

Kincardine Hospital CT & Redevelopment Project Campaign Goal - \$12 million

Dec 6, 2021 – Initial Presentation to Council



Kincardine
& Community Health Care
FOUNDATION

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Kincardine Hospital

CT & Redevelopment & MRI Project
New Campaign Goal - \$12 million(+)



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Dec 19, 2022 - MoH announced it will provide operational funding for MRI

About the Hospital and the Foundation

- 1910 ➤ Kincardine General Hospital was established
- 1965 ➤ Name changed to Kincardine & District General Hospital
- 1995 ➤ Kincardine and District General Hospital Foundation was established to raise funds for the Kincardine hospital
- 1998 ➤ Kincardine, Walkerton, Chesley and Durham hospitals amalgamated to form the South Bruce Grey Health Centre (“SBGHC”)
 - Foundation’s name was changed to Kincardine and Community Health Care Foundation
 - The Foundation’s charter was amended to make it clear that all funds raised went only to the Kincardine site



Important Take-Aways !

- The Foundation and SBGHC are completely independent of one another. They are separate corporations with separate boards of directors.
- They have very different roles:
 - SBGHC's mandate is to operate and manage all four hospitals.
 - The sole focus of the Foundation is to fundraise for the Kincardine hospital.
- They work cooperatively because they have a common cause – the best interests of the Kincardine hospital.



Foundation & SBGHC Directors

Foundation

Becky Fair (President)
Jack Nancekivell (Vice-President)
Leanne Guppy (Treasurer)
Dianne MacArthur
Mary Hall
Graham Mahood
Carol Collins
Maureen Ross
Dorne Fitzsimmons
Bob Lock
+ Diane Baldwin (Coordinator)

SBGHC

Bill Heikkila (Chair) *
Leslie Hastie (Vice- Chair)
Zak Ashley *
Paul Austin *
Jim Bagshaw *
Sheila Dowler
Dean Dunn
Doug Harris *
John Haggerty
Tammie McFarlane
Chris Oberle



Kincardine Hospital Circa 1910



Why do Hospitals have to Fundraise?

- Province does not provide any funding for the purchase of medical equipment.
- Province provides the hospital with operating funds but they do not always cover all the programs and services the hospital wishes to run.
- Province provides funding for major capital projects. But the hospital still needs to raise the “local share”.



Our Capital Campaign Team

Murray Elston

Jack Nancekivell

Graham Mahood

Dr. Jason Murray

Kathryn Freimanis

Carol Collins

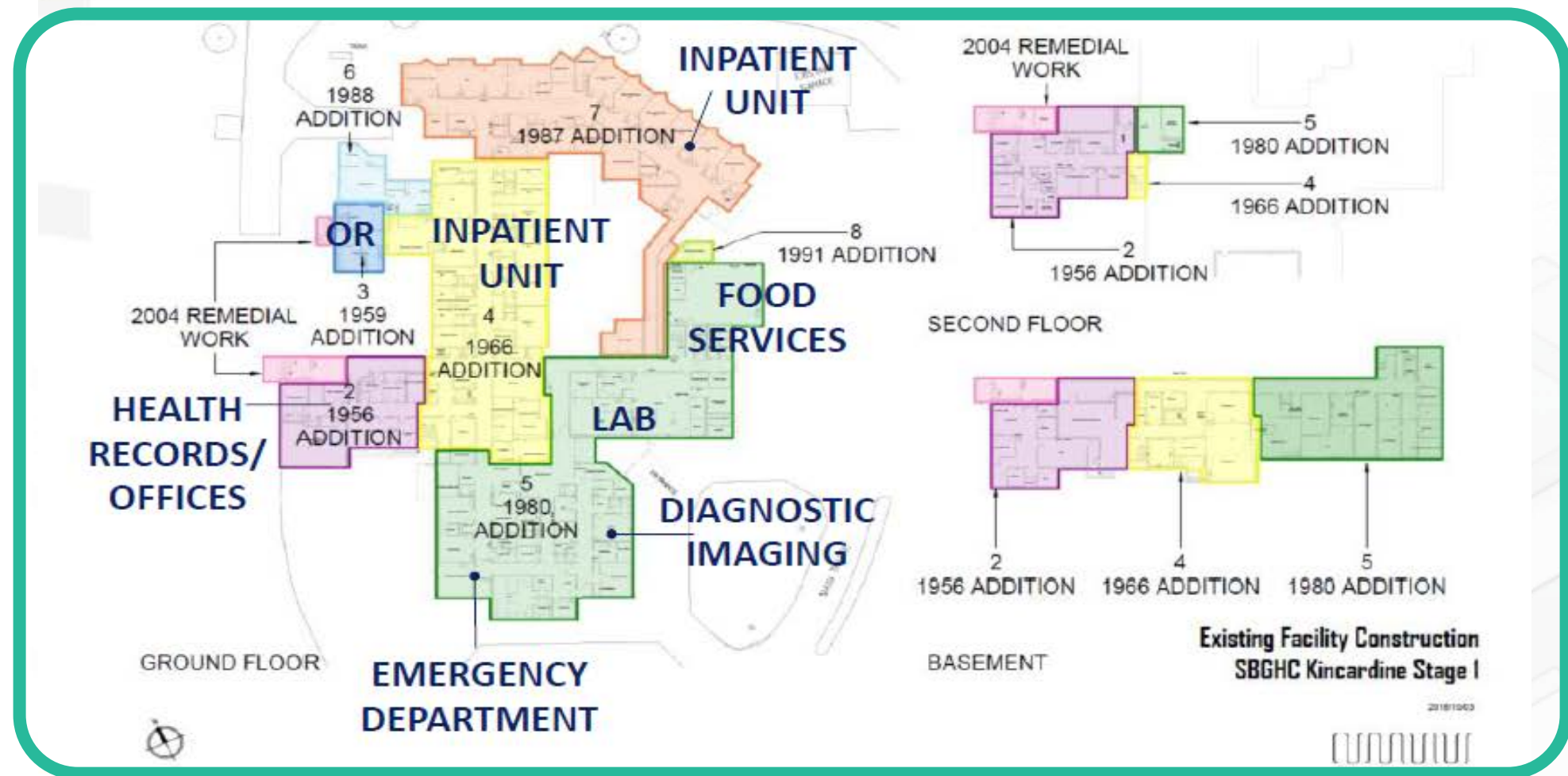
Brad Kirkconnell

Barb McKay

Barb Fisher

Dominic Celeste

Our Existing (and Aging) Hospital Facility



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CAPITAL CAMPAIGN | CONFIDENTIAL

2/19/22

9

Main Entrance

The Shortcomings

- **NOT ENOUGH SPACE!** – for ED, Medical Imaging, Lab, Ambulatory Care, Front Of House (Patient Registration, Gift Shop, Foundation Office, Lobby, Visitor Waiting)
- No CT Scanner and no place to put one.
- Decontamination Room.
- Infrastructure Issues - Ventilation system, Sprinkler System, Fire Alarm System, Wiring, Roof, Lighting, Security System, Infection Control, (and on and on)
- The layout
- No Telehealth Capability
- Back of House (Loading Dock, Waste Disposal)



Each year, the Kincardine Hospital has:



15,000
Emergency Room visits
(2026 projection: 19,369)

2026 increase: **29%**



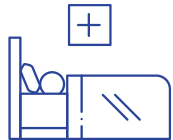
19,136
Medical imaging procedures
(2026 projection: 29,006)

2026 increase: **52%**



366,221
Lab procedures
(2026 projection: 853,742)

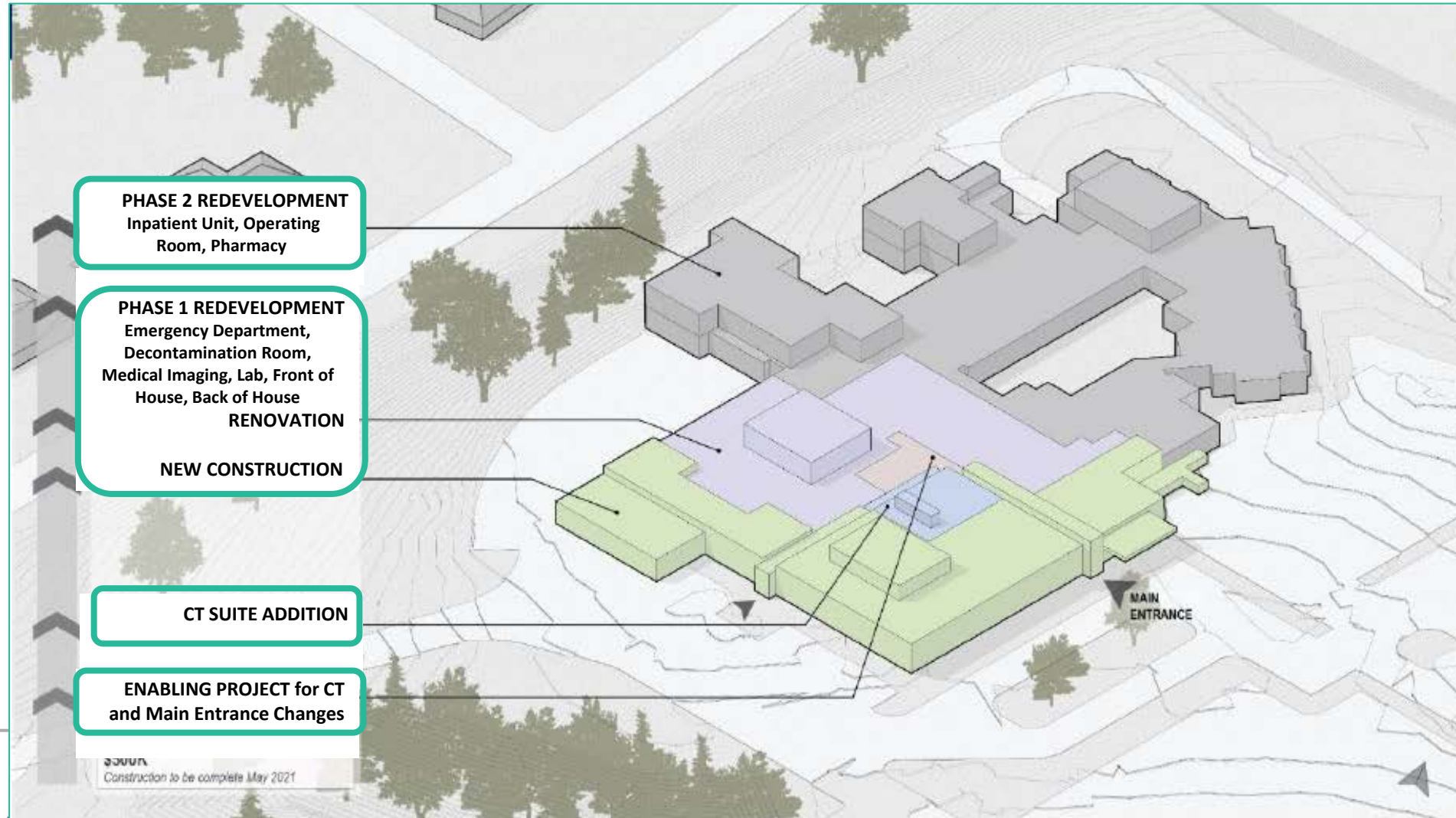
2026 increase: **133%**



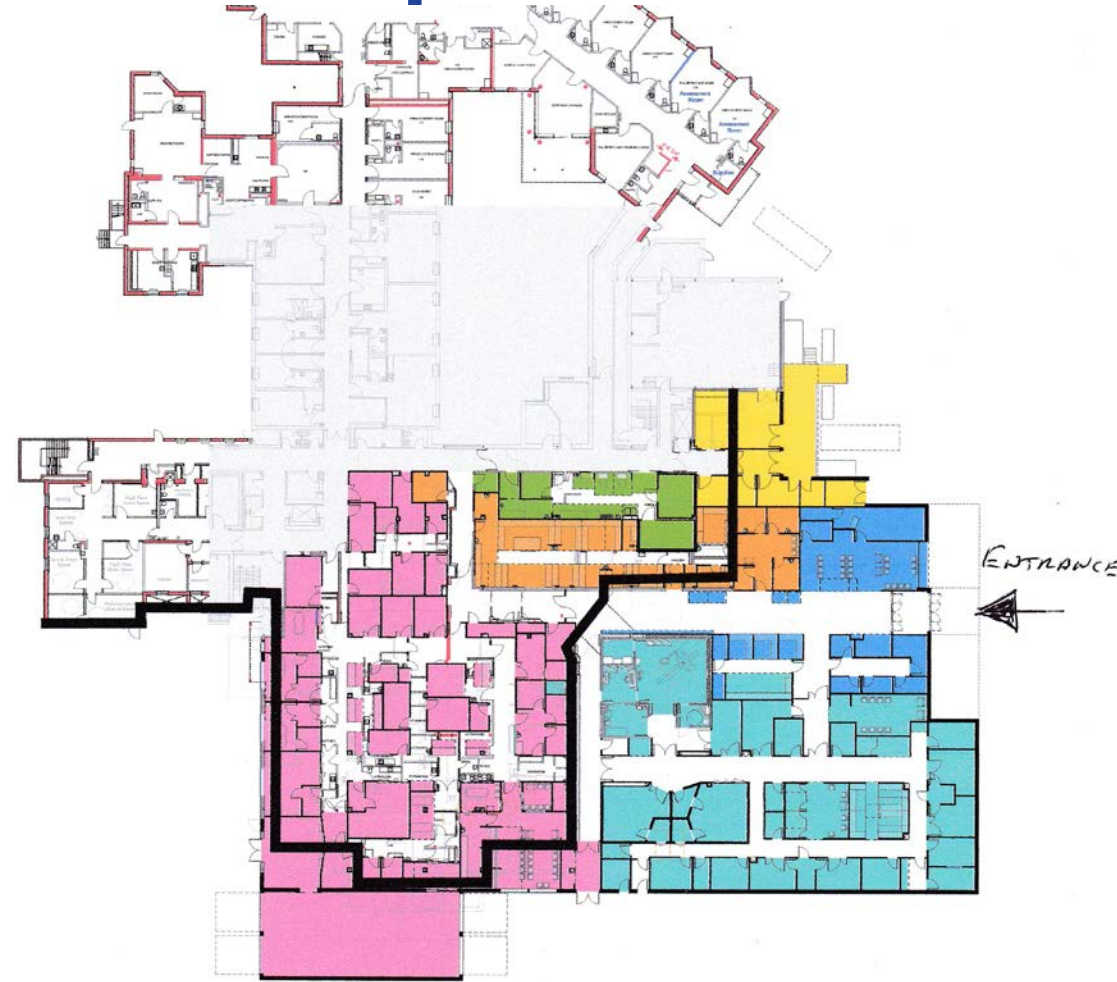
17
Inpatient beds
(redevelopment 27)

2026 increase: **59%**

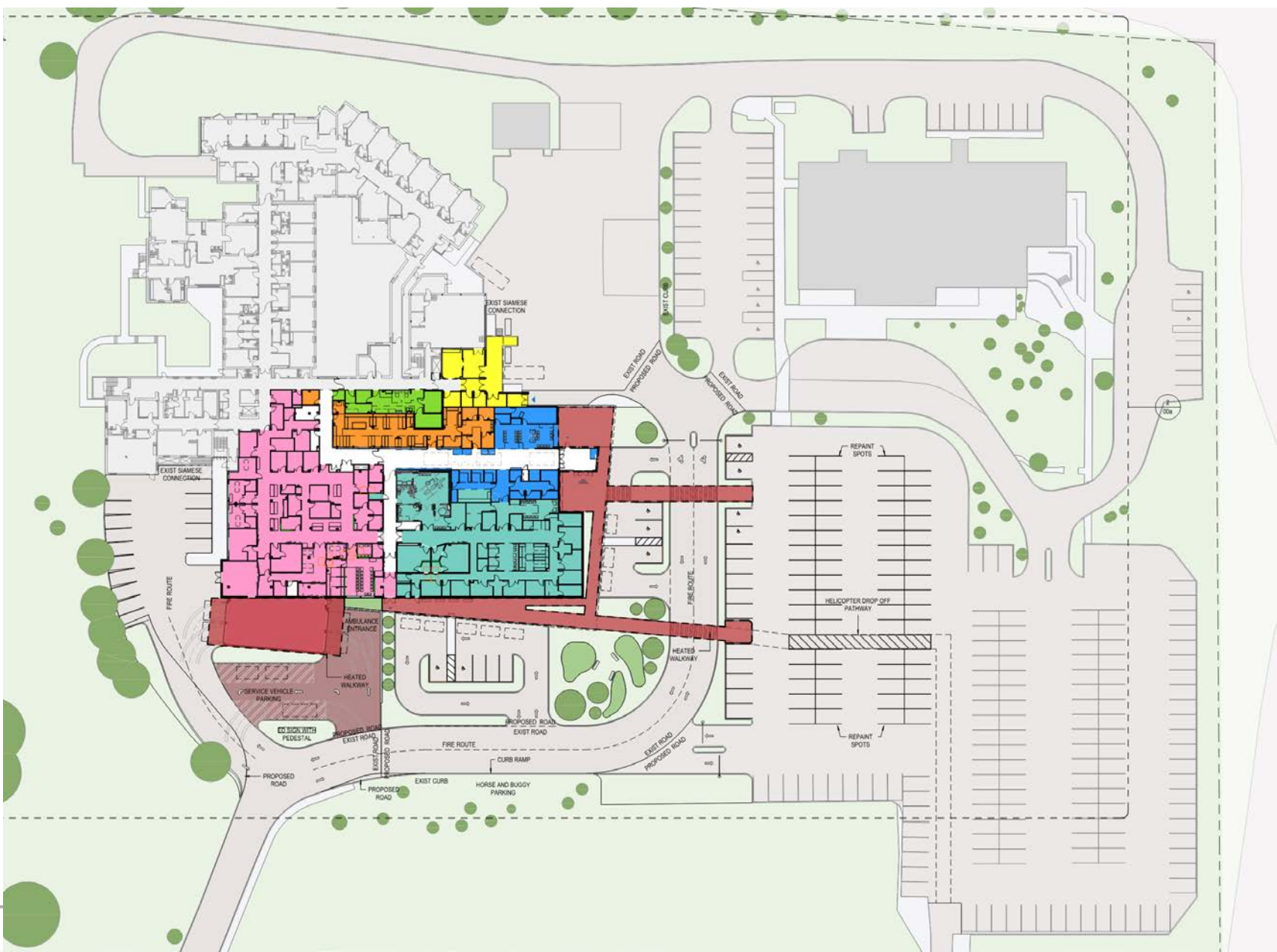
The Solutions



Redevelopment – Phase 1



Site Plan



Space Issues Addressed!

Area	Current*	Proposed*	Percentage Change
Emergency Department	3,915	9,164	234%
Decontamination Room <i>(Part of Emergency Department space)</i>	341	600	176%
Medical Imaging	2,444	7,153	293%
Laboratory	950	2,210	236%
Front of House/Registration	960	2,462	256%
Back of House	600	1,208	201%

*square feet

Separate Decontamination Entrance



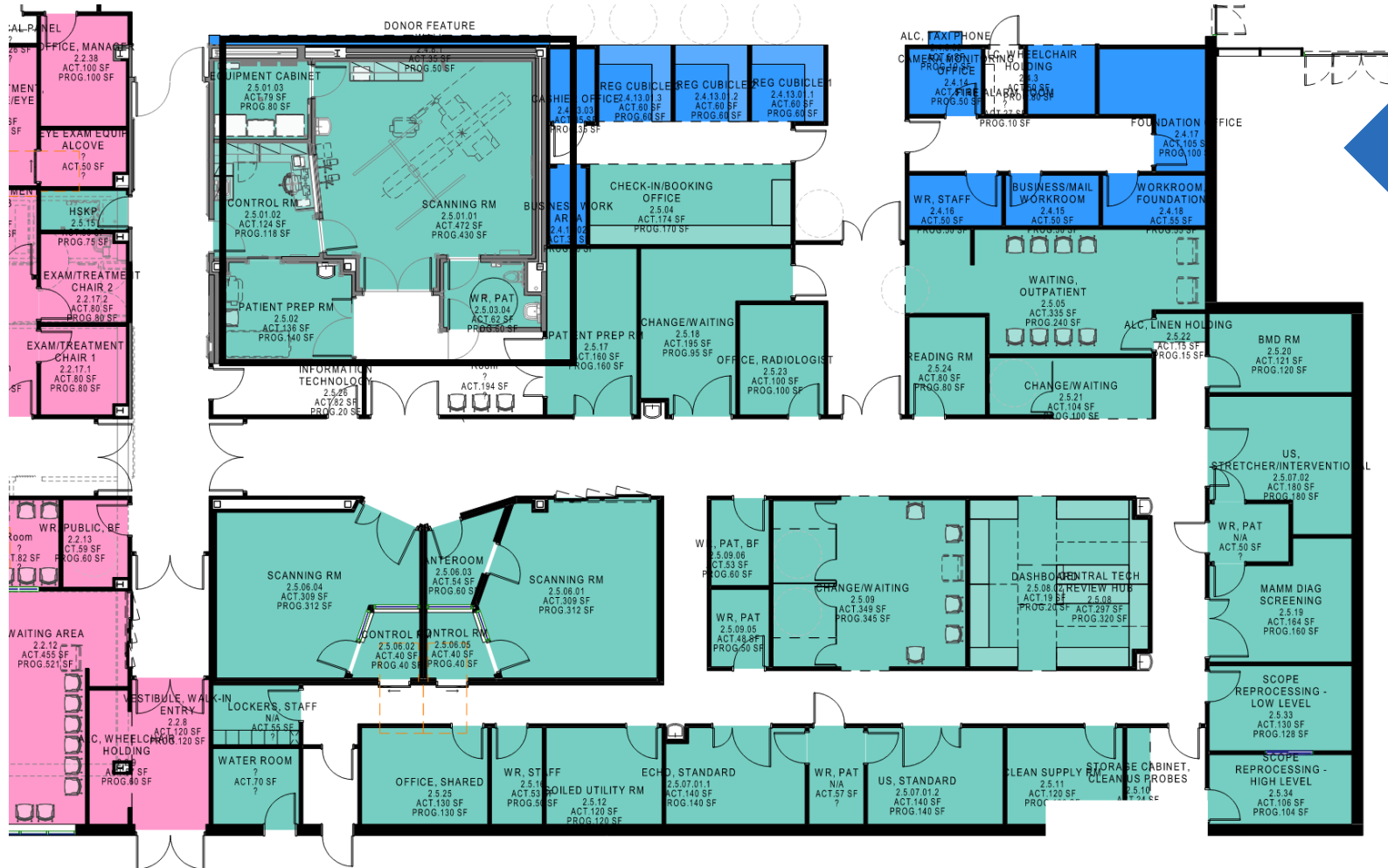
Separate Emergency Department Entrance

Emergency Department Highlights

- 13 treatment spaces for acute treatment (with at least 1 easily convertible to a safe holding room for mental health patients, and including a cluster of 4 for a See & Treat area), 2 isolation with ante rooms, 1 decontamination room with radiation safety features and a direct link from inside the garage
- Flexibility in treatment space use will be created by maximizing the number of multi-function rooms using a mobile/cart-based supply and equipment system
- Rapid Assessment zone
- Expanded Decontamination zone
- Care Team Station to be designed in a L-shaped form to maximize visibility to care areas located along the perimeter of space
- See and Treat spots to be located at entry to care areas
- Quiet Room located outside of ED
- Visibility from care team station to EMS entrance
- Define function of rooms



Medical Imaging

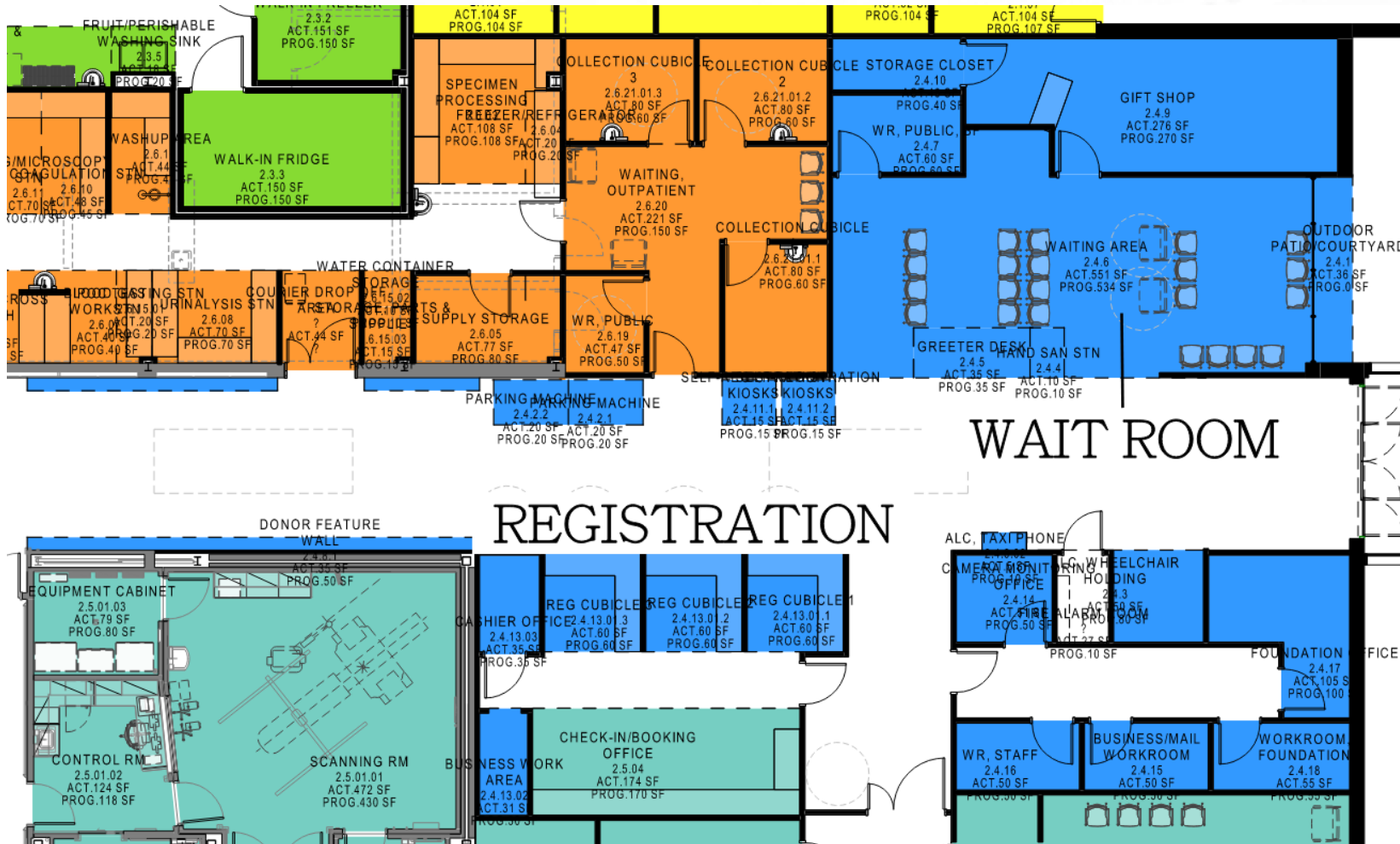


- Outpatient services located together
- XRAY and CT close to ED
- Centralized change/ wait rooms

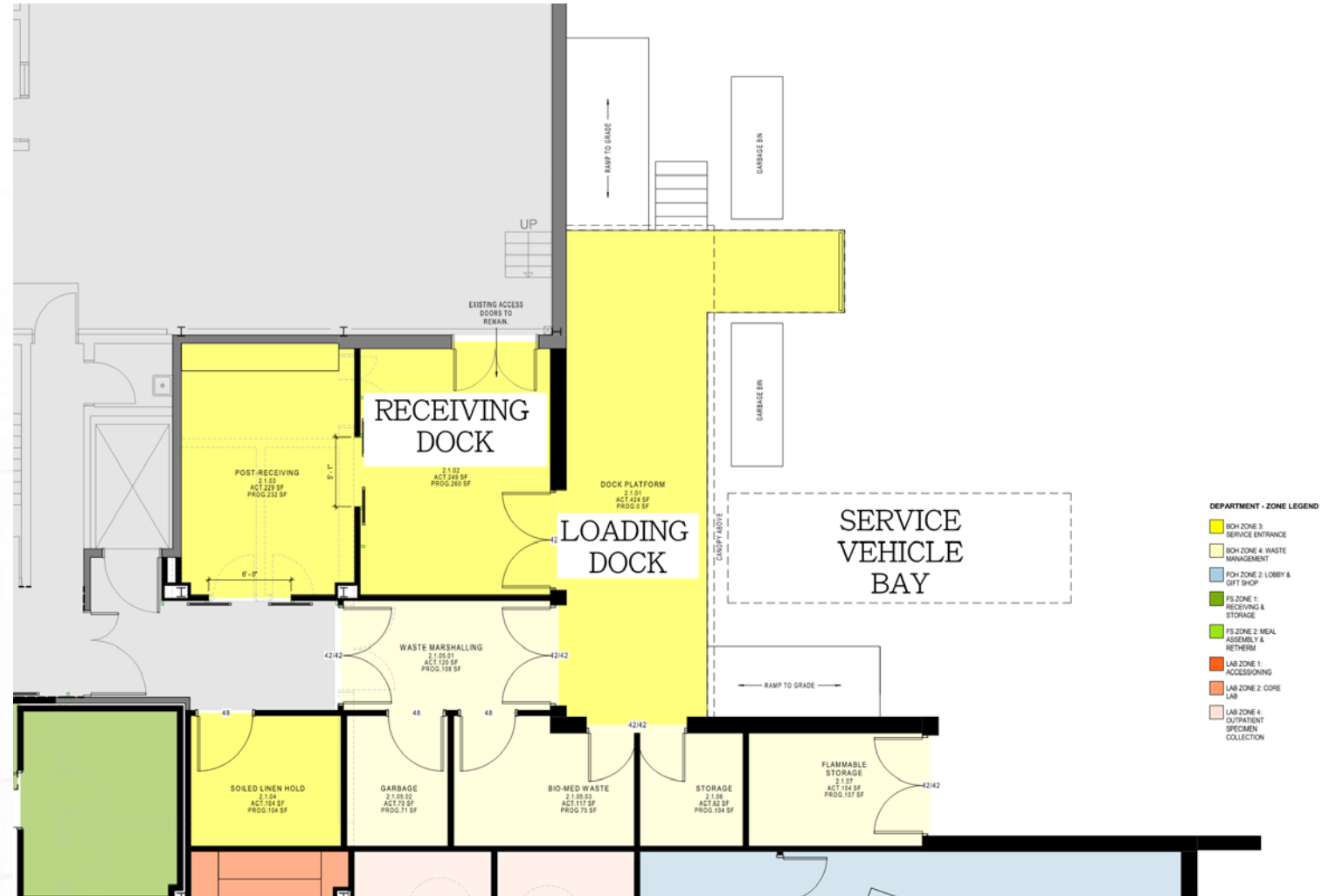
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Front of House – Lobby, Registration, Gift Shop, Foundation Office



Back of House



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What will the redevelopment deliver?

- **Emergency Department – increase in treatment spaces from 9 to 13; separate entrance; improved privacy, workflow & infection control**
- **Decontamination Unit – able to handle two patients at a time; separate outside entrance**
- **A CT scanner!**
- **Improved and enlarged Medical Imaging Department**
- **Improved and enlarged Lab**
- **Improved Front of House (Patient Registration, Visitor waiting, Lobby, Greeter, etc.)**
- **Back of House issues addressed**
- **Improved work environment for physicians and staff**
- **Aid physician recruitment**
- **And most important of all - improved Patient Care!**

Where Are We At?

Ministry of Health's Five Stage Approval Process



- Current Redevelopment Proposal (Phase 1) submitted in 2018
- CT Proposal submitted in 2019



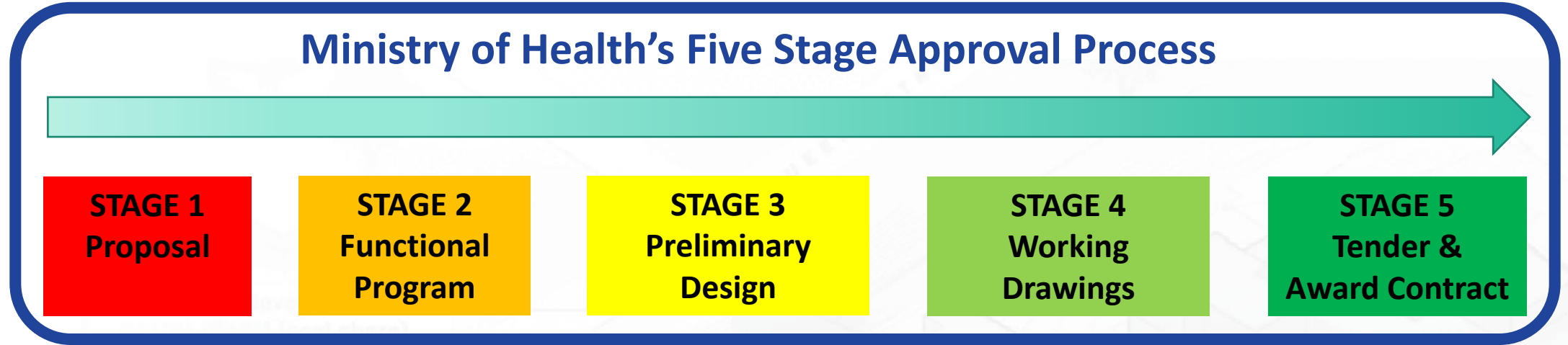
Great News!!!

- April 25/22 – CT Project received Stage 5 approval.
- May 3/22 - Redevelopment (Phase 1) received Stage 2 approval!!
- (Phase 2 of the Redevelopment will commence after completion of Phase 1)



Where Are We At?

Ministry of Health's Five Stage Approval Process



- Current Redevelopment Proposal (Phase 1) submitted in 2018
- CT Proposal submitted in 2019
- Stage 3 sub-divided into (a) 3.1 – Design Basics (submitted December/22); and (b) 3.2 – the nitty-gritty details (to be submitted after Stage 3.1 approved)
- MRI Addition still needs to be incorporated into the design



The Siemens “X.Cite” CT scanner will be installed in Kincardine, which is the most advanced single source, dual energy CT scanner with both twin beam and spiral dual energy modes.

The X.Cite model features:

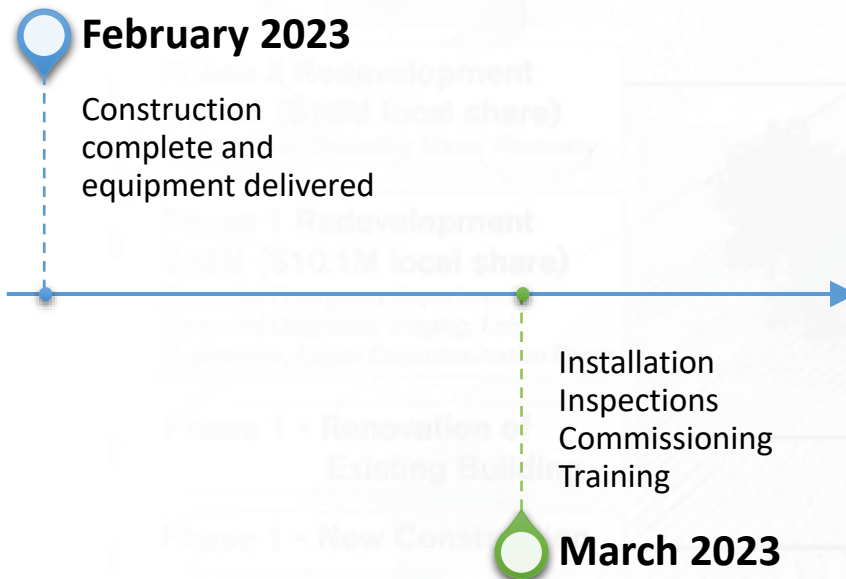
- Artificial intelligence that automatically positions the scanner to improve image quality and reduce radiation dose,
- “Zero Click” post processing that decreases staff time required to process data after exam and improves workflows
- A larger bore that increases the patient types/sizes that can be scanned.



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Main Entrance

CT - Next steps



**Go-live
March 20th, 2023**



Equipment Purchased by the Foundation (2011- 2021)

Ultrasound Upgrades
ECG machine
Scanning Power Mic
Cell Dyn Analyzer
Anaesthetic machine
Tonometer- Diaton
OR Surgical Table
Suction Unit
Bipap Machine
Beds
Isolette Baby Warmer
Sterilization Indicator
BP Monitor
Bone Mineral Density
Stretchers
N85o2 Monitor
Mattresses
Electrocautery System
POCT U/S system
Auto Disp. Machine
Spirit Select Bed
Lab Analyz. Centrifuge

Telemetry Monitors
Evacusleds
Endoscopic Equipment
Development –Parking Gates
Stand Alone Patient Lift
Bariatric Stretcher
IV Fluid Warmer
Sealer Heat Lift Seal
Monitors
Wheelchairs
Racks
Hematology Analyzer
Pharmacy Packager
Pharmacy Fridge
Triage Bench
Cast Saw and Vacuum
Commodes
Nerve Stimulator
Gel pads – OR

Mammography chair
IV poles
Palliative Chairs
Xray Equipment
CT Scanner –Walkerton
Reno –XR Room
Upgrades to Pat room
Analyzer
Blood Bank Fridge
POC testing
Broda Chair
Lab Chairs
Safe Room
Cardio Resp Holters &
Monitor
Blood Transfusion Chair
Lab Analyzer Centrifuge
Blood Bank Pross System
Kitchen carts

Scooter parking spots
U/S Probe disinfection system
Beds
Bed Pan Flusher
LTV vent system
Stress Machine
IV Pumps
Ceiling Lifts
Vacuum
Vital Signs Monitor
U/S replacement
Ultra Sound machines
PACS – Regional
CT Scanner/Building/DI Renos
Cardiac Monitor Upgrade
Endoscopy Videoscopes
Scope Guide
ECG Carts
Panic Alarm System

**SBGHC Kincardine
Auxiliary are key
partners in our
fundraising efforts
and have raised
\$300K!**

Total purchased by Foundation – almost \$3.7M!

Foundation's Commitments for Equipment 2022-2023

Anesthetic Machine	\$92,300	
Centrifuges	\$10,100	
Patient Beds	\$5,700	
Sit to Stand Patient Lift	\$10,300	
Intraosseous/Needle Driver	\$500	
Courier Bags for Lab	\$1,600	
Pump IV-Pain (Anesthetic)	\$4,100	
Compression Tourniquet	\$7,100	
Liko HillROM Lift Slings	\$700	
Patient Portable Floor Lift	\$13,100	
Patient Lift-Bath Nursing	\$12,100	
Oximeter Replacement Cardio Resp	\$1,800	
CT Scanner	\$2,250,000	(Total Commitment \$3.1M less \$842,196.56 paid)
Cardiac Monitor Upgrade	\$111,860	
Baby Warmer	\$37,500	
TOTAL	\$2,558,760	



CT Scanner Project Cost

After final costs have been established for the CT building, the enabling projects of rebuilding the entrance and renovations to the Diagnostic Area, plus the final cost of the CT Scanner, the cost for the project will be \$3.1M

The cost of the CT Scanner including the necessary accompanying furniture, taxes, etc. is \$1.64M.



Redevelopment Cost

The total cost of the redevelopment is \$65,740,300.

Although MOH is the primary source of funding the Redevelopment, the host community must pay the “Local Share” which consists of the following:

- 10% of the building Construction costs
- 100% of the components that include retail space, parking, Foundation Office and Auxiliary Gift Shop space along with other MOH non-medical funded programs.
- 100% of the cost of new and replacement furniture, computers and medical equipment.
- 100% of any new equipment purchased including commissioning.
- Relocation of existing equipment and commissioning.

The “Local Share” of the Redevelopment is \$10,139,127

The MOH will pay the following:

- 90% of the building cost
- All planning and design costs

The MOH share of the Redevelopment is \$55,601,173



Campaign Goal

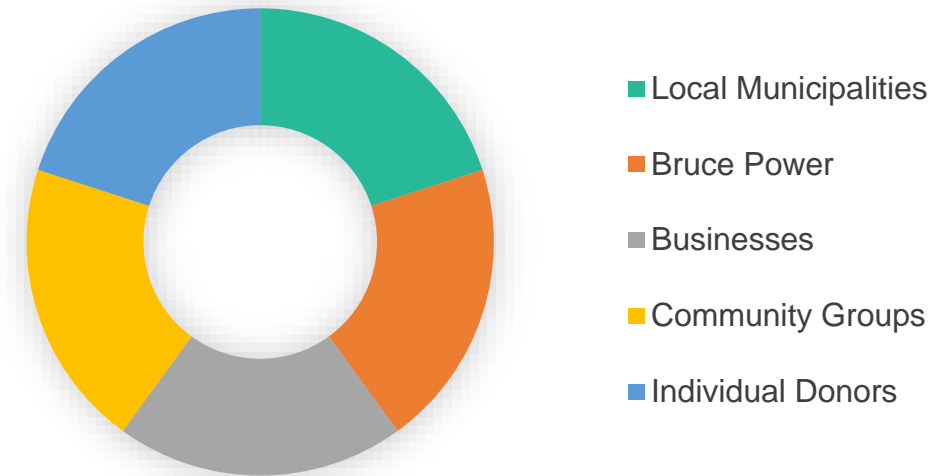
Current Capital Equipment Purchase Commitments/ CT Scanner	\$2,558,760
2022-2025 Projected Capital Request to Replace Mammography Unit	\$1,003,004
Projected Requests for Years 2023-2025 @\$350K per year	\$1,050,000
TOTAL	\$4,611,764
Local Share of Redevelopment (Phase 1)	\$10,139,000
Allowance for Cost Escalation & Contingencies (incl. due to COVID)	\$4,500,000
Reserve Funds for Future SBGHC Requests	\$3,000,000
TOTAL	\$22,250,764
Amount of Investment Funds (April 30, 2022)	\$10,444,000
Net Amount to be Raised	\$11,806,764
CAMPAIGN GOAL (Rounded up to a Nice Even Number)	\$12,000,000



Our Campaign Needs Everyone's Support

Our major stakeholders are stepping up:

- Municipality of Kincardine has committed \$600K this year
- Township of Huron-Kinloss has committed \$100K this year
- Bruce Power has committed \$1.5M plus a further \$0.5M from its Bruce Power Supplier Sponsorship Package
- We need support from local businesses, community groups and individual donors
- The public phase of our campaign is now under way, kicked off with “Rock With Your Docs” on June 17, 2022!





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Thank you!