$1.5 million
6. UBCM-MoH Review of 2003 Cost Sharing Review
7. H1N1 Update
8. Roundtable - Questions and Answers
9. Future Meetings
  - Spring 2010
  - Fall 2011
10. Other items

**Vancouver Island Health Authority  
And  
Vancouver Island Regional Hospital Districts**

**Regional Joint Planning Meeting  
October 7, 2008  
Boardroom, Nanaimo Regional General Hospital  
1200 Dufferin Crescent, Nanaimo, BC**

**Minutes of Meeting**

In attendance from VIHA

Jac Kreut, Board Chair  
Howard Waldner, President & CEO  
Georgina MacDonald, Vice President  
Bill Boomer, Vice President & Chief Financial Officer  
Chris Sullivan, Director, Capital Planning

In attendance from the Regional Hospital Districts

Glenn Wong, Chair, Alberni-Clayoquot  
Ken McRae, Director, Alberni-Clayoquot  
Bob Harper, Administrator, Alberni-Clayoquot  
Raj Sharma, Manager, Capital  
Fred Bates, Chair, Comox-Strathcona  
Debra Oakman, Administrator, Comox-Strathcona  
Jack Peake, Chair, Cowichan Valley  
George Seymour, Director, Cowichan Valley  
Warren Jones, Administrator, Cowichan Valley  
Rod Sherrell, Chair, Mt. Waddington  
Greg Fletcher, Administrator, Mt. Waddington  
Joe Stanhope, Chair, Nanaimo  
Carol Mason, Administrator, Nanaimo  
Nancy Avery, General Manager, Finance and Information Systems, Nanaimo

1. Call to Order & Introductions

The meeting was called to order at 2:05 pm.

Bill Boomer welcomed everyone to the meeting and roundtable introductions were made.

2. Additions to Agenda

There were two additions to the agenda:

- 8.1 Communications/Public Relations
- 8.2 Hard to House Initiative

3. Minutes of December 3, 2007

The minutes of December 3, 2007 were adopted as circulated.

4. Five-Year Strategic Plan Update (copies of presentation circulated)

Georgina MacDonald gave an update on implementation of VIHA's Five Year Strategic Plan.

Greg Fletcher provided information on the new bus service in Mount Waddington. The service is not exclusive to health care clients, but the scheduling and routing were intended to mesh with the health care facilities.

There was a discussion on the Master Site Plan process at Cowichan District Hospital. George Seymour requested a copy of the Role and Scope of Service Report for Cowichan District Hospital. Howard Waldner indicated that the process would include a briefing for the Regional Hospital District prior to implementing any of the Master Site Plan recommendations.

There was a discussion regarding the need for residential care beds in the Cowichan Lake area. Howard Waldner indicated that decisions on where to locate new beds are based on community need, as well as the economies of scale to operate the new beds/facility.

There was a discussion regarding home support. Georgina MacDonald indicated that home support hours have increased about 9% in the last year. (Statistics for % change in hours are: 9.6% increase from 2006/07 to 2007/08 and 16% increase from 2005/06 to 2006/07. The cumulative change is 27% over the two-year period.)

Howard Waldner also indicated that a new Electronic Health Record system would be implemented throughout the health authority by the end of October.

There was a discussion on whether VIHA is looking at what happens over the longer term 30 years out. VIHA's capacity modeling does go beyond 2020. VIHA needs to keep in mind the "seniors' bubble" so that it does not overbuild and builds in flexibility. The "bubble" is not expected to pass for another 25 to 30 years.

Howard Waldner asked RHDs to consider cost sharing in residential care projects. There is some precedent to this with certain RHDs.

There was a discussion regarding the Homelessness initiative in Victoria. Howard Waldner indicated that affordability is a concern and may limit what new initiatives can be implemented.

Ken McRae described the possibility for a new housing program in the old RCMP building in Port Alberni. VIHA will review the opportunity to provide health care support if the initiative were to proceed.

5. 2008/09 Capital Plan Update (copy of presentation circulated)

Chris Sullivan provided a status report on the 2008/09 Capital Plan.

There was a discussion on the status of the North Island Regional Hospital and the maintenance of the two existing hospitals. Howard Waldner indicated that VIHA would continue to maintain the existing two hospitals while VIHA works toward a solution. The next step for this project may be discussed at the next Board meeting at the end of November.

There was a discussion on the list of projects and equipment requests that are not funded and moved from one year to the next. Bill Boomer indicated that the prioritization process includes clinicians and that there are funding constraints, which limit the projects and equipment that can proceed.

Greg Fletcher suggested that it would be helpful if the capital plan had a 15-year timeframe to allow RHDs to balance their reconciliation.

6. 2008/09 Capital Planning Process (copy of presentation circulated)

Chris Sullivan provided an update on the 2009/10 capital planning process. Main points included:

- 2009/10 capital instructions were provided to RHDs in June/July.
- The 2008/09 Capital Plan will be updated, with project priorities to be provided to RHDs by January 26.
- RHDs would confirm funding between February and April.

RHDs are requested to provide a three-year minor capital project and equipment funding envelope. Further correspondence will be sent in this respect.

7. UBCM-MoH Review of 2003 Cost Sharing Review (copy of presentation circulated)

Chris Sullivan indicated that a draft report has been prepared. The final report is due on October 29.

#### 8. Communications

George Seymour introduced a discussion on the communications audit VIHA is conducting and the benefits of earlier and increased communication between VIHA senior management/Board members with the RHDs and local community.

Howard Waldner indicated that RHDs would be consulted during the review. The review will look at best practice in environments similar to the one that VIHA works within.

#### 9. Hard to House

Discussed earlier in point 4 above. Georgina MacDonald and Chris Sullivan are to liaise with Ken McRae regarding the Hard to House proposal and to assist where possible.

#### 10. Future Meetings

There was a discussion on whether the existing format for these meetings was working. It was decided that:

- There would be an annual meeting with a format similar to this meeting
- There would be an annual meeting with a format to allow for greater dialogue (rather than presentations). This would require RHDs and VIHA to identify topics
- There would be a meeting with each individual RHD Board or Committee where the Strategic Plan could be discussed and other issues. It was suggested that the ideal date for this meeting would be between April and October (excluding August) in order to avoid the RHD/RD budget process. Howard Waldner indicated that the VIHA team would always include himself or a Vice-President.

#### 11. Closing Comments & Adjournment

Bill Boomer thanked everyone for his or her participation in this meeting. The meeting was adjourned at 4:00 pm.



Vancouver Island Health Authority (VIHA)  
Capital Infrastructure Plan

INFRASTRUCTURE PLAN  
UPDATE 2009/10

**September 2009**

## Executive Summary

In support of the Vancouver Island Health Authority's (VIHA's) Five-Year Strategic Plan, the VIHA Board approved the first Capital Infrastructure Plan in April 2006. At that time, we committed to refreshing the Capital Infrastructure Plan on an annual basis.

Capital assets are one of the foundations that allow VIHA to provide care and services to our residents. We must ensure that we acquire and manage these assets in the most effective and efficient manner possible.

We have based the development of this Plan on the following principles:

- VIHA's capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a thorough business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

We are anticipating significant capital investment over the coming years to support initiatives contained in our Five-Year Strategic Plan, and to maintain and improve existing services. Subject to appropriate approvals, we will invest in:

- Improved health of high needs populations, through initiatives including development of appropriate mental health facilities that support clients over the continuum from street outreach to tertiary acute care;
- Service excellence for seniors including new residential care beds in Mount Waddington, installation of ceiling lifts to improve patient and staff safety, and developing an "Elder Friendly" acute care hospital at Royal Jubilee Hospital in Victoria;
- A sustainable and integrated network of health services including construction of a new emergency department and renal services at Nanaimo Regional General Hospital, development of multi-disciplinary Primary Health Care services in Sooke and Oceanside, and replacement and enhancement of diagnostic and medical equipment;
- High quality and safe services such as:
  - New negative pressure rooms at various locations to cope with outbreaks of highly communicable diseases that may occur;
  - Development of a new pharmacy at Cowichan District Hospital to address safety issues; and

- Ensure maintenance at lease facilities follow appropriate infection prevention and control guidelines;
- A healthy workplace and a safe, healthy and engaged workforce through improved facilities and new equipment;
- Strategic transformation to ensure sustainability such as “streaming” principles in the new emergency departments at Nanaimo Regional General Hospital and Victoria General Hospital to reduce wait times, and an emphasis on becoming a “greener” health care organization; and
- Improved stakeholder engagement in projects such as the development of the Royal Jubilee Hospital Master Campus Plan and future re-use of Cowichan Lodge.

Together, these investments will enable better access to care, help improve health outcomes, and create a more sustainable system of care to meet the needs of our population in the future.



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## Introduction

Capital assets are one of the foundations that allow health professionals to provide care and services to VIHA residents. VIHA has a key role to play in making sure these assets are acquired and managed in the most effective and efficient manner possible. In support of VIHA's Five-Year Strategic Plan, the VIHA Board approved the first Capital Infrastructure Plan in April 2006. At that time, we committed to refreshing the Capital Infrastructure Plan on an annual basis.

Successful capital asset planning and management requires that investments are strategically aligned with program needs, to realize maximum value for public expenditures. This approach requires a focus on long-term planning that effectively considers the capital asset lifecycle. It presents particular challenges to a Health Authority faced with unrelenting technological change, new patterns of medical practice, and increasing demand. But it also presents enormous opportunities to do things differently, and better.

Capital assets in the context of this Capital Infrastructure Plan include publicly owned health infrastructure, such as hospitals and medical equipment (from MRI and CT scanners to hospital beds. One addition to the 2009/10 Capital Infrastructure Plan is recognition of the importance of lease sites, in which we also deliver publicly funded services and accommodate VIHA programs. Information management and technology infrastructure is discussed in a separate Infrastructure Plan.

This 2009/10 Capital Infrastructure Plan Update provides an update/progress, environmental/risk assessment, the strategic direction related to capital planning, and a discussion on resource requirements.

## Update/Progress

We achieved significant progress in 2008/09 with the completion and ongoing development of many new projects and equipment acquisitions. The largest two projects under construction are:

- a new, state of the art, 500 bed Patient Care Centre at Royal Jubilee Hospital with completion planned for 2010 and occupancy in early 2011; and
- a new emergency department at Victoria General Hospital that will triple the size of the current facility and provide emergency, trauma and paediatric care to Vancouver Island patients (completion by December 2009).

In 2008/09, the Health Authority also celebrated the opening of a number of new residential care and assisted living facilities across the Health Authority. This additional capacity will significantly reduce the burden on acute care, as it will allow patients who require complex, non-acute care to receive the services they need in the most appropriate care environment. New projects completed in 2008/09 include:

- Comox Valley Seniors Village with 90 residential care beds and 60 assisted living units;
- Rainbow Gardens in Port Alberni with 10 assisted living units;
- Stanford Place in Parksville with 140 residential care beds and 30 assisted living units;
- Wexford Creek Campus of Care in Nanaimo with 110 residential care beds;
- Kiwanis House in Nanaimo with 35 assisted living units;
- Sunridge Estates in Duncan with 160 residential care beds and 50 assisted living units;
- Ayre Manor Lodge in Sooke with 30 residential care beds and 10 assisted living units;
- Parry Place in Victoria with 21 assisted living units; and
- Selkirk Place in Victoria with 185 residential care units and 25 assisted living units.

There were many other projects that were underway or completed in 2008/09 including:

- Planning for improved access to hemodialysis with an expansion of the community dialysis facility at the Cumberland Healthcare Centre;
- Installation of a new 64-slice CT (computed tomography) Scanner at West Coast General Hospital to improve access to important diagnostic tests;
- Renovation of the Palliative Care Unit at Nanaimo Regional General Hospital;
- Completion of a new Paediatric Ambulatory Health Clinic at Nanaimo Regional General Hospital - this clinic provides greater access to specialized paediatric care closer to home;
- Development of new negative pressure rooms at various hospitals in Duncan, Nanaimo, Port Alberni, Tofino, Campbell River, Port McNeill and Port Hardy;

- New state-of-the-art digital mammography technology at five Vancouver Island acute care hospitals, including Victoria General, West Coast General, Cowichan District Hospital, St. Joseph's General Hospital and Campbell River and District General Hospital;
- Supporting recommendations in the Victoria Mayor's Task Force on Homelessness report such as adding 21 new community medical detox and stabilization beds at Royal Jubilee Hospital and creating Assertive Community Treatment/Outreach (ACT) Teams; and
- Expansion and improvement of the operating rooms and their support areas at Saanich Peninsula Hospital.

Various capital planning related projects were completed in 2008/09 including:

- A high level physical and functional assessment of community lease facilities;
- A review of property assets to determine whether those that are not currently under active use should be designated as strategic (a property asset whose characteristics make it worthy of retention in support of VIHA's strategic plan and future service needs) or surplus (a property asset for which a use has not been identified and whose characteristics may be deemed surplus to VIHA's strategic plan and future service needs); and
- Working with the Ministry of Health Services, the Union of BC Municipalities, and various Regional Hospital Districts and Health Authorities to review cost-sharing processes and identify opportunities for improvements.

## Environmental/Risk Assessment

Over the last few years, we have worked towards implementing improved capital asset planning and management processes. Our goal has been to ensure value for health infrastructure expenditures by:

- Developing efficient 'Island-wide' planning processes and maximizing the use of existing infrastructure before investing in new infrastructure;
- Ensuring that capital investment is driven by operational needs; that is, making sure capital investments are well-planned and managed so they meet the needs of patients in the short- and long-term; and
- Exploring new ideas and approaches to capital planning and investment including a longer planning horizon.

Over the last year, we have also reorganized our departments to ensure planning and project delivery processes are aligned, as well as to review challenges to bring projects to completion.<sup>1</sup> In 2009/10, we will continue with our new project control processes (e.g. project status reporting, cost control and schedule control) to manage inherent risks in capital projects.

As with other jurisdictions in British Columbia and across the country, the generally poor condition of VIHA facilities and equipment infrastructure is the cumulative result of years of not investing in capital. It is not a new problem and did not happen overnight, but it has reached the point where more significant investments are required to enhance our ability to deliver necessary programs and services. It will, however, take time to address a backlog of capital needs through a measured and affordable approach that prioritizes requirements across the Health Authority.

Additional detail on the current environment is provided in the following analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT Analysis).

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<sup>1</sup> Capital Planning and Facilities Operations (including Design & Construction) Departments report to the Vice President, Operations Support Services.

## SWOT Analysis

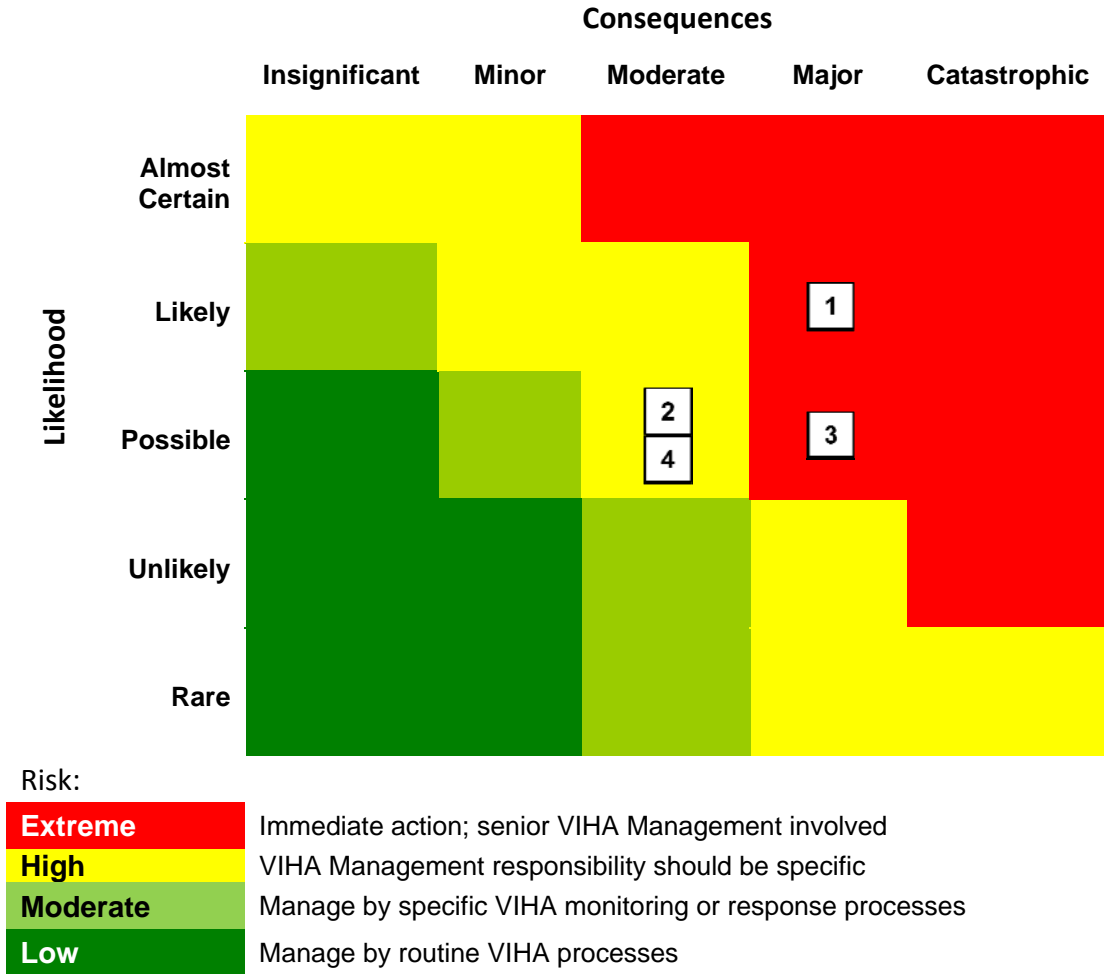
Figure 1: SWOT Analysis

|                 | STRENGTHS  | STRENGTHS   |
|-----------------|--|---|
| <i>internal</i> | <ul style="list-style-type: none"> <li>• Strategic plan to guide capital investment</li> <li>• Board and Executive attention to capital project planning and implementation</li> <li>• Established capital planning processes</li> <li>• Equity in existing VIHA-owned properties, facilities and equipment</li> </ul>   | <ul style="list-style-type: none"> <li>• A number of obsolete and aging buildings and equipment</li> <li>• Capacity to implement</li> <li>• Loss of morale among staff working in aging/failing facilities and equipment</li> <li>• Lack of available financial resources/ competing priorities</li> <li>• Lack of available and appropriate space</li> </ul> |
|                 | OPPORTUNITIES  | THREATS   |
| <i>External</i> | <ul style="list-style-type: none"> <li>• Re-engineering: designing and creating, through renovation and new construction, state-of-the-art facilities to improve performance and health outcomes</li> <li>• Enhanced ability to attract skilled human resources with new facilities &amp; equipment</li> <li>• Opportunities to leverage existing assets/land</li> <li>• Improved construction industry capacity and reduced construction inflation rates</li> </ul> | <ul style="list-style-type: none"> <li>• Funding uncertainties</li> <li>• Limited flexibility and responsiveness due to processes of external funding partners</li> </ul>   |
|                 | <i>Leverage</i>  | <i>Mitigate</i>   |

We have identified risks related to the successful realization of the Capital Infrastructure Plan. For each risk, we have assessed the likelihood and consequences, assigned a risk rating, and defined mitigation strategies.

Four key risks related to facility and equipment projects are shown in Figure 2. Two risks are assessed as extreme, requiring senior VIHA management action. Another two risks are rated as high, requiring assignment of management responsibility.

**Figure 2: Risk Matrix**



**Legend:**

- 1** Funding Revenue Uncertainties
- 2** Cost Pressures
- 3** Ability to Spend
- 4** Insufficient VIHA Human Resources

## **1** Funding Revenue Uncertainties

Successful implementation of the Capital Infrastructure Plan requires sufficient capital funding revenue. Although the Provincial government provides three-year funding targets, annual funding levels are approved on an annual basis and major projects require Ministry approval. Similarly, there is also uncertainty with Regional Hospital District funding due to their concerns around affordability and the cost-sharing formula. Finally, the Health Authority is also often constrained due to restrictions imposed on how revenue can be used.

In addition, the availability of adequate operating funding also poses a risk on the Health Authority. For example, a number of VIHA lease facilities are inadequate from a functional and physical perspective. This includes insufficient space, poor functional layouts, inadequate handicap accessibility, poor ventilation and unsafe work conditions. These issues can affect patients/clients, as well as staff.

Mitigation strategies include:

- Discuss funding revenue targets and approval of high priority projects with Ministry of Health Services at the Executive level;
- Regular meetings with Regional Hospital Districts to discuss project priorities and cost sharing;
- Participate on the Implementation Team for the Ministry of Health Services - Union of BC Municipalities Regional Hospital District Cost Sharing Review;
- Review opportunities to improve community leases within existing budgets; and
- Continue to minimize costs wherever possible.

## **2** Cost Pressures

As with many other jurisdictions across the country, we face challenges with aging health care facilities and equipment. Inadequate maintenance of existing assets may increase asset deterioration and requirement for premature replacement.

In addition, various unanticipated cost pressures may arise during the year, such as unanticipated emergencies that require capital funding, or project budget-overruns due to the preliminary nature of project budget setting.



Mitigation strategies include:

- Review cost estimates to ensure all elements of a project and appropriate contingency funds are included;
- Implement new project control processes to manage inherent risks;
- Continue to use professional quantity surveyors to estimate capital costs; and
- Continue to minimize costs where possible.

### **3 Ability to Spend**

Capital projects are complex and can be delayed for various reasons resulting in spending less than planned. Combined with restrictions that are assigned to various funding revenue sources, there is often limited flexibility to allow the Health Authority to reassign funding between specific projects or expenditure categories (i.e. projects, equipment and information technology). If one of the restrictions is that funding cannot be carried over from one year to the next, the funding may be lost if there is under-spending.

Mitigation strategies include:

- Take a conservative approach to estimating project cash flow for large complex projects. This approach may result in over-committing cash flow, with the expectation that overall spending will end up at the appropriate level; and
- Implement new project control processes to manage inherent risks.

### **4 Insufficient VIHA Human Resources**

Implementation of the Capital Infrastructure Plan requires staff to develop plans and business cases, address specific issues, monitor projects, etc. If capacity is insufficient, we may not be able to realize successful implementation.

Mitigation strategies include:

- Prioritize key initiatives based on the Strategic Plan; and
- Review existing planning and project delivery processes to identify opportunities for improvement.

## Strategic Direction

VIHA's capital planning strategies focus on:

- Implementing improved capital asset planning and management processes;
- Increasing efficiency; and
- Bringing a greater degree of rigour to planning and management.

Our goal is to achieve greater value for health infrastructure expenditures, and to align investments with the strategic priorities in our Five-Year Strategic Plan. We maximize use of existing infrastructure before embarking on new investments, ensure that investment is driven by real operational need, and explore new ideas and approaches to capital planning, including a longer planning horizon.

### Aligning Strategies with the VIHA Five-Year Strategic Plan

The capital investments we are undertaking are in alignment with the goals and priorities set out in VIHA's Five-Year Strategic Plan. Each initiative is supported by a rigorous examination of service delivery options and a thorough business case analysis, and we have focused on maximizing use of existing infrastructure and exploring non-capital alternatives before we make new investments. Our spending on capital assets is managed within the Health Authority's fiscal limits. The alignment between the Strategic Plan and the Capital Infrastructure Plan is described below. In addition, Appendix A provides additional information on the alignment of capital strategies with strategic priorities, and intended outcomes of the Capital Infrastructure Plan strategies.

### Improved Health of High Needs Populations

We are focusing our efforts on high needs populations where the need for better health is clear, and where we have the ability to make improvements. These populations are: residents of remote and rural areas such as Mount Waddington; Aboriginal people; homeless/hard to serve populations; children and youth; and people living with chronic diseases.

Specific projects to respond to the needs as identified in the Strategic Plan include:

- Work with School District 69 (Qualicum) and the Ministry of Children and Family Development to establish Parksville Family Place which will bring together important resources and services for the children, youth and families of the Oceanside area;
- Developing new specialized mental health facilities as part of the Riverview Hospital redevelopment plans – actual projects and timing will depend on Ministry of Health Services process;

- Undertake tenant improvements at 71 Government Street in Duncan for programs serving homeless/hard to serve populations including the Addictions program and the Adult Community Services Team who do street outreach; and
- Completion of renovations at 941 Pandora in Victoria for programs serving homeless/hard to serve populations such as Assertive Community Treatment (ACT) Teams and Public Health outreach nurses.

## Service Excellence for Seniors

VIHA's population is old, relative to the rest of the province and the country. As a population ages, needs for services also grow and become increasingly complex. One of our priorities is to become a leader in care and support that helps seniors and their families attain and maintain health and independence. Capital investments in patient-care facilities, home and community care, residential care and assisted living, and access and patient flow initiatives will support this priority, creating a more responsive and effective system and improving health outcomes for seniors. Examples include:

- Development of new residential care beds and assisted living units throughout the Health Authority. In 2009/10, VIHA will add 11 new residential care beds at Port Hardy Hospital;
- Construction of the Patient Care Centre at the Royal Jubilee Hospital, which will be the first 'Elder Friendly' acute care hospital in North America<sup>2</sup>; and
- Installation of ceiling mounted patient lifts in various residential care facilities to improve patient and staff safety.

Subject to the current fiscal limits, the Capital Infrastructure Plan includes: additional residential care and assisted living capacity to meet continued growth beyond those already under construction; and upgrading and replacement of current residential care beds that do not meet complex care needs.

## A Sustainable and Integrated Network of Health Services

We provide a wide array of health services in the community and in our facilities to meet the health care needs of VIHA residents. Our aim is to provide our residents with the high quality services they require in the most appropriate and accessible setting. Major projects and equipment purchases include:

- Achieve decision for Comox-Strathcona Hospitals and develop preliminary business case;
- Complete Cumberland Health Centre dialysis expansion improving access for North Island residents and meeting appropriate standards;

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<sup>2</sup> An Elder Friendly hospital is one that is purposely designed to create a safer and more therapeutic environment by responding to the natural changes that occur when people age.

- Begin construction of a new Renal Unit at Nanaimo Regional General Hospital to improve access to hemodialysis services for kidney patients through an in-centre Renal Dialysis Unit and a Home Dialysis Clinic;
- Redevelopment of the Emergency Department at Nanaimo Regional General Hospital resulting in a number of benefits such as:
  - An appropriate number and type of treatment rooms;
  - Reducing overcrowding and resulting in better patient results; and
  - Higher staff morale and improved infection control;
- Continue to work with local municipal and community partners to further develop opportunities for co-located multi-disciplinary Primary Health Care services in Sooke and Oceanside;
- Continuing construction of a new 500-bed Patient Care Centre at Royal Jubilee Hospital to replace aging, physically and functionally obsolete space (scheduled to open in February 2011);
- Completion of the new Emergency Department at Victoria General Hospital which will enhance the department by providing more patient care areas and improved flow to support the various components of the Emergency Department to work together;
- Redevelop the operating rooms at Saanich Peninsula Hospital to expand and improve the operating rooms and their support areas;
- Replacing and enhancing diagnostic and medical equipment in order to improve patient care and workplace health such as:
  - A new CT scanner at Westcoast General Hospital;
  - New bone densitometry equipment at Cowichan District Hospital; and
  - Various anesthetic machines, laboratory equipment, and patient beds and lifts throughout the Health Authority; and
- Complete master site plans for Nanaimo Regional General Hospital and Cowichan District Hospital, and a Master Campus Plan for Royal Jubilee Hospital.

## High Quality and Safe Services

Improving the quality of our services and keeping patients and staff safe are vital areas of health service delivery. Our intent is to focus on fundamental quality and safety processes where we continually improve services and patient outcomes.

During 2009/10, VIHA is continuing with a number of projects including:

- Developing negative pressure rooms at various acute hospital sites to cope with any outbreaks of highly communicable diseases that may occur and to help prevent transmission and protect staff from contamination;

- Construction of a new Cowichan District Hospital Pharmacy which will have a number of benefits including:
  - A separate waiting area and counseling area to ensure privacy;
  - Secure storage area for the drop-off and pickup of pharmaceuticals;
  - Secure counter and reception desk; and
  - Sterile preparation and chemo preparation areas, both containing biohazard fume hoods; and
- Ensure cleaning at lease facilities follows appropriate Infection Prevention and Control guidelines.

## **A Leading Organization with a Healthy Workplace, Safe, Healthy and Engaged Workforce, and Continuous Learning**

Ensuring the Health Authority has the appropriate number and type of employees in the future has been identified as VIHA’s highest risk. Ongoing capital investment supports the attraction and retention of human resources including reducing the number of musculoskeletal injuries by installing new ceiling lifts, improved infection control with new negative pressure rooms and improving staff morale with renovated facilities and new equipment.

Subject to affordability, we will also continue to review options to relocate and co-locate community programs into better space in order to increase program effectiveness and staff morale, and reduce unnecessary duplication of support and infrastructure costs.

## **Strategic Transformation to Ensure Sustainability**

We are committed to maximizing efficiencies through thoughtful, evidence-based decision-making as well as working with our staff to explore new ways of identifying and eliminating inefficiencies in the system.

One example of strategic transformation is the inclusion of “streaming” principles in the development of the new Emergency Departments at Nanaimo Regional General Hospital and Victoria General Hospital to reduce wait times. The “streaming” process is used to provide treatment to mobile patients. These patients will be triaged into an emergency treatment area where lab tests and other diagnostics are undertaken, as required, in advance of meeting with a physician.

Another example of transformation is in the area of Green Health Care. We are already taking steps to become a “greener” health care organization by applying the Leadership in Energy and Environmental Design (LEED) Green Building Rating System to new facilities. The new Royal Jubilee Hospital Patient Care Centre will be built to LEED Gold certification. As the first ever

Pacific Green Hospital, it will set a new standard for environmentally sustainable health facilities province-wide.

The Health Authority is also implementing a new maintenance and facility management software tool to simplify planning for long-term facility needs. After information on each site has been inputted, the Health Authority will be better able to assess the current condition of our buildings using a facility condition index and prioritize building sustainment projects.

## **Improved Stakeholder Engagement**

Managing different expectations from various health care stakeholders is a key challenge for VIHA. We are committed to building trust and support in the communities we serve.

In relation to the Capital Infrastructure Plan, stakeholder engagement in 2009/10 will include:

- Development of the Royal Jubilee Hospital Master Campus Plan;
- Future re-use of Cowichan Lodge;
- The proposed model for two new hospitals in Comox-Strathcona; and
- Ongoing Regional Hospital District and Ministry of Health Services engagement processes.

## Resource Requirements

VIHA is committed to finding and utilizing the best approaches to capital financing, to meet growing public needs while ensuring that all financing and service delivery complies with federal and provincial legislation, such as the Canada Health Act. We continue to explore feasible alternatives to relying solely on public funding, including working with not-for-profit agencies and private agencies, leveraging existing assets, developing new ways to deliver service, and public-private partnerships.

Total VIHA capital spending planned for facility and equipment projects over the next three years is more than \$514 million, subject to appropriate approvals. This excludes alternatively financed expenditures for projects such as privately owned residential care facilities and lease space, but includes the Royal Jubilee Hospital Patient Care Centre. The total anticipated expenditure is shown in Table 1 below:

**Table 1: Total Anticipated Capital Expenditures, 2009/10 – 2011/12**

| Project    | Anticipated Expenditure | Proportion |
|------------|-------------------------|------------|
| Facilities | \$435M                  | 85%        |
| Equipment  | \$79M                   | 15%        |
| Total      | \$514M                  | 100%       |

Major funding sources for our Capital Infrastructure Plan include:

1. Provincial government;
2. Regional Hospital Districts;
3. Foundations and auxiliaries; and
4. Internal VIHA sources.

A summary of capital funding sources and uses is included in Appendix B. Funding beyond 2009/10 is considered notional, subject to further review and approvals.

## Conclusion

The Health Authority faces numerous challenges in providing health care services to its growing and aging population, including unrelenting technological change, new patterns of medical practice, and accelerating demand.

Our approach to capital asset planning and management, which focuses on long-term planning and considers the capital asset lifecycle, ensures that investments are strategically aligned with program needs and that maximum value for public expenditures is realized. We use flexible governance structures and policies, explore new ideas and approaches to capital planning, and are careful to make the best possible use of existing infrastructure before embarking on new investments, making only investments that are driven by real operational needs.

Each funded project aligns with one – and often many - of the strategic priorities set out in VIHA's Five-Year Strategic Plan. Together they enable better access to care, help improve health outcomes, and create a more sustainable system of care to meet the needs of our population well into the future. Each year, we will review the Capital Infrastructure Plan to include updated information, changes in funding priorities and sources, and key risks.



## Appendix A: Strategic Direction 2009 - 2012

| Strategic Priority   | Improved Health of High Needs populations |   |  |                                   |       |       |
|--|---|---|--|-----------------------------------|-------|-------|
| 2009/10 Objective  | System – Wide Initiative                  | Strategies/Actions  | Anticipated Outcome  | Timelines<br>(Project activities) |       |       |
|  |   |   |  | 09/10                             | 10/11 | 11/12 |
| Improve the health of Aboriginal, rural and remote and the downtown/hard to serve populations through community partnerships |   | 1. Implement approved Riverview Redevelopment Plan  | A comprehensive range of mental health services and supports improving access to health services             |                                   |       |       |
|  |   | 2. Undertake tenant improvements at 71 Government Street in Duncan for programs serving homeless/hard to serve populations          |  |                                   |       |       |
|  |   | 3. Completion of renovations at 941 Pandora in Victoria for programs serving homeless/hard to serve populations                     |  |                                   |       |       |
|  |   | 4. Work with School District 69 (Qualicum) and the Ministry of Children and Family Development to establish Parksville Family Place | Consolidation of important resources and services for the children, youth and families of the Oceanside area |                                   |       |       |

| Strategic Priority                                       | Service Excellence For Seniors                                  |   |   |                                   |       |       |
|--|---|---|---|-----------------------------------|-------|-------|
| 2009/10 Objective  | System – Wide Initiative (if required)                          | Strategies/Actions  | Anticipated Outcome   | Timelines<br>(Project activities) |       |       |
|  |   |   |   | 09/10                             | 10/11 | 11/12 |
| Improve the health of seniors through service excellence | Preventing and reducing Alternate Level of Care to improve flow | 5. Develop new residential care beds and assisted living units (e.g. 11 new residential care beds at Port Hardy Hospital)   | A reduced burden on acute care and services provided in the most appropriate care environment |                                   |       |       |
|  | Preventing and reducing Alternate Level of Care to improve flow | 6. Plan for additional residential care and assisted living capacity to meet continued growth, and upgrade and replace current residential care beds that do not meet complex care needs. | Improved resident accommodation in complex care facilities                                    |                                   |       |       |
|  | Staff safety  | 7. Incorporate 'Elder Friendly' design principles into the Royal Jubilee Hospital Patient Care Centre   | A safer and more therapeutic environment for elderly patients                                 |                                   |       |       |
|  | Staff safety  | 8. Install ceiling mounted patient lifts in various residential care facilities   | Improved patient and staff safety   |                                   |       |       |

| Strategic Priority   | A Sustainable and Integrated Network of Health Services |  |  |                                   |       |       |
|--|---|--|--|-----------------------------------|-------|-------|
| 2009/10 Objective  | System – Wide Initiative (if required)                  | Strategies/Actions   | Anticipated Outcome  | Timelines<br>(Project activities) |       |       |
|  |   |  |  | 09/10                             | 10/11 | 11/12 |
| Improve integration of services to support better access and flow of patients across the continuum |   | 9. Achieve decision for North Island Hospitals and develop preliminary business case   | Decision made and preliminary Business Case developed  |                                   |       |       |
|  |   | 10. Complete Cumberland Dialysis Expansion   | Improved quality and access for North Island residents   |                                   |       |       |
|  |   | 11. Begin construction of a new Renal Unit at Nanaimo Regional General Hospital  | Improved quality and access for North Island residents   |                                   |       |       |
|  |   | 12. Redevelopment of the Emergency Department at Nanaimo Regional General Hospital   | Improved patient flow, better patient results, higher staff morale and improved infection control            |                                   |       |       |
|  |   | 13. Continue to work with local municipal and community partners to further develop opportunities for co-located multi-disciplinary Primary Health Care services in Sooke and Oceanside. | Provide area residents access to a wide range of health professionals and community services in one location |                                   |       |       |
|  |   | 14. Develop a new 500-bed Patient Care Centre at Royal Jubilee Hospital  | Occupancy in February 2011   |                                   |       |       |
|  |   | 15. Completion of the new Emergency Department at Victoria General   | Improved patient flow and address patient volume and occupancy needs   |                                   |       |       |
|  |   | 16. Redevelop the operating rooms at Saanich Peninsula Hospital  | Expand and improve the operating rooms and their support areas   |                                   |       |       |
|  |   | 17. Replacing and enhancing diagnostic and medical equipment (e.g. new CT scanner at Westcoast General Hospital and new bone densitometry equipment at Cowichan District Hospital)       | Improve patient care and workplace health  |                                   |       |       |
|  |   | 18. Complete master site plans for Nanaimo Regional General Hospital and Cowichan District Hospital, and Master Campus Plan for Royal Jubilee Hospital;                                  | Context in which to plan future development  |                                   |       |       |

| Strategic Priority  | High Quality and Safe Services         |  |  |                                |       |       |
|---|--|--|--|--------------------------------|-------|-------|
| 2009/10 Objective   | System – Wide Initiative (if required) | Strategies/Actions   | Anticipated Outcome  | Timelines (Project activities) |       |       |
|   |  |  |  | 09/10                          | 10/11 | 11/12 |
| Improve the planning and delivery of health services through a focus on sustainability, quality and safety. | Infection Prevention and Control       | 19. Develop negative pressure rooms in various facilities to prevent transmission and protect staff from contamination | Provide an appropriate and functional care environment                     |                                |       |       |
|   | Staff safety                           | 20. Construction of a new Cowichan District Hospital Pharmacy  | Adequately sized pharmacy as per Accreditation and College recommendations |                                |       |       |
|   | Infection Prevention and Control       | 21. Monitor maintenance at lease facilities to ensure appropriate Infection Prevention and Control guidelines          | Standardized processes for maintenance at lease facilities, as appropriate |                                |       |       |

| Strategic Priority  | A Leading Organization with a Healthy Workplace, Healthy and Engaged Workforce and Continuous Learning |  |   |                                |       |       |
|---|--|--|---|--------------------------------|-------|-------|
| 2009/10 Objective   | System – Wide Initiative (if required)   | Strategies/Actions   | Anticipated Outcome   | Timelines (Project activities) |       |       |
|   |  |  |   | 09/10                          | 10/11 | 11/12 |
| Continue to implement the People Plan and engage the workforce in creating a leading organization |  | 22. Review options to relocate and co-locate community programs into more appropriate space  | Increase staff morale and program effectiveness, and reduce unnecessary duplication of support and infrastructure costs |                                |       |       |
|   |  | 23. Numerous initiatives identified above support the attraction and retention of human resources: installation of ceiling lifts, new negative pressure rooms, acquisition of new equipment technology and development of new facilities | As discussed in other Strategic Priorities above  |                                |       |       |

| Strategic Priority  | Strategic Transformation to Ensure Sustainability |  |  |                                |       |       |
|---|---|--|--|--------------------------------|-------|-------|
| 2009/10 Objective   | System – Wide Initiative (if required)            | Strategies/Actions   | Anticipated Outcome                                      | Timelines (Project activities) |       |       |
|   |   |  |  | 09/10                          | 10/11 | 11/12 |
| Improve our change management capacity to implement the strategic direction<br><br>Ensure fiscal sustainability and meet expectations as set out in the Government Letter of Expectations |   | 24. Implement “streaming” principles in the development of new Emergency Departments to reduce wait times. | Reduce wait times and improve access and quality of care |                                |       |       |
|   |   | 25. Become a “greener” health care organization  | Support the “Green Health Care” initiative               |                                |       |       |

| Strategic Priority  | Improved Stakeholder engagement        |  |                     |                                |       |       |
|---|--|--|---------------------|--------------------------------|-------|-------|
| 2009/10 Objective   | System – Wide Initiative (if required) | Strategies/Actions   | Anticipated Outcome | Timelines (Project activities) |       |       |
|   |  |  |                     | 09/10                          | 10/11 | 11/12 |
| Engage staff, physicians and other stakeholders to inform ongoing strategic and operational decisions |  | 26. Development of the Royal Jubilee Hospital Master Campus Plan |                     |                                |       |       |
|   |  | 27. Future re-use of Cowichan Lodge                              |                     |                                |       |       |
|   |  | 28. The proposed model for two new hospitals in Comox-Strathcona |                     |                                |       |       |

## Appendix B: Summary of Capital Funding Sources & Uses – Facilities & Equipment

| Capital Funding Sources (Note 1)   | Prior to 2009/10 | 2009/10            | 2010/11            | 2011/12            | 2012/13 | 2013/14 & Beyond | Total Project Cost |
|--|------------------|--------------------|--------------------|--------------------|---------|------------------|--------------------|
| Ministry of Health - Restricted Capital Grant (over \$100,000 and Debt)              |                  | 92,788,669         | 111,580,134        | 38,779,815         |         |                  |                    |
| Ministry of Health - Restricted Capital Grant (sustainment and under \$100,000)      |                  | 13,060,640         | 12,339,000         | 12,339,000         |         |                  |                    |
| Regional Hospital District   |                  | 78,702,160         | 37,837,178         | 29,467,378         |         |                  |                    |
| Foundation and Auxiliary Funding   |                  | 13,347,104         | 18,365,000         | 8,125,280          |         |                  |                    |
| Other & Deferred Contributions from Prior Years                                      |                  | 4,121,755          | 3,143,258          | 3,143,258          |         |                  |                    |
| Required Funding for Riverview Projects  |                  | 150,000            | 4,636,000          | 6,804,000          |         |                  |                    |
| Required Funding for Future Year Projects >\$2 Million                               |                  |                    | 2,375,000          | 23,434,920         |         |                  |                    |
| <b>Total Capital Funding Sources</b>   |                  | <b>202,170,328</b> | <b>190,275,570</b> | <b>122,093,651</b> |         |                  |                    |
| <b>Capital Funding Uses (Note 2)</b>   |                  |                    |                    |                    |         |                  |                    |
| <b>Facility Projects (Includes Land &amp; Land Improvements)</b>                     |                  |                    |                    |                    |         |                  |                    |
| <b>Approved Facility Projects Underway:</b>  |                  |                    |                    |                    |         |                  |                    |
| Total Projects <\$1.5m   |                  | 22,882,941         |                    |                    |         |                  | <b>22,882,941</b>  |
| <u>Projects &gt; \$1.5m:</u>   |                  |                    |                    |                    |         |                  |                    |
| Royal Jubilee Hospital, Patient Care Centre (P3 & Traditional)                       | 96,893,873       | 134,003,127        | 101,538,000        | 16,100,000         |         |                  | <b>348,535,000</b> |
| Property purchase at 941 Pandora, Victoria   | 2,368,000        | 232,000            |                    |                    |         |                  | <b>2,600,000</b>   |
| Nanaimo Regional General Hospital, Palliative Care Renovation                        | 2,789,868        | 69,019             |                    |                    |         |                  | <b>2,858,887</b>   |
| Victoria General Hospital, Emergency Department Expansion                            | 11,562,156       | 7,251,844          |                    |                    |         |                  | <b>18,814,000</b>  |
| Port Hardy Hospital, 11 Residential Care Beds  | 586,566          | 2,255,434          |                    |                    |         |                  | <b>2,842,000</b>   |
| Nanaimo Regional General Hospital, Emergency Department Expansion                    | 597,042          | 3,000,000          | 15,951,479         | 17,301,759         |         |                  | <b>36,850,280</b>  |
| Nanaimo Regional General Hospital, Renal Dialysis Centre                             | 3,975,959        | 4,274,041          | 2,700,000          | 2,700,000          |         |                  | <b>13,650,000</b>  |
| Ceiling Mounted Patient Lifts - Various Facilities                                   | 786,440          | 893,560            |                    |                    |         |                  | <b>1,680,000</b>   |
| Cowichan District Hospital, Pharmacy Redevelopment                                   |                  | 800,000            | 1,220,850          |                    |         |                  | <b>2,020,850</b>   |
| Cumberland Health Centre, Renal Expansion  |                  | 200,000            | 726,000            | 726,000            |         |                  | <b>1,652,000</b>   |
| Tofino & West Coast General Hospitals, Negative Pressure Rooms                       | 35,887           | 429,351            | 1,294,762          |                    |         |                  | <b>1,760,000</b>   |
| Royal Jubilee Hospital, Eric Martin Pavilion Asbestos Abatement (Phase 5, 2nd Floor) |                  | 1,976,076          |                    |                    |         |                  | <b>1,976,076</b>   |
| Saanich Peninsula Hospital, Operating Room/Central Sterilization Room Redevelopment  |                  | 309,280            | 2,025,360          | 2,025,360          |         |                  | <b>4,360,000</b>   |

| Capital Funding Sources (Note 1)  | Prior to 2009/10   | 2009/10            | 2010/11            | 2011/12           | 2012/13           | 2013/14 & Beyond | Total Project Cost |
|---|--------------------|--------------------|--------------------|-------------------|-------------------|------------------|--------------------|
| <b>Sub-Total Approved Facility Projects Underway:</b>                                       | <b>119,565,791</b> | <b>178,576,673</b> | <b>125,456,451</b> | <b>38,853,119</b> | -                 | -                | <b>462,482,034</b> |
| <b>Approved Planning Facility Projects Underway:</b>  |                    |                    |                    |                   |                   |                  |                    |
| Comox Strathcona Acute Care Renewal   | 164,953            | TBD                | TBD                | TBD               |                   |                  | <b>164,953</b>     |
| Nanaimo Regional General Hospital, Cancer Clinic Expansion                                  | 32,928             | 119,800            | 1,211,636          | 1,211,636         |                   |                  | <b>2,576,000</b>   |
| Nanaimo Regional General Hospital, Finish Shelled-in Operating Rooms                        |                    | 20,000             | 1,580,000          |                   |                   |                  | <b>1,600,000</b>   |
| Nanaimo Regional General Hospital, Island Medical Program                                   |                    | 200,000            | 670,910            | 1,212,500         |                   |                  | <b>2,083,410</b>   |
| Riverview Redevelopment, 24-bed Psychogeriatric, Central Island                             |                    | 50,000             | 1,824,000          | 2,686,000         |                   |                  | <b>4,560,000</b>   |
| Riverview Redevelopment, 27-bed Adult Tertiary, Central Island & Seven Oaks Renovation      |                    | 100,000            | 2,812,000          | 4,118,000         |                   |                  | <b>7,030,000</b>   |
| Riverview Redevelopment, Nanaimo Regional General Hospital 8-bed Psychiatric Intensive Care | 105,700            | TBD                | TBD                | TBD               |                   |                  | <b>105,700</b>     |
| <b>Sub-Total Approved Planning Projects Underway &gt; \$1.5m</b>                            | <b>303,581</b>     | <b>489,800</b>     | <b>8,098,546</b>   | <b>9,228,136</b>  | -                 | -                | <b>18,120,063</b>  |
| <b>Future Year Projects:</b>  |                    |                    |                    |                   |                   |                  |                    |
| Cowichan District Hospital Redevelopment  |                    |                    | 100,000            | TBD               | TBD               | TBD              | <b>100,000</b>     |
| South Island Acute Care Site Reconfiguration  |                    |                    | 100,000            | TBD               | TBD               | TBD              | <b>100,000</b>     |
| Residential Care Capacity Expansion and Upgrades to Meet Changing Needs                     |                    |                    | 100,000            | TBD               | TBD               | TBD              | <b>100,000</b>     |
| Saanich Peninsula Hospital, Life Safety Upgrade   |                    |                    | 186,000            | 3,069,000         | 1,395,000         |                  | <b>4,650,000</b>   |
| Saanich Peninsula Hospital, Electrical Systems Upgrade                                      |                    |                    | 350,000            | 2,000,000         | 650,000           |                  | <b>3,000,000</b>   |
| Royal Jubilee Hospital, Eric Martin Pavilion Asbestos Abatement (Ph. 6-8)                   |                    |                    | 1,239,000          | 1,080,000         | 2,523,500         | 1,592,000        | <b>6,434,500</b>   |
| Nanaimo Regional General Hospital, Boiler Plant/Energy Centre                               | 42,000             |                    | 300,000            | 10,000,000        | 15,000,000        | 1,508,000        | <b>26,850,000</b>  |
| Royal Jubilee Hospital, Main Utilities Relocation/Rerouting Tunnels                         |                    |                    | TBD                | TBD               |                   |                  | -                  |
| Royal Jubilee Hospital, Food Service Building Fabric Renovation                             |                    |                    |                    | 4,256,000         | 3,234,560         |                  | <b>7,490,560</b>   |
| Ceiling Mounted Patient Lifts - Various Facilities  |                    |                    |                    | 1,344,000         | 1,344,000         | 448,000          | <b>3,136,000</b>   |
| Nanaimo Regional General Hospital, Patient Care Centre                                      |                    |                    |                    | 100,000           | TBD               | TBD              | <b>100,000</b>     |
| Nanaimo Regional General Hospital, Intensive Care Unit Redevelopment (Level 2)              |                    |                    |                    | 1,585,920         | 6,608,000         | 5,022,080        | <b>13,216,000</b>  |
| <b>Sub-Total Future Year Facility Projects</b>  | <b>42,000</b>      |                    | <b>2,375,000</b>   | <b>23,434,920</b> | <b>30,755,060</b> | <b>8,570,080</b> | <b>65,177,060</b>  |
| Total Future Projects Not Yet Identified  | -                  |                    | <b>26,228,816</b>  | <b>22,577,476</b> |                   |                  | <b>48,806,292</b>  |
| <b>Total Facility Projects</b>  | <b>119,941,372</b> | <b>179,066,473</b> | <b>162,158,813</b> | <b>94,093,651</b> | <b>30,755,060</b> | <b>8,570,080</b> | <b>594,585,449</b> |
| <b>Equipment</b>  |                    |                    |                    |                   |                   |                  |                    |
| <b>2009/10 Approved Equipment:</b>  |                    |                    |                    |                   |                   |                  |                    |
| Total Equipment < \$100k  |                    | 10,852,426         |                    |                   |                   |                  | <b>10,852,426</b>  |
| Total Equipment > \$100k and <\$1m  |                    | 7,027,429          |                    |                   |                   |                  | <b>7,027,429</b>   |
| Equipment > \$1m:   |                    |                    |                    |                   |                   |                  |                    |

| Capital Funding Sources (Note 1)                       | Prior to 2009/10   | 2009/10            | 2010/11            | 2011/12            | 2012/13           | 2013/14 & Beyond | Total Project Cost |
|--|--------------------|--------------------|--------------------|--------------------|-------------------|------------------|--------------------|
| Victoria General Hospital, MRI Scanner                 |                    | 1,999,500          |                    |                    |                   |                  | 1,999,500          |
| Royal Jubilee Hospital, Heart Cath Lab Suite           |                    | 1,999,500          |                    |                    |                   |                  | 1,999,500          |
| Cumberland Laundry, Tunnel Wash System                 |                    | 1,225,000          | -                  | -                  |                   |                  | 1,225,000          |
| <b>Sub-Total 2009/10 Approved Equipment</b>            | -                  | <b>23,103,855</b>  | -                  | -                  |                   |                  | <b>23,103,855</b>  |
| Total Future Equipment Not Yet Identified              |                    |                    | 37,000,000         | 28,000,000         |                   |                  | 56,116,757         |
| <b>Total Equipment</b>                                 | -                  | <b>23,103,855</b>  | <b>37,450,000</b>  | <b>28,000,000</b>  | -                 | -                | <b>79,220,612</b>  |
| <b>Total Capital Uses - Facilities &amp; Equipment</b> | <b>119,941,372</b> | <b>202,170,328</b> | <b>190,275,570</b> | <b>122,093,651</b> | <b>30,755,060</b> | <b>8,570,080</b> | <b>673,806,061</b> |

Note 1: Capital funding sources are provided for 2009/10 - 2011/12 only. Funding sources for 2010/11 & 2011/12 are estimates and are subject to change.

Note 2: The capital funding uses show the impact on years prior to 2009/10 and beyond 2011/12 for the planned and approved projects and equipment. This provides the total project cost for capital funding uses in years 2009/10 to 2011/12. The uses shown in the future impact years beyond 2011/12 do not reflect total capital funding uses.