January 21, 2016

Dear [Redacted],

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/072/2015]

On December 23rd, 2015, the Department of Health and Community Services (the Department) received your request for access to the following records/information:

"Briefing materials -- in any and all formats, including paper and electronic -- prepared for, and/or provided to, the minister related to construction of a new hospital in Corner Brook. Date range of request is Nov. 1, 2015 to the present."

The Department has reviewed your request and we are pleased to inform you that access to these records has been granted, in part. In accordance with your request for a copy of the records, the appropriate copies have been enclosed. Some information has been refused in accordance with the following exceptions to disclosure, as specified in the Act:

- S.29 Policy advice or recommendations
  (1) The head of a public body may refuse to disclose to an applicant information that would reveal
  (a) Advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister...

- S.35 Disclosure harmful to the financial or economic interests of a public body
  (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose...
  (g) information, the disclosure of which could reasonably be expected to prejudice the financial or economic interest of the government of the province or a public body; ...
As required by 8(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act (a copy of this section of the Act has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner. Your appeal should identify your concerns with the request and why you are submitting the appeal.

The appeal may be addressed to the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section of the Act has been enclosed for your reference).

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Office of Public Engagement’s website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7007 or by email at angelapower@gov.nl.ca.

Sincerely,

Angela Power
ATIPP Coordinator

/Encl.
Corner Brook Hospital
Background

- Original Master Program and Functional Plan completed by Hatch Mott McDonald/Agnew Peckham in 2009 and 2010.
- Stantec engaged to do “due diligence” review.
- October 2012 Stantec engaged to revise Master Program.

- The original Master Program and Functional Plan for the replacement of WMRH were completed by Hatch Mott McDonald/Agnew Peckham in 2009 and 2010 respectively.
- Following completion, Government asked Stantec, a leading engineering and project management company to complete a “due diligence” review of the original assumptions and recommendations, as is common practice for any large infrastructure project.
- In completing its review, Stantec noted that there were additional best practices and efficiencies that could be utilized in the project to better meet the needs of the population, while ensuring affordability and sustainability of the project.
- In its review, Stantec took a system-wide approach to the health care needs of the entire population in the Western Health Region and considered all sites where care is being provided – in the home, and in community-based living facilities, in addition to the acute care hospitals in the region.
- Subsequent to completion of the “due diligence” review, Stantec was contracted to revise the Master Program and Functional Plan.
Background

- Master program in March 2013
  - an acute care facility with 160 beds (a decrease from the current bed count of 199);
  - a new long term care facility with 100 beds;
  - a 48-bed hostel for medical students/residents and patients/families;
  - a central utility plant.
- Neither radiation therapy nor PET scan services included.
- The estimated cost of $588M +/-30%.
- Stantec engaged to develop Functional Program

- The revised Master Program was submitted to government in March 2013. The Program recommended a multi-building campus, including:
  - an acute care facility with 160 beds (a decrease from the current bed count of 199);
  - a new long term care facility with 100 beds **(to address the issue of approximately 25-30% of current beds at WMRH being occupied by “Alternate level of Care” (ALC) clients – patients who have been medically discharged but are unable to return to their previous place of residence, the majority of whom are waiting for placement in a long term care facility);**
  - a 48-bed hostel for medical students/residents and patients/families; and
  - a central utility plant.

s.29(1)(a)

- The Master Program was based on the assumption that all existing services currently being provided at WMRH would continue and, where required, expand.
- Consistent with the Hatch Mott McDonald/Agniew Peckham review, neither radiation therapy nor PET scan services were included in the revised Master
Program.

- The estimated cost for the project at completion of the Master Program was $588M +/-30%.
- Following submission of the Master Program, Stantec was engaged to develop a Functional Plan for the project, which provides a detailed space list and staffing requirements.
Background

- In September 2013, approval to proceed with development of the new hospital using a Design-Build approach.
- Two separate construction packages:
  - Package 1 – Long Term Care facility and Logistics/Utility Building;
  - Package 2 – Acute Care Hospital, Administration Building, and Hostel.

- In September 2013, TW recommended, and received approval, to proceed with the development of the new WMRH using a Design-Build approach. With Design-Build, Government would engage the services of a Design-Build contractor to both design and construct the facility. To expedite construction activities, TW proposed grouping the buildings in two separate construction packages as follows: Package 1 – Long Term Care facility and Logistics/Utility Building; Package 2 – Acute Care Hospital, Administration Building, and Hostel.
- On December 28, 2013, TW publically issued a two-step Request for Qualifications/Request for Proposals (RFQ/RFP) document inviting design-build teams to make submissions with five “teams” ultimately submitting proposals.
- In July 2014, following evaluation of the submissions by a committee of representatives from TW, HCS, RHAs as well as the General Manager of Merged Services in Nova Scotia, overseen by a Technical Advisor and a Fairness Monitor, a design development contract was awarded to the “Corner Brook Care Team” (CBCT) a collaboration of four companies including: B+H Architects, Montgomery Sisam Architects, PCL Contractors, and Marco Construction
BACKGROUND

• In April 2014, Government directed that the new hospital include space for:
  - a PET scanner in case of increased use and demand.
  - Radiation therapy services.
• In Budget 2014, Government announced $500,000 for Altus Consulting Inc. to complete a study/review of safe radiation service delivery in Western Newfoundland.
• Highlights of the Provincial Radiation Therapy review include:
  - The installation of one Linac machine in both Corner Brook and a additional Linac machine in St. John’s.
  - The construction of two rooms to accommodate radiation equipment (known as bunkers) with the second bunker to be utilized as swing space when the Linac machine would need to be replaced.
  - No further sites for radiation therapy be considered in the province prior to the new service in Corner Brook being fully established and functional.

• In April 2014, Government directed that:
  - the new hospital will have space for a PET scanner, in the event that the service becomes more widely used and demand increases; and radiation therapy services will be provided on-site in the new hospital facility.
• In Budget 2014, Government announced $500,000 for the study/review of safe radiation service delivery in Western Newfoundland, including a provincial model for the delivery of radiation services. Altus Consulting Inc., an Alberta-based firm that has extensive experience in this area and was used by the Province of Alberta to complete its provincial review of radiation services, was contracted to complete a provincial review of Newfoundland and Labrador radiation therapy service delivery models and to provide recommendations based on best practices.
• Highlights of the Provincial Radiation Therapy review include:
  - The construction of two rooms to accommodate radiation equipment (known as bunkers) in the new West Coast hospital, and the installation of one Linac machine. The second bunker to be utilized as swing space when it is time to replace the Linac machine;
  - The construction of two additional bunkers in St. John’s and the addition of one more Linac machine (in St. John’s) by 2026 - the second of the two new bunkers would be a “swing” space for use in ongoing unit replacements; and
• No further sites for radiation therapy be considered in the province prior to the new service in Corner Brook being fully established and functional.
In October 2014, Stantec submitted what they considered to Government, the final functional programs. Following a few minor edits/chances, these functional programs were accepted as final. These final functional programs have not been officially released by the Department, however, drafts of the functional programs have been previously released through ATIPP requests.

Highlights/Noteworthy Items of the approved design:

- Capacity to house a PET scanner, should volume and availability of medical personnel change in the future;
- Integrated cancer care program including radiation, chemotherapy, planning and support services which will give residents of the region access to services closer to home, without having to travel to St. John's, and keeping them near the supportive environment of family and friends as they receive treatment;
- Creation of 120 long term care beds in a facility adjacent/attached to the acute care facility. (The 120 beds was an increase over the originally proposed 100 beds to maximize staffing efficiencies with respect to the size of resident households and to maximize the building foot print (i.e. no half floor). The long term care facility was to house the restorative, rehabilitation and palliative programs as well);
- Number of ultrasounds will increase from the current 7 to 9 in the new facility, contrary to reports otherwise;
• Number of maternity beds will be reduced from the current 11 beds to 6 beds in the new facility. The planned reduction is in direct relation to the changing demographics of the region. With utilization of the current 11 beds being less than 50% as well as a declining birthing population, the planned 6 beds will be sufficient capacity to meet the needs of the region, as such there will be no reduction in services.
Background

- Design development contract awarded in July 2014 to “Corner Brook Care Team”
- Estimated of $\underline{12,000,000}$ probable outside higher range.  
  \[s.35(1)(g)\]
Current Status

- RFP for private sector for provision of long term care beds.
- Additional design work to incorporate restorative, rehab and palliative care.
- Other changes functional program include:
  - Increased medical imaging platform by 444 net square metres (28%).
  - Relocation of the ICU/CCU from inpatient floor to the main level next to Emergency room and relocation of the maternity/child platform to the same level as the Interventional Platform.
- Deliverables revised from design development package to schematic design.
- Site infrastructure continued in 2015 with completion of two tenders (awarded in 2014) for water and sewer services, and construction of an underground concrete water storage reservoir.

- In April 2015 Government announced its intention to engage with the private sector for the provision of long term care beds in the Province.
  - A RFP to engage with the private sector was issued in July 2015 and included the provision of 360 beds across the Province, 120 of which was to be constructed adjacent to the planned new acute care facility off Wheeler’s Road;
  - The evaluation process for awarding of the RFP is nearing finalization and is expected to be completed by the end of January.
- Since the original site/building layout/design included the incorporation of the restorative, rehabilitative and palliative care beds, as well as food services (i.e. main kitchen to service both facilities), in the publicly constructed long term care facility, this new direction meant that additional redesign work was required in order to reincorporate these services back into the planned acute care facility, thereby negatively impacting on the timelines for the completion of the design development documents by several months.
- Other significant noteworthy changes between the Stantec Functional Program and the current planned floor space includes increasing the Medical Imaging Platform by 444 net square metres (28%), relocation of the ICU/CCU from an inpatient floor to the main level next to Emergency, and the relocation of the Maternity/Child Platform to the same level as the Interventional Platform.
- To fund the costs associated with this redesign work, yet to remain with the
existing contract costs and project budget, it was mutually agreed between DTW and CBCT to reduce the deliverables expected of CBCT within the contract (e.g. agreement to complete a schematic design rather than completion of a detailed design package).

- Site infrastructure continued in 2015 with completion of two tenders (awarded in 2014) for water and sewer services, and construction of an underground concrete water storage reservoir.
Assuming no significant departure from the current facility configuration and floor plans, project implementation is continuing with the current anticipated timelines being:

- Schematic Design Documents completion: January 2016
- Project Budget Update: February 2016
- Schematic Design Presentation: February 2016
- Tender for Modified Design Build Contract: Fall 2016
- Facility Construction Start: Summer 2017
- Facility completion: Fall 2021

To the end of fiscal 2015-16 approximately $42M will have been spent on the project. **However, as part of the Budget 2015 decisions Government removed any/all out-year funding for this project, thus there is no budgetary funding allocation beyond 2015-16 for this project.**
Questions
Information Note
Department of Transportation and Works

Title: Replacement of Western Memorial Regional Hospital

Issue: To provide background and a status update on the replacement of the Western Memorial Regional Hospital (WMRH) in Corner Brook.

Background and Current Status:

- Following the completion of the original Master Program and Functional Plan for the replacement of WMRH in 2009 and 2010, respectively, the Government of Newfoundland Labrador (GNL) asked Stantec Architectural services to complete a due diligence review of the original assumptions and recommendations.

- In completing its review, Stantec identified additional best practices and efficiencies that could be utilized to better meet the needs of the population, while ensuring affordability and sustainability of the project, and Stantec was accordingly contracted to revise the Master Program and Functional Plan.

- In its review, Stantec took a system-wide approach, which considers all sites where care is provided (at home, in community-based living facilities, acute care hospitals, etc.).

- In March 2013, Stantec submitted its revised Master Program to GNL. The Program recommended a multi-building campus, including:
  - An acute care facility with 160 beds (a decrease from the current bed count of 199);
  - A new long term care facility with 100 beds (to address the issue of approximately 25-30% of current beds at WMRH being occupied by “Alternate level of Care” (ALC) clients, patients who have been medically discharged but are unable to return to their previous place of residence, the majority of whom are waiting for placement in a long term care facility);
  - A 48-bed hostel for medical students/residents and patients/families; and
  - A central utility plant.

- Stantec was engaged to develop a Functional Plan for the project, which provides a detailed space list and staffing requirements.

- In September 2013, TW recommended, and received approval, to proceed with the development of the new WMRH using a Design-Build approach, which engages the services of a Design-Builder to both design and construct the facility.

- To expedite construction activities, TW proposed grouping the buildings in two separate construction packages:
  - Package 1 – Long Term Care facility and Logistics/Utility Building;
  - Package 2 – Acute Care Hospital, Administration Building, and Hostel.
• On December 28, 2013, TW publically issued a two-step Request for Qualifications/Request for Proposals (RFQ/RFP) document inviting design-build teams to make submissions, and five teams submitted proposals.

• In April 2014, GNL directed that the new hospital include space for:
  o A PET scanner in case of increased use and demand; and,
  o Radiation therapy services.

• In Budget 2014, Government announced $500,000 for the study/review of safe radiation service delivery in Western Newfoundland, including a provincial model for the delivery of radiation services.

• Altus Consulting Inc. was contracted to complete a provincial review of Newfoundland and Labrador radiation therapy service delivery models and to provide recommendations based on best practices. The review recommended:
  o The installation of one Linac machine in both Corner Brook and an additional Linac Machine in St. John’s.
  o The construction of two rooms to accommodate radiation equipment (known as bunkers), with the second bunker acting as swing space when the Linac machine would need to be replaced.
  o Construction of the bunkers and the addition of the Linac machine was expected to be completed in St. John’s by 2026; and
  o No further sites for radiation therapy be considered in the province prior to the new service in Corner Brook being fully established and functional.

• In October 2014, Stantee submitted its functional program proposal, which included:
  o Capacity to house a PET scanner, should volume and availability of medical personnel change in the future;
  o Integrated cancer care program including radiation, chemotherapy, planning and support services to provide residents in the region access to services closer to home;
  o Creation of 120 long term care beds in a facility adjacent/attached to the acute care facility, an increase from the originally-proposed 100 beds to maximize staffing efficiencies with respect to the size of resident households and to maximize the building foot print (i.e. no half floor);
  o An increased number of ultrasounds (up to 9 from 7);
  o A reduced number of maternity beds in response to changing regional demographics (from 11 to 6 as the current number was being used at 50% capacity).

• To the end of fiscal March 2015, approximately $32M had been spent on the project with $9.6M budgeted for 2015-16 to carry-on with existing design and site work contracts.

**Analysis:**

• Stantee’s Master Program was based on the assumption that all existing services currently being provided at WMRH would continue and, where required, expand and did not account for the addition of radiation services.
• In 2013, the original estimated cost for the project at completion of the Master Program was $588M +/-30%.

• In July 2014, a design development contract was awarded to the “Corner Brook Care Team” (CBCT) a collaboration of four companies including: B+H Architects, Montgomery Sisam Architects, PCL Contractors, and Marco Construction.

• In July 2014, TW projected that [REDACTED] was a probable outside higher range cost estimate for the project. This figure was supported by Catalyst Consulting a firm based out of Nova Scotia.

• Approval in principle for the platforms was received on July 29, 2014 and for Western Health to share the functional program documents with their program directors for review.

• In April 2015, GNL announced its intention to engage with the private sector for the provision of long-term care beds in the Province.

• Since the original site/building layout/design included the incorporation of the restorative, rehabilitative and palliative care beds as well as food services (i.e. main kitchen to service both facilities), this new direction meant that additional design work was required to incorporate these services back into the planned acute care facility.

• Other significant changes to the Stantec Functional Program and the current planned floor space includes:
  - Increased Medical Imaging Platform by 444 net square metres (28%); and,
  - Relocation of the ICU/CCU from an inpatient floor to the main level next to Emergency, and the relocation of the Maternity/Child Platform to the same level as the Interventional Platform.

• The redesign of the planned hospital has negatively impacted timelines for the completion of the design development documents by several months.

• To fund the costs associated with this redesign work, TW and CBCT agreed to reduce CBCT’s expected deliverables to the completion of a schematic design rather than a design development package.

• Since its engagement, CBCT has been actively working on the development of the design development documents, including modifications to the original schematic blocking and stacking diagrams to improve flow and efficiency and to reduce the building’s footprint.

• To implement GNL’s new direction for long-term care, TW issued an RFP in July 2015 for the provision of 360 beds across the Province, 120 of which were to be constructed adjacent to the planned new acute care facility.

• TW’s evaluation process for awarding of the RFP is nearing finalization and is expected to be completed by the end of January.
• Site infrastructure has continued in 2015 with the completion of two tenders (awarded in 2014) for water and sewer services and the construction of an underground concrete water storage reservoir.

• Assuming no significant departure from the current facility configuration and floor plans, current anticipated dates of completion are:
  o Schematic Design Documents completion: January 2016
  o Project Budget Update: February 2016
  o Schematic Design Presentation: February 2016
  o Tender for Modified Design Build Contract: Fall 2016
  o Facility Construction Start: Summer 2017
  o Facility completion: Fall 2021

• As part of the Budget 2015 decisions Government removed all funding for this project from the infrastructure framework beyond 2015-16. To the end of fiscal 2015-16 approximately $42M will have been spent on the project.

• In order to advance this project, two broad decisions will be required over the next several months:

  Action Being Taken:
  • Design work is continuing under the CBCT as outlined above.

  Prepared/approved by: G. Leja/C. Grandy
  Deputy Minister Approval: L. Companion

  December 13, 2105