New Regional Hospital Questions & Answers

1. There have been so many numbers tossed around, comparing beds and rooms in the current facility, to what is proposed in the new. Can you please explain the numbers?
   It is easy to get caught up in the numbers. But the new hospital design is about more than that – it is about dedicating space to what best meets patients needs.

<table>
<thead>
<tr>
<th>Current Moose Jaw Union Hospital</th>
<th>New Hospital</th>
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</thead>
<tbody>
<tr>
<td>99 Inpatient beds</td>
<td>72 Inpatient beds</td>
</tr>
<tr>
<td>22 Treatment rooms</td>
<td>43 Treatment rooms</td>
</tr>
<tr>
<td>121 Inpatient Beds and Treatment Rooms</td>
<td>115 Inpatient Beds and Treatment Rooms</td>
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2. What is the difference between “inpatient beds” and “treatment rooms”? What does that really mean?
   - When people think about a traditional hospital room, they are likely thinking about ‘inpatient rooms’. These are the rooms that are used when a patient needs to stay in hospital for more than 24 hours.
   - What we are calling ‘treatment rooms’, are the areas of service that don’t require an overnight stay – things like:
     - Observation beds where we can keep someone with us for up to 24 hours to monitor their condition before sending them home or admitting them to an inpatient bed.
     - Day surgery services where people come to us for all kinds of care from hernia repairs to gall bladder removal to tonsil and adenoid removal operations.
     - Ambulatory care where people come to us for a large number of treatments including excisions (removal of cysts for example), blood transfusions, joint aspirations (draining fluid from around a joint), and chemotherapy treatments.
     - Emergency Rooms

3. I’ve heard that when we had the Providence Hospital and the Moose Jaw Union Hospital here we used to have over 400 beds in Moose Jaw. Why has that changed?
   - Healthcare has changed significantly since the construction of Moose Jaw Union Hospital. Technological advances in medicine and surgery have lessened the need for lengthy hospital stays, or a hospital stay at all, and allow us to serve more patients. Also, we provide more and more services through our home care program, where patients and families are able to stay at home and receive the care they need.
Examples:
  o Patients who had experienced a heart attack (acute myocardial infarction) used to require 3 weeks in the hospital at a minimum and are now commonly home within a week.
  o Joint surgery (hips, knees, shoulders) used to require weeks of inpatient care where now the vast majority of these patients are home within days in our region and we know there are hospitals across the country already doing some of this work in day surgery.
  o Cataract surgery used to require a multiple day admission and now patients here are going home the same day.
  o Patients requiring IV therapy used to require an admission to the hospital but are now routinely served in the comfort of their home.

4. I don’t understand why we have fewer inpatient beds. It seems like we don’t have enough as it is.
   • On average right now we have roughly 79% of our beds in use, and within that number, we know we’re keeping some people in the hospital longer than we should. When we compare ourselves to similarly sized hospitals around the country, our patients are staying in the hospital considerably longer. (Our 2011 average length of stay was 11.1 days, the national average for similarly sized regional hospitals is 5.0 days.) This is something that we need to change. We want to care for patients in the hospital as long as they require it and then assist their transition back to home with services set up to support any ongoing needs. We have heard from our patients in multiple ways that they would prefer to be at home as soon as they don’t need to be in the hospital any longer. We agree with them and want to make sure we’re doing all we can to support that.
   • The guiding principle in our planning has been “Right Care, Right Place, Right Provider”. We know that this will require enhancements in the services we are currently providing in the community since for a lot of people, the hospital really isn’t the “right place” to receive the care they need. We have a number of projects underway right now to make sure we can address this.

5. I’ve heard that this new hospital will be way smaller than what we have now. Is that true?
   • The square footage of the new hospital will be roughly 10% smaller than our current facility. Our current hospital has 121 patient rooms/ treatment spaces and our new hospital will have 115 single-patient rooms/ treatment spaces. This is a small decrease in the overall number but we’ve made so many improvements to the way the hospital will work that we’ll actually be able to serve more patients then we can now.
   o The best example of this is that all of our rooms will be single-patient, standard rooms. This means that each room will be home to one patient, not two or more like half of our
hospital rooms now. ‘Standard rooms’ means that aside from our Intensive Care Unit (ICU) and Women’s Health rooms, we’ve designed our rooms so that they can accommodate any kind of treatment and aren’t designed specifically for certain kinds of care. Putting these two together means that we can have all of our rooms in use all the time. Because half of our current beds are in multi-patient rooms, it’s not unusual for us to not be able to use some of our beds either because of the condition of one of the patients in a multi-bed room (such as a patient requiring isolation) or the specific kind of service a patient requires.

- By designing our hospital with single-patient standard rooms we will actually be able to provide care for more people than we can now.

6. **How are the decisions being made with respect to hospital design and function – who is involved?**

This has been, and continues to be, a truly collaborative effort. We have had teams of staff (including doctors, nurses, dietary workers, physiotherapists, dieticians, maintenance workers, housekeeping, and mental health intake workers to name a few) as well as patient/family reps. In total, more than 200 people have been involved in the design of our facility, bringing a true “patient first” lens to the process. It has been very exciting work! Having the voice of our patients involved has had a significant impact on our design. To hear from our staff and patients about the design process, [click here](#).

7. **You talk about “improved flow” and the difference it will make for patients and care providers. What does that really mean?**

**For Patients:**

- Because of the way our current hospital was designed, we move our patients around all the time as we try to accommodate new patients coming in. However, the way we’ve designed the new hospital with single-patient standard rooms, once a patient is admitted into an inpatient room they should stay in the same room until they are ready to go home. In other words, instead of making the patient go to the service – the service comes to the patient.
- A good example of this involves our Pre-Admission Clinic for patients coming to us for surgery. In our current hospital the process works like this:
  1. Check in at the admission desk
  2. Walk to the day surgery area
  3. Walk to the lab and wait for blood work
  4. Walk to Diagnostic Imaging and wait for a CT scan, X-ray, or Ultrasound
  5. Walk to and wait for an ECG
  6. Walk back to the day surgery area
  7. Meet with a nurse
  8. Meet with the Anaesthetist
  9. If necessary, walk back for further testing
In the new hospital, we envision the process to unfold like this:

1. Check in at the admission desk
2. Walk to a patient room in the Universal Care area
3. All transportable testing comes to the patient
4. Walk to Diagnostic Imaging if required
5. Nurse and Anaesthetist meetings come to the Patient room

- We will be designing our services as much as possible to come to the patient instead of making our patients go to each service.

For Providers:

- For providers, the design will make a difference too. As an example, virtually all of the supplies a nurse needs right now for delivering daily care to patients are located in a few storage rooms on their unit. This sounds reasonable until you watch the activity on the floor on any given morning. What you see is nurses continually travelling back and forth to those storage rooms to get more supplies. When you add all of this travel up during the day you get a lot of time taken away from patients and you get tired nurses from all that walking!
- The new building will be designed to have the supplies a nurse needs to care for patients in the patient room, easily accessible when and where they are needed. This change eliminates the vast majority of that walking and frees up nurses to spend more time with their patients.

8. Will there be any new services at the new hospital?
   Yes, there are several areas where we will have new or expanded services.

- **Additional operating room** – We currently have 3 theatres in operation and will have 4 in the new hospital. This will mean shorter wait times for surgery for our patients.
- **4 Labour/ Delivery/ Recovery/ Post-partum (LDRP) rooms** – This is an increase in dedicated delivery rooms. Unlike a traditional hospital where a mother delivers in one room and then moves to another room for recovery, in our new hospital we have designed rooms that will allow a mother to stay in the same space from the time she checks into the hospital until she is discharged home.
- **Expanded hours for dialysis services**
- **Family space in all inpatient rooms** – Guided by feedback from patients and family members involved in our design work, we have dedicated space in each room for family members. We have done our best to organize the flow of the room so that a family member can be in the room and not impact the care being provided to their loved one.
- **Outdoor patio space for Mental Health and Addictions patients** – Again, with the help of our patients and family members in the design phase, we have been able to add a garden patio-type space which we know will assist in their healing.
9. Will the hyperbaric chamber be included in the new hospital?
   - The hyperbaric chamber will not be included in the new hospital.

10. Are we losing any services?
    - The hyperbaric chamber is the only current service that will not be a part of the new hospital.

11. Will there be adequate parking at the new hospital?
    - We have heard this concern loud and clear from the community; in fact, in all of our public meetings ‘parking’ has been the number one question! Our current hospital sits on just under 6 acres of land. Our new hospital sits on 30 acres, so we have plenty of space to get this right.
    - We want to make sure it’s easy for people to come to the hospital to get service and that includes making it easy for them to drop off their loved ones and finding a spot to park their vehicle with ease. To address this concern we:
      - will use the best knowledge in the industry to plan the right amount of parking for our customers.
      - will work with our partners in the City of Moose Jaw to ensure bus routes are added to make it easy for bus travelers to come to us.
      - have designed multiple entrances into our building. Patients coming for dialysis for example will have an entrance that is very close to the Dialysis unit.
      - have designed a drop off zone that will allow a patient to be assisted into the building and settled where they need to go before their loved one comes back to park the vehicle.

12. What stage of planning/building are you at?
    - We are nearing the completion of our design phase and will begin work on-site in the middle of March 2013. We anticipate closing up the exterior of the new building in November 2013 and are targeting a completion date of December 2014.

13. When will the new hospital be open?
    - We anticipate a move-in around 6 months following the completion of construction (summer 2015).