



**SUNSHINE COAST REGIONAL HOSPITAL DISTRICT
BOARD MEETING
AGENDA**

Thursday, July 17, 2025, 1:00 p.m.

**IN THE BOARDROOM OF THE SUNSHINE COAST
REGIONAL DISTRICT OFFICES AT 1975 FIELD ROAD, SECHELT, B.C.**

	Pages
1. CALL TO ORDER	
2. AGENDA	
3. MINUTES	
3.1 Sunshine Coast Regional Hospital District Board Meeting Minutes of April 24, 2025	2
4. BUSINESS ARISING FROM MINUTES AND UNFINISHED BUSINESS	
5. PRESENTATIONS AND DELEGATIONS	
5.1 Johan Marais, Regional Director, Capital Asset Management and Planning, Vancouver Coastal Health Regarding: Fiscal Year 26 Capital Update and Cost Share Requests	4
6. REPORTS	
7. COMMUNICATIONS	
8. MOTIONS	
9. BYLAWS	
10. NEW BUSINESS	
11. IN CAMERA	
THAT the public be excluded from attendance at the meeting in accordance with Sections 90 (1) (k) and 90 (2) (b) of the Community Charter - "negotiations and related discussions respecting the proposed provision of a municipal service that are at their preliminary stages..." and "the consideration of information received and held in confidence relating to negotiations between the municipality and a provincial government...".	
12. RELEASE OF ITEMS FROM IN CAMERA	
13. ADJOURNMENT	



**SUNSHINE COAST REGIONAL HOSPITAL DISTRICT
MINUTES OF THE MEETING OF THE SUNSHINE COAST REGIONAL HOSPITAL
DISTRICT BOARD**

**April 24, 2025
IN THE BOARDROOM OF THE SUNSHINE COAST
REGIONAL DISTRICT OFFICES AT 1975 FIELD ROAD, SECHULT, B.C.**

PRESENT:

- S. White, Town of Gibsons
- D. McMahon, Electoral Area E
- J. Gabias, Electoral Area B
- K. Backs, Electoral Area D
- K. Stamford, Electoral Area F
- D. Inkster, District of Sechelt
- C. Alexander, Electoral Area A (Alt.)
- B. Rowe, District of Sechelt (Alt.)

ALSO PRESENT:

- S. Reid, Corporate Officer
- A. Taylor, Manager, Budgeting and Grants
- T. Crosby, Administrator / Recorder
- Media: 0
- Public: 0

1. CALL TO ORDER

The meeting was called to order at 9:05 a.m.

2. AGENDA

2.1 Adoption of Agenda

17/25 It was moved and seconded

THAT the agenda for the meeting be adopted as presented.

CARRIED

3. MINUTES

3.1 Sunshine Coast Regional Hospital District Board Meeting Minutes of March 20, 2025

18/25 It was moved and seconded

THAT the Sunshine Coast Regional Hospital District Board Meeting Minutes of March 20, 2025 be adopted as presented.

CARRIED

5. PRESENTATIONS AND DELEGATIONS

5.1 Cory Vanderhorst, Regional Assurance Partner of MNP LLP Auditors

Cory Vanderhorst, Regional Assurance Partner of MNP LLP addressed the Board regarding the Sunshine Coast Regional Hospital District’s 2024 Audit Findings Report, draft Independent Auditor’s Report and draft audited Financial Statements for year ending December 31, 2024.

6. REPORTS

6.1 Sunshine Coast Regional Hospital District (SCRHD) Draft Audited Financial Statements - Year Ended December 31, 2024

19/25 **It was moved and seconded**

THAT the following documents be received:

- 2024 Audit Findings – Report to the Board of Directors;
- Draft Independent Auditor’s Report;
- Draft Audited Financial Statements Year Ended December 31, 2024;

AND THAT the Sunshine Coast Regional Hospital District Draft Audited Financial Statements for Year Ended December 31, 2024 be approved as presented.

CARRIED

13. ADJOURNMENT

20/25 **It was moved and seconded**

THAT the Sunshine Coast Regional Hospital District Board meeting be adjourned.

CARRIED

The meeting adjourned at 9:13 a.m.

Certified Correct by the Corporate Officer

Date Confirmed

Chair

FY26 Capital Update & Cost Share Requests

Sunshine Coast Regional Hospital District

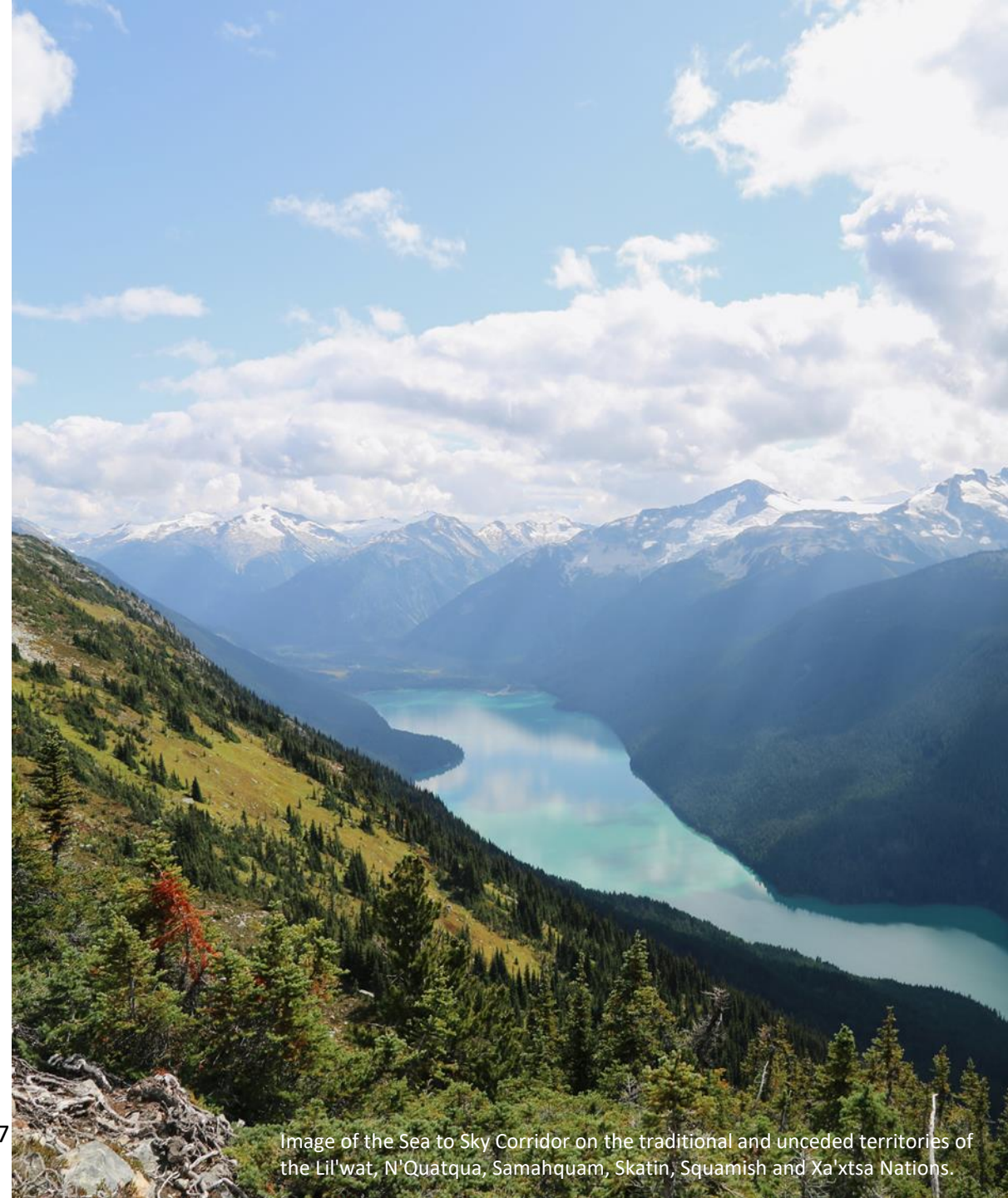
July 17th, 2024



Territory Acknowledgement

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the x^wməθk^wəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səlilwətał (Tsleil-Waututh) Nations.



Aligning our Investment to Strategic Priorities



Healthy People

- Invest in **prevention and health promotion**
- Address the **social determinants of health**



Exceptional Care

- Improve **access to health services** based on population needs
- Strengthen the **safety, quality and experience of care**



Research and Innovation for Impact

- Expand our **capacity for research and innovation**
- Reimagine **care**



Great Place to Work

- Develop and sustain a **positive workplace culture** that builds on **inspiring leadership**
- **Attract, develop and retain VCH staff and medical staff**

Capital Planning Principles

The following principles inform the whole facility life-cycle, from planning, design and RFP processes, through to construction, operations and building end-of-life:

- **Operational Sustainability** – ensure our assets are maintained in a state that supports the best possible patient outcomes
- **Asset Condition** – asset renewal strategies to improve facility condition index (FCI) and address historical deficit of investment, ensuring safe and uninterrupted services
- **Indigenous Health** – engagement with and incorporation of the unique host Nation cultures on which our facilities are located, to create safe, sustainable spaces that support Indigenous healing practices and prioritize holistic health outcomes
- **Planetary Health** – ensure facilities are sustainable and climate resilient, support the delivery of sustainable future-focused services such as reusables and virtual health
- **Diversity, Equity & Inclusion** – ensuring facilities support gender equity and diversity, particularly through design of washrooms, change rooms and showers



Capital - Risks & Opportunities



Risks

- Expectations to **expand access to services or programs** are at a pace that is not aligned with availability of capital funding
- Timelines associated with deliverables **are challenging** given critical reliance on overstretched and/or lack of capital asset base to support
- Capital investment in IT Systems & Infrastructure, Equipment, and Facilities **have fallen behind** health system demand and **capital deficits are growing** due to historical lack of funding
- **Impact of tariffs** on Capital projects and Equipment purchases



Opportunities

- Leveraging **infrastructure** risk planning to better inform priorities
- Minor increases in **funding**
- Pursue approvals for **alternate funding** models
- Continue to **build and strengthen partnerships** with First Nations and FNHA to leverage investments and improve access to care
- **Mitigation** strategies for **tariff** impacts being developed by Provincial and National Health organizations

Strategic Overview

- Awaiting **FY26 Capital Funding Letter**
- The notional FY26 Routine Capital Investment (RCI) allocation have been partly allocated
 - Coastal CoC was allocated **\$9.2M**, or **22%** of the notional FY26 RCI allocation

Capital needs focused on

- Emergency Department renovations
- Surgical Services
- Community Services
- Infrastructure deficit
- Mental Health & Substance Use
- Diagnostic Imaging
- Long Term Care



FY26 – FY29 Capital Plan – Coastal CoC

Capital Expenditure

Capital Expenditure Coastal CoC	Cashflows (\$'M)						
	FY25	FY26	FY27	FY28	FY29+	Total	%
Priority Investments							
Acute Care Facility - Lions Gate Hospital	43.8	31.1	2.0	-	-	76.9	
Hilltop House LTC Replacement	-	-	98.5	95.0	92.4	285.9	
Total Priority Investment	43.8	31.1	100.5	95.0	92.4	362.9	81%
Other Capital Projects >\$5M							
Modular CT Scanner - SGH	1.9	6.0	1.1	-	-	9.0	
2nd MRI - LGH	0.3	4.6	6.9	-	-	11.8	
Angiography Suite Replacement - LGH	0.2	6.1	2.4	-	-	8.7	
Total Other Capital Projects >\$5M	2.4	16.7	10.4	-	-	29.5	7%
Other Capital Projects <\$5M							
Facilities	16.3	25.0	5.2	0.7	-	47.0	
Underway	16.3	17.2	4.6	0.7	-	38.6	
New	-	7.8	0.6	-	-	8.4	
Equipment	5.2	3.4	-	-	-	8.6	
Underway	5.2	0.4	-	-	-	5.6	
New	-	3.0	-	-	-	3.0	
Total Other Capital Projects <\$5M	21.5	28.4	5.2	0.7	-	55.6	12%
Total Expenditure	67.7	76.2	116.1	95.7	92.4	448.0	100%

FY26 Facilities Routine Capital Investment (RCI) allocation Coastal CoC

#	Campus	Project Name	Project Cost Estimate	Additional Funds	Project Cost Estimate
New FY26 RCI-funded Projects					
1	Squamish General Hospital	Replace BMS Panels	1,425,000	-	1,425,000
2	Pemberton Health Centre	Plumbing upgrade	600,000	-	600,000
3	Lions Gate Hospital	Ultrasound Drainage	485,000	-	485,000
4	Coastal - Leased	Sechelt Home Health Security System Upgrade	169,136	-	169,136
5	Lions Gate Hospital	LGH J Block Repipe	760,000	-	760,000
		New FY26 RCI-funded Projects	3,439,136	-	3,439,136
Additional Funds					
6	Pemberton Health Centre	Pemberton HVAC Upgrades	610,000	1,025,000	1,635,000
7	Lions Gate Hospital	LGH Existing MRI Quench Pipe Replacement	850,000	126,055	976,055
8	Squamish General Hospital	Modular CT Scanner SGH	6,500,000	2,510,000	9,010,000
9	Lions Gate Hospital	Second MRI	11,135,000	1,447,348	12,582,348
10	Lions Gate Hospital	Angiography	8,400,000	650,000	9,050,000
11		Additional FY26 RCI funds	27,495,000	5,758,403	33,253,403
12	Total FY26 New & Additional RCI allocated - Coastal CoC				9,197,539

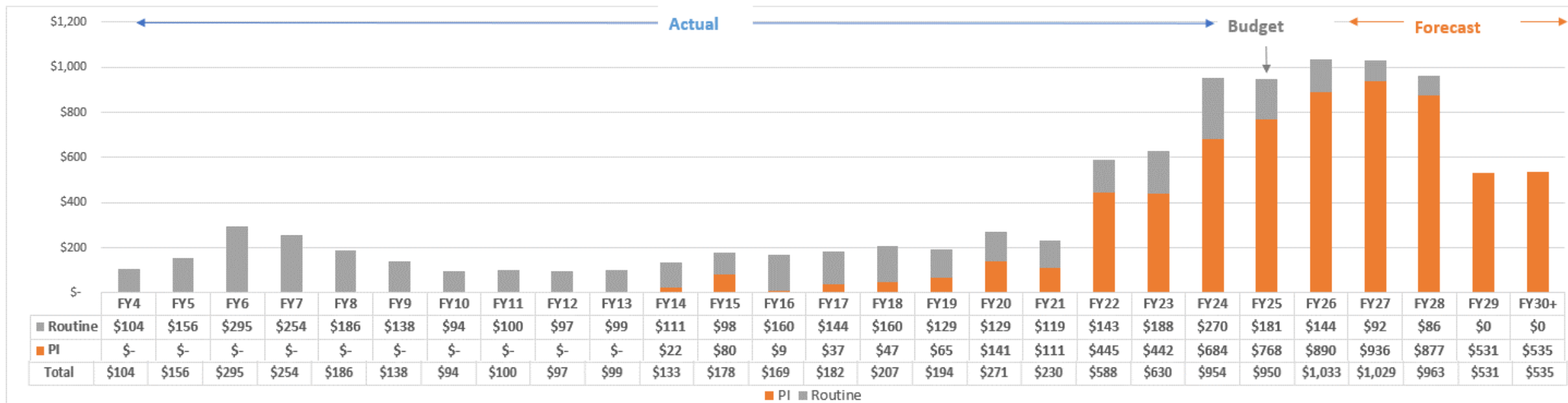
New: FY26 prioritized and approved Routine Capital Investment (RCI) projects, including additional funds.

FY26 Capital Plan

Focus

Facilities		Completion of the Master Site Plans for Coastal rural and acute sites. Includes robust First Nations engagement
		Addressing the facility infrastructure deficit
		Further develop regional Long Term Care strategies to address demand
Major Equipment		Longer term strategic plan for medical imaging equipment
PDHIS* (former IMITS)		Transforming voice systems across critical risk sites
		Enterprise Resource Planning (ERP) Human Capital Management System transformation

Twenty Five-Year Capital Expenditure Trend VCH & PHC



Significant increase FY22 through FY30+ due to major redevelopment projects:

- Long Term Care initiatives (Dogwood, Fentiman, Hilltop, St. Vincent's)
- Acute Care initiatives (LGH Acute Care Facility, VGH OR Renewal Phases 2, Richmond Hospital Redevelopment, New St. Paul's Hospital)
- PHC Clinical Support & Research Centre
- Urgent Primary Care Centres (UPCC's)
- Land acquisitions, Coastal CoC

Facilities & Equipment

Active and closed projects

FY26 Facilities Projects underway

Sunshine Coast

#	FY26 - P03 Project ID & Name	Project Budget	Budgeted Funding Source				Life to Date Cost	Project Budget Remaining
			Ministry of Health	Deferred Capital VCH	Foundations & Auxiliaries	Sunshine Coast RHD		
Sunshine Coast - Sechelt Hospital								
1	301293 - Replace MCC, Switch & Emerg Generator	2,298,000	1,556,400	-	-	741,600	2,186,048	111,952
2	301320 - Replace Heat Exch DHW	360,000	320,000	-	-	40,000	247,133	112,867
3	301372 - Replace Delayed Vital Power 4	1,660,000	1,220,000	-	-	440,000	1,345,519	314,481
4	301393 - ED Renovation Sechelt	3,442,400	-	392,400	3,050,000	-	3,147,438	294,962
5	301407 - House of Caring Reno Sechelt	100,000	-	100,000	-	-	91,819	8,181
6	301411 - Dishwashing Room SC	870,859	522,515	-	-	348,344	111,974	758,885
7	301414 - Totem Lodge Sechelt	600,000	-	600,000	-	-	698,328	(98,328)
8	301422 - Security Upgrade Sechelt CHC	164,406	164,406	-	-	-	67,836	96,570
9	301423 - Security Upgrade Gibsons CHC	105,183	105,183	-	-	-	75,086	30,097
10	301424 - Lab Cooling Sechelt	114,125	114,125	-	-	-	62,456	51,669
11	301425 - Sechelt Primary Care Network	895,657	537,394	-	-	358,263	771,807	123,850
12	301432 - Bldg Controls Replace Sechelt	110,000	66,000	-	-	44,000	15,916	94,084
13	301439 - Mobile MRI Home Base Sechelt	141,590	141,590	-	-	-	33,951	107,639
14	Total - Sunshine Coast Facilities Projects	10,862,220	4,747,614	1,092,400	3,050,000	1,972,206	8,855,311	2,006,909
% Funding Source			44%	10%	28%	18%		

FY25 Facilities closed projects Sunshine Coast

#	Facilities FY25 projects Closed Project ID & Name	Project Budget
Sunshine Coast - Sechelt Hospital/ Shorncliffe		
1	301348 - Shorncliffe Cooling Upgr, Seche	67,664
2	301349 - Totem Lodge Cooling Upgr, Seche	50,118
3	301355 - Lab Renovation, Sechelt	345,342
4	301373 - Piping Replacement Shorncliffe	44,068
5	301295 - Surgical Serv Functional Plan, SH	46,242
##	Total - Sunshine Coast Facilities Projects	553,434

FY26 Equipment Projects underway

Sunshine Coast

#	FY26-P03 Project Name	Project Budget	Budgeted Funding Source			Life to Date Costs	Project Budget Remaining
			Ministry of Health	Foundations & Auxiliaries	Sunshine Coast RHD		
Sunshine Coast - Sechelt Hospital							
1	352306-Carescape B650 Monitor	19,178	-	-	19,178	-	19,178
2	352397-Bladder Scanners RXBC 700 Kit	27,167	-	27,167	-	27,167	-
3	352420-2024 Ford Maverick Lariat	52,817	-	52,817	-	-	52,817
4	352443-Slit Lamp System	21,500	-	21,500	-	19,936	1,564
5	352472-Pharmacy Fridge	21,387	21,387	-	-	15,817	5,570
6	352474-R ALS Defib 8 plus X Defib 2	217,701	-	-	217,701	216,228	1,473
7	352482-Prime Series Elec Stretcher 5	84,706	-	-	84,706	79,628	5,078
8	352483-Prime Series Elec Stretcher 6	101,647	-	-	101,647	95,554	6,093
9	352484-Prime Big wheel Stretcher 3	36,235	-	-	36,235	30,446	5,789
10	352485-OPMI Pico System	25,476	25,476	-	-	-	25,476
11	352486-Resusci Anne ACPR System	21,507	-	21,507	-	21,507	-
12	352491-Pressure Mapping Device	20,349	20,349	-	-	19,028	1,321
13	352492-Plate Dispenser 1 Heater 1	28,378	28,378	-	-	-	28,378
14	352493-Automatic Cell Washer	21,224	-	-	21,224	21,224	-
15	352494-Sigma ECT Device	72,447	-	72,447	-	67,867	4,580
16	Total Equipment - Sechelt Hospital	771,719	95,590	195,438	480,691	614,401	157,318
% Funding Source			12%	25%	62%		

FY25 Equipment Projects completed Sunshine Coast

#	FY26-P03 Project Name	Project Budget	Budgeted Funding Source			Life to Date Costs
			Ministry of Health	Foundations & Auxiliaries	Sunshine Coast RHD	
Sunshine Coast - Sechelt Hospital						
1	352407-T1 3 Tranport Ventilator	63,782	-	63,782	-	63,782
2	352409-Mobile Containment Cart System	12,397	12,397	-	-	14,309
3	352463-UVC Disinfection AS1V2	77,517	77,517	-	-	77,517
4	352464-Ultrasound System	73,225	73,225	-	-	73,225
5	352469-Exterior Entrance Door	12,720	12,720	-	-	12,720
6	352487-Vivid E95 4D Ultra Edition	153,686	-	153,686	-	153,686
7	352496-Main Entrance Door	16,902	16,902	-	-	16,902
8	352497-Gynnie Stretcher	11,535	11,535	-	-	11,535
9	Total Equipment - Sechelt Hospital	421,764	204,296	217,468	-	423,677
% Funding Source			48%	52%	0%	

SCRHD 2025 Minor Equipment allocation update

SCRHD 2025 Minor Equipment funding allocation

SCRHD Minor Equipment	
Carry forward - prior years	\$233,757
2025 SCRHD allocation	\$250,000
<hr/>	
Available to Sechelt Hospital	\$483,757
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SCRHD Minor Equipment funding allocations

Presented - January 2025

Update - July 2025

#	2024/25 & 2025/26 Minor Equipment	Qty	Total Cost Estimate	Issued Project ID	Financial Period Issued	Project Cost Estimate
1	SCRHD Minor Equipment available in 2025		483,757			483,757
2	Less: Outstanding item not yet received:					
3	PID 352306 - Carescape B650 Monitor		19,178	352306	FY24-P10	19,178
4	Unallocated 2025 Minor Equipment allocation		464,579			464,579
5	Minor Equipment Priorities - Jan 2025:					
6	Zoll R series Defibrillator	8	208,855	352474	FY25-P12	217,701
7	Zoll X series Defibrillator	2				
8	Stryker 1105 Prime 5 th Wheel Stretchers (ER)	6	93,259	352483	FY25-P13	101,647
9	Stryker 1105 Prime 5 th Wheel Stretchers (OR)	5	77,716	352482	FY25-P13	84,706
10	Stryker 1105 Prime 5 th Wheel Stretchers 30" (MI)	3	29,084	352484	FY25-P13	36,235
11	Pressure mapping device	1	21,123	352491	FY25-P13	-
12	UltraCWII Cell Washer (Lab)	1	19,003	352493	FY25-P13	21,224
13	Ipr256-Gx Pharmacy Fridge	1	25,857	-	-	-
14	Zeiss Omni Pico Microscope	1	23,622	352485	FY25-P13	-
15	Microscope cabinet	1	7,554			
16	Heat on demand Induction Heating Activator (food services)	1	15,442			
17	Plate warming hatch (patient food services)	1	10,921	352492	FY25-P13	-
18	Total Minor Equipment Priorities - Jan 2025		532,437			
19	Under/ over allocated SCRHD Minor Equipment					3,066
20	Cancel/ remove: Ipr256-Gx Pharmacy Fridge			-	-	-
21	Change funding source/ remove from SCRHD funding:					
22	Zeiss Omni Pico Microscope			352485	FY25-P13	25,476
23	Microscope cabinet					
24	Pressure mapping device			352491	FY25-P13	20,349
25	Heat on demand Induction Heating Activator (food services)					
26	Plate warming hatch (patient food services)			352492	FY25-P13	28,378
27	Remove from SCRHD Minor Capital Equipment funding					77,269

2024 & 2025 Minor Capital Equipment purchases within the SCRHD available allocation.

← Unallocated

Cost Share Request & Upcoming Priorities

FY26 Capital project cost share requests

Project Name	Project Cost Estimate	Cost Share Request		Description
		VCH (60%)	SCRHD (40%)	
GE Vivid Ultrasound replacement, Sechelt Hospital	153,686	92,212	61,474	Replacing an older Echocardiology Ultrasound (Echo) due to the degradation of the diagnostic capabilities and increasing downtimes which impact patient care. Echo supports the ER, inpatient and outpatients including pre and post chemotherapy. There is no renovation cost associated with the replacement of this unit.
Total Project Cost Estimate	153,686	92,212	61,474	The cost share request represents 40% of the project cost estimates.

Capital priorities Sunshine Coast

Underway

- Ongoing Health Vision Sunshine Coast

Upcoming priorities

- Capital project prioritization process to be informed by Health Vision findings

Health Vision Sechelt | shíshálh Hospital

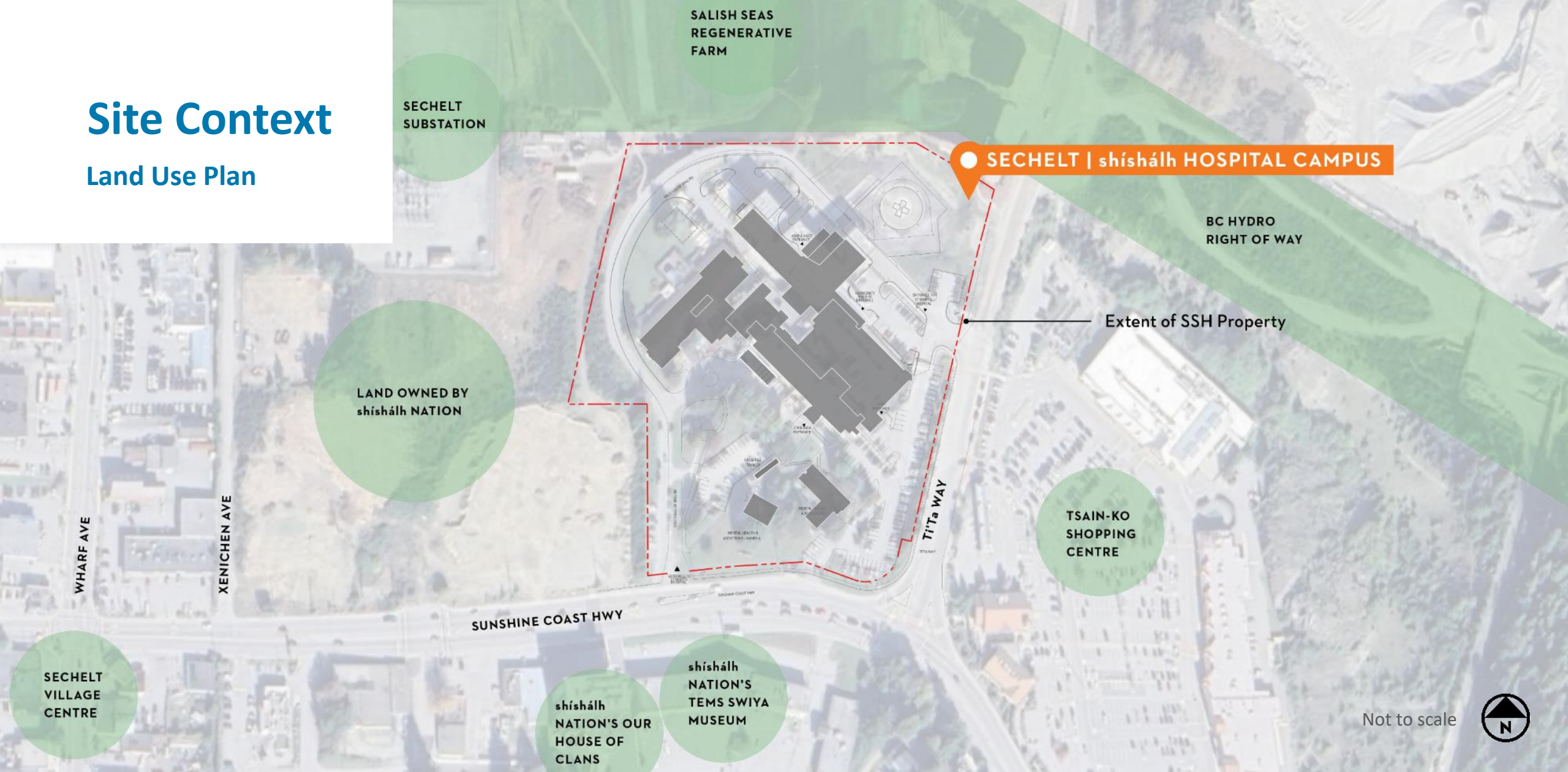
Objective

Develop Clinical Services Plan, Functional Program and Infrastructure Assessment including gap analysis to inform options and recommendations in the resulting Health Vision for the campus. The Health Vision will proactively plan for the future long-term health and wellness needs of the region.

Project Activity	2024										2025												
	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
Clinical Service Planning	█																						
Phase 1 Engagement		█																					
Phase 1 Report Back														█									
Building Assessment	█																						
High Level Programming Development				█																			
Additional Analysis (LTC & MHSU)										█													
Phase 2 Engagement															█								
Site Planning & Report Development																█							
Present Final Plan																		█					

Site Context

Land Use Plan



SECHELT
SUBSTATION

SALISH SEAS
REGENERATIVE
FARM

SECHELT | shishálh HOSPITAL CAMPUS

BC HYDRO
RIGHT OF WAY

Extent of SSH Property

LAND OWNED BY
shishálh NATION

TSAIN-KO
SHOPPING
CENTRE

WHARF AVE

XENICHEN AVE


SUNSHINE COAST HWY

Ti'it'a WAY

SECHELT
VILLAGE
CENTRE

shishálh
NATION'S OUR
HOUSE OF
CLANS

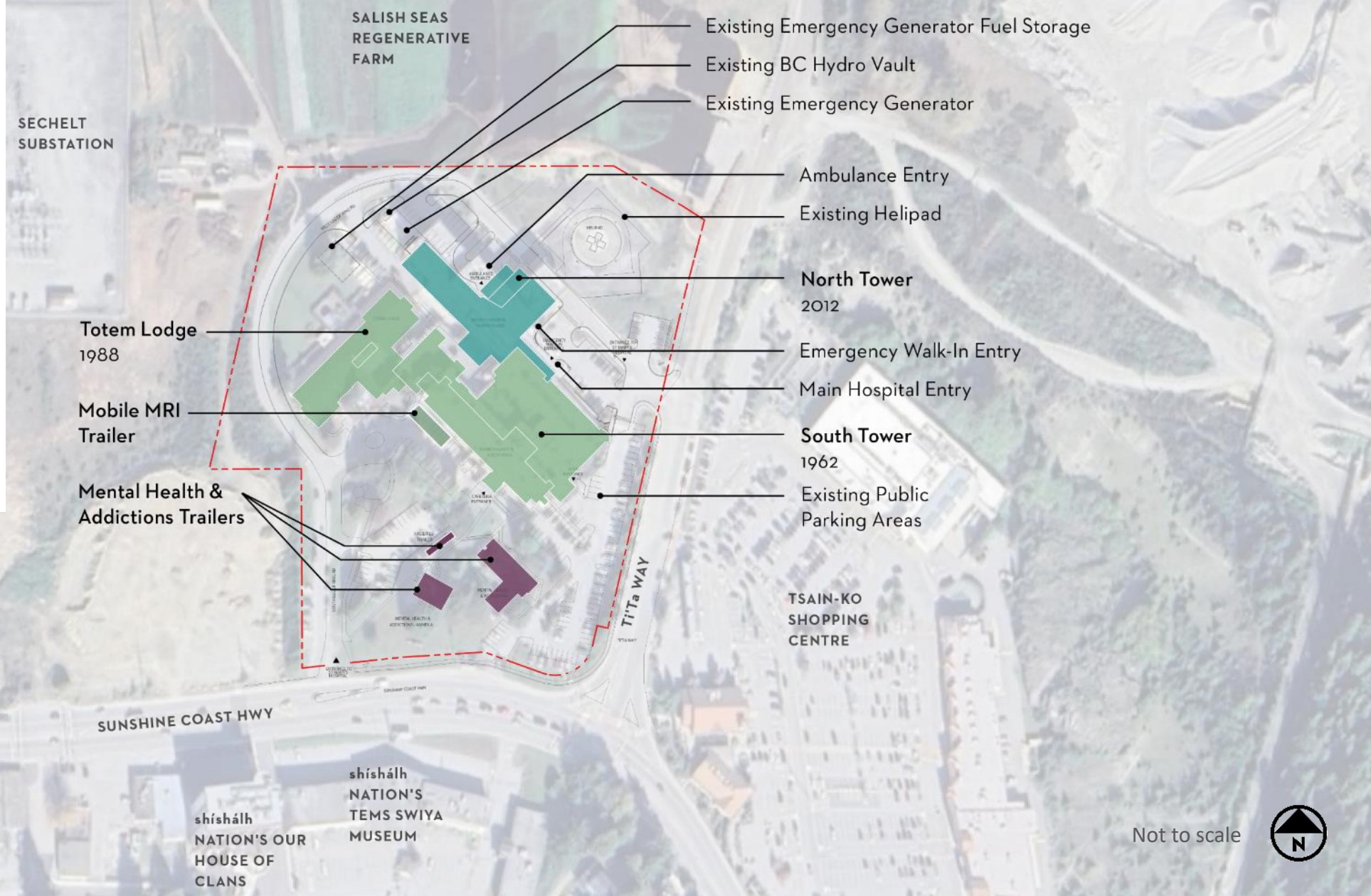
shishálh
NATION'S
TEMS SWIYA
MUSEUM

Not to scale 

Site Context

Buildings on Campus

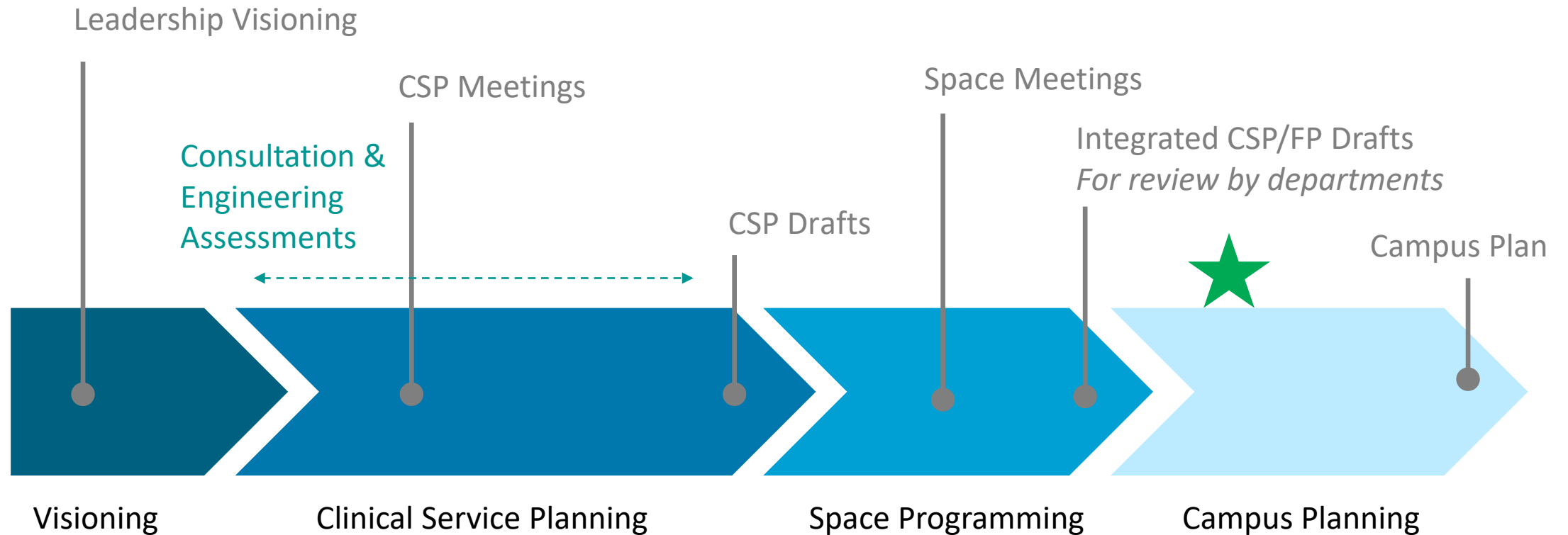
- Temporary structures likely to be demolished first
- Aged buildings not appropriate for expansion or redevelopment
- Newest building on Campus which could be reused if required



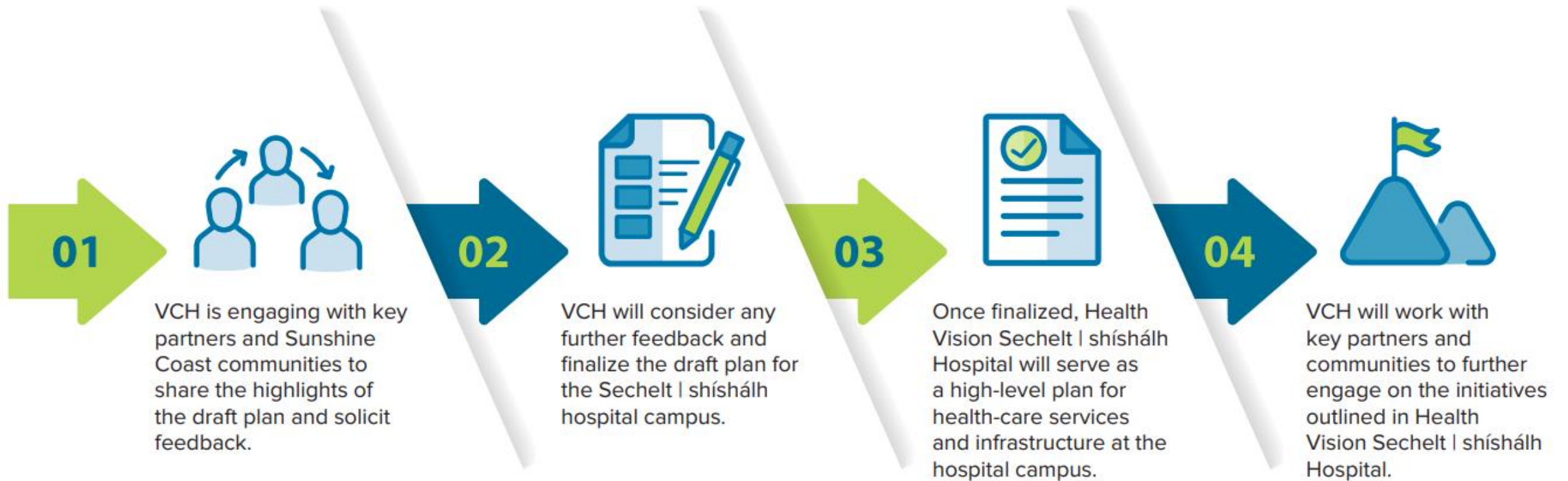
Site Context



Health Vision Process Overview



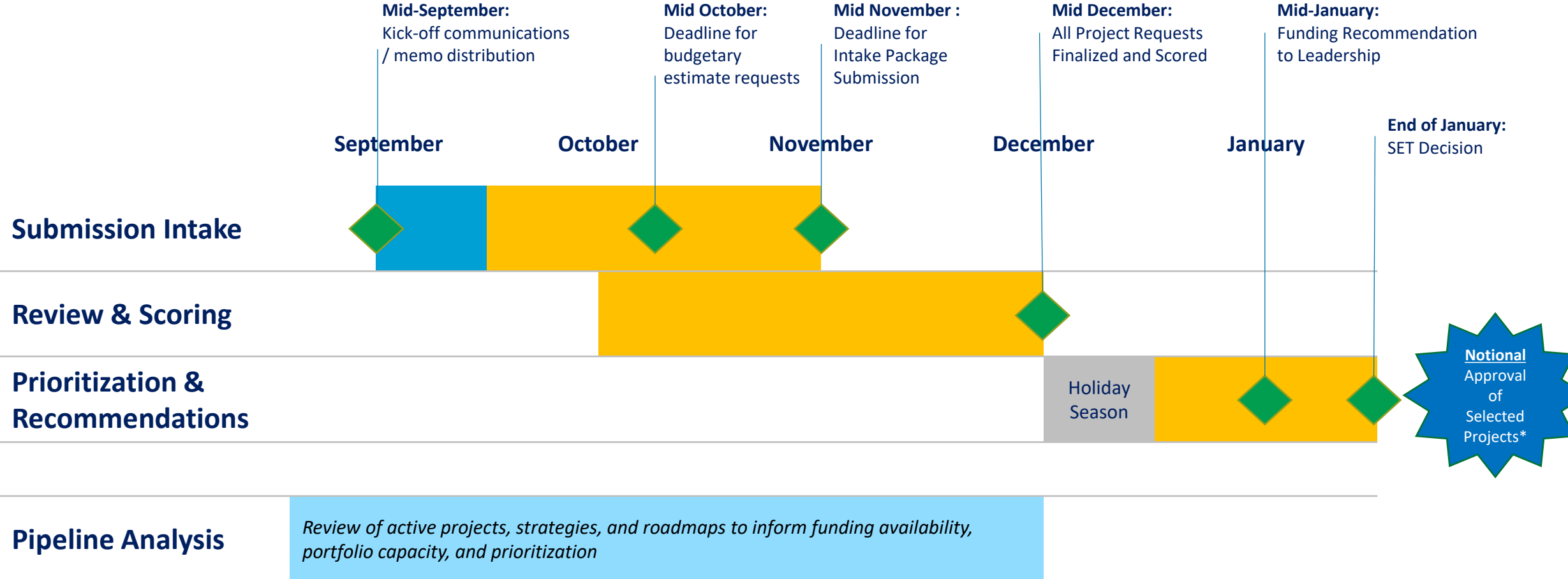
Next Steps



Appendices




- Project Intake & Prioritization

FY27 Capital Planning – Timeline & Deliverables



* Approval date is subject to Board schedule

Capital Prioritization Criteria

Prioritization Criteria		
Facilities	Major Clinical Equipment	PDHIS* (former IMITS)
Strategic alignment 	Strategic alignment 	Strategic alignment 
Access & flow	Patient Outcome	Clinical & business impact (health outcomes)
Innovation	Innovation	Access and availability (access & flow)
Safety & risk management	Safety	Safety & risk management
Urgency	Obsolescence	Organizational Impact and likelihood
Cost-benefit (financial)	Financial	Cost benefits (financial & operational)
Human resources		CST Requirements
Funding partnerships		

* PDHIS – Provincial Digital Health & Information Systems

Facilities Strategic Approach to FY27 Prioritization

Primary Criteria		Updated 10/4/2023
1	Urgency	35
2	Level of Readiness	10
3	Impact to Operations, Patient Care & Infrastructure	35
4	Scale of Impact	10
5	Operating Cost / Benefit	10
Total		100

Cross-sectional **Scoring Committee** includes the following members:

- Clinical,
- Facilities project delivery (CPO's/ Exec Dir.),
- Facilities Management & Operations (FMO),
- Real Estate and,
- Capital FP&A

Assessment criteria: Review clinical/ operational impact and assess readiness/ speed to market.

Facilities Capital Project Scoring Tool

Project title:					RATING	AVG WEIGHT
Urgency						
Extremely urgent	Very urgent	Quite urgent	Fairly urgent	Not urgent	Max Score	35
5	4	3	2	1	5	
Existing asset has already failed or been shutdown; and/or Legal/regulatory orders received requiring immediate action; and/or Missing components to life safety systems ; and/or proposes a significant risk to patient and staff safety (eg. Reduced staff injuries, reduced patient and staff reported incidents, meet current IPAC standards). Project previously approved; request resubmitted due to change in leased site; project is delayed and operational funding has already been provided for this fiscal; termination of lease is within the next year; over 30 staff do not have a space.	Existing asset(s) are showing signs of failure and/or are not operating reliably. Asset(s) are beyond repair and replacement/full recommended project scope is required. Long lead times associated with replacement and/or design required before orders can be made. Project is delayed and operational funding (new program) is being provided for next fiscal; termination of lease is within the next 1.5 years; over 10 staff do not have space to work.	Existing asset(s) are showing signs of failure and/or are not operating reliably. Asset(s) can likely be repaired , but replacement is the recommended option and better investment. Asset due for replacement (no signs of failure) full recommended project scope required for new solution. Operational funding (new program) is approved for 2 years; termination of lease is within 2 years; staff starting within the year will not have a space.	Existing asset(s) will reach the end of their useful life by next fiscal year, or are already overdue for replacement . Asset(s) can be repaired in case of failure, but replacement is the recommended option. Required to meet deadline of 3rd party report or contract requirement (including leases). Operational funding (new program) is approved for 2.5 years; termination of lease is in 2.5 years; staff starting next year will not have a space .	Existing assets are due for replacement within the next 5 years. Low risk of failure. Status quo does not worsen if project does not move forward. Operational funding (new program) is approved for 3 years; termination of lease is in 3 years.		
Level of Readiness						
In Progress	Class A	Class C	Class D	No formal study completed yet	Max Score	10
5	4	3	2	1	5	
Project in progress. Additional funding required.	Project has a Class A estimate (or contractor quote or full scope) and is tender-ready. Detailed design is completed. Lease: Class C completed	Project has a Class C estimate (or contractor quote/estimate for major portion of the construction). Schematic design is completed. Lease: Target site (leased) identified.	Feasibility study completed. Class D estimate / rough order of magnitude. Lease: Functional Program/Schedule of Accommodations completed.	No planning completed.		
Impact to Operations, Patient Care and Infrastructure						
Prevent Severe Disruption and/or Damage	Prevent Major Disruption	Prevent Disruption	Improve the Status Quo	No impact	Max Score	35
5	4	3	2	1	5	
This project is necessary to maintain current service levels; avoid a failure. Failure interrupts or prevents clinical operations for an extended period ; likely damage other building assets or accelerate their deterioration; will trigger a Code Grey. Not proceeding may: lead to severe injury, property damage, or fines. Creates an extended service disruption for an entire clinic.	This project is necessary to maintain current service levels and avoid a failure. Failure will interrupt, delay or prevent clinical operations. Neighbouring building assets might be damaged if a failure occurs. A failure could trigger a Code Grey. Creates an extended service disruption for an entire clinic; project required to meet MInistry mandates.	This project is necessary to maintain current service levels and avoid a failure. Failure might interrupt clinical operations temporarily . Contingency plans in place to allow for continuation of regular service . Not proceeding creates an extended service disruption to part of a clinic.	Existing levels of service will continue if this project does not proceed . An improvement over the status quo. Can include replacing noncritical infrastructure, future-proofing, improvements in efficiency, resiliency, aesthetics, access and flow, patient/staff experience, or an expansion of services / adding net new assets. Not proceeding creates a service disruption to part of a clinic or non-clinical space.			

Facilities Capital Project Scoring Tool

Scale of Impact						
Campus	Multiple Buildings	Entire Building	Multiple departments	Single Department	Max Score	10
5	4	3	2	1	5	
Impact is felt across more than 5 buildings	Impact is felt across 1-4 buildings, including an entire campus of 4 buildings or less or multiple leased sites.	Impact is felt throughout an entire building or clinic.	Impact is felt across multiple departments / floors / service lines	Impact is felt across a wing/department of a single building or clinic		
Operating Cost / Benefit						
<6 year payback	6-14 year payback	15-30 year payback	No significant payback	No payback	Max Score	10
5	4	3	2	1	5	
<6 year payback	6-14 year payback	15-30 year payback	Some savings due to increases in efficiencies, reduced maintenance and/or utilities. Not enough to substantially quantify.	No Payback		

