



## QEII Halifax Infirmery Expansion Project Questions and Answers

### Project Impact on Operations

#### **How will construction affect day-to-day operations in the hospital?**

- Construction activities are closely coordinated with hospital operations to ensure that the impacts from noise and disruption that is inherent to construction do not negatively impact the quality of care delivered by healthcare teams.

#### **How will patient care be prioritized and managed during construction?**

- Comprehensive planning and continuous collaboration with clinical teams will ensure patient care remains high quality, with clear points of contact in emergencies and teams ready to mobilize contingencies to address a breadth of challenges.

#### **How will air quality, noise and vibration levels be monitored and mitigated during construction?**

- Ongoing monitoring of air quality, noise and vibrations is conducted, and mitigation measures like sound barriers, filtered ventilation systems, and scheduled work hours are in place to minimize disruptions.

#### **How will the Acute Care Tower connect with the existing hospital?**

- The Acute Care Tower will connect to the existing Halifax Infirmery building on 3 floors of the existing HI.

#### **How will the transition of services be managed from the VG site to the new tower to avoid disruptions to patient care?**

- A phased transition plan, developed in consultation with clinical teams, and supported by third party transition and relocation expertise, will ensure services are relocated systematically while maintaining access to patient care.



## **What measures are being taken to ensure staff and patient safety around construction zones?**

- Enhanced safety protocols, clear signage, secure barriers (hoarding walls), and ongoing communication will be implemented to safeguard staff and patients near construction areas.

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## **Impact of Expansion on Patients**

### **Will there be an impact on public wait times/access to care?**

- The Emergency Department (ED) expansion is designed to meet the growing demand for emergency services, ensuring patients receive care in a timely and efficient manner. The addition of new, advanced operating rooms will also enhance surgical capacity and improve the delivery of care.
- By optimizing space and implementing operational efficiencies, the expanded facilities will support improved access to services.

### **How will this project impact our patients and their caregivers?**

- Nova Scotians will have better access to the healthcare they need with a new acute care tower that features 216 beds, 16 operating rooms, an intensive care unit and a new, larger emergency department.
- This new space will enable efficiencies that will contribute to increased access and improved wait times.
- Completion of the acute care tower will allow services to be relocated from aging facilities at the QEII VG site to a modern, new building and renovated program spaces at the QEII HI site.
- The new acute care tower will provide:
  - additional capacity to meet patient needs in the Emergency Department, operating rooms and ICU
  - a facility that allows for more efficient operations, enabling better patient outcomes and streamlined workflows (thanks to input from healthcare providers)
  - a modern, light-infused, contemporary workplace for clinicians and other health professionals, with new equipment and advanced technology that will support recruitment and retention
  - a facility that is easier to navigate, with a welcoming feel, and
  - new underground and Emergency Department surface parking.



## **Victoria General Hospital (VG)**

### **What services will be moving out of the VG into the new Acute Care Tower?**

- The QEII Renew team, Central Zone leadership and DHW are working closely together to finalize the clinical services plan for the new acute care tower.
- At this stage of planning:
  - Inpatient units, including ICU, and Surgical Services (Operating Rooms) will be relocated from the Centennial Building at the VG to the HI campus
  - Select Laboratory services will be relocated from the Mackenzie Building at the VG to the HI campus
  - Select Ambulatory Procedures, components of Interventional Radiology and Medical Device Reprocessing will be relocated from the Centennial and Victoria Buildings at the VG to the HI campus

### **Are you closing the Centennial Building, or the Bethune Building?**

- Master planning is currently underway for the QEII campus, with discussions in the preliminary stages. Decisions regarding the future of key facilities currently located at the HI and VG sites, are integral to this process. As planning evolves, we will provide further updates. Our primary focus is to develop a plan that optimizes services for our patients and communities.

### **What is the plan for the VG in the future?**

- Master planning is currently underway for the QEII campus, with discussions in the preliminary stages. Decisions regarding the future of key facilities currently located at the HI and VG sites, are integral to this process. As planning evolves, we will provide further updates. Our primary focus is to develop a plan that optimizes services for our patients and communities.

### **What is Master Planning?**

- Healthcare master planning is a comprehensive, strategic process that involves assessing the current and future needs of a healthcare organization, optimizing the use of its physical facilities and resources, and designing long-term plans to ensure the effective and efficient delivery of care. This process includes the evaluation of patient demand, infrastructure, technological advancements, and regulatory requirements, with the goal of creating adaptable, sustainable environments that support the organization's mission and growth.



## **Acute Care Tower**

### **What is going in the Acute Care Tower?**

- **Acute Care Tower:** 216 acute care beds (an additional 36 under *Action for Health*), 16 operating rooms (an additional four added under *Action for Health*), and specialized inpatient care units, including a 48 bed Intensive Care Unit (ICU).
  - **Diagnostic and Treatment Facilities:** A satellite diagnostic imaging department in the Emergency Department, new and upgraded lab spaces including a pathology lab adjacent to the new Operating Rooms, and additional treatment spaces, including hyperbaric medicine.
  - **A new, expanded Emergency Department:** A larger and more efficient emergency department to handle increased patient volumes.

### **How big will the Acute Care Tower be?**

- More than 1 million square feet

### **How long after completion of construction before the Acute Care Tower is operational?**

- Starting at substantial completion, the Province (or QEII Renew project team) will work with Nova Scotia Health to activate the new tower for patient care. It is anticipated that the acute care tower will be ready to receive patients 12 months after substantial completion - 2031.

### **Why will it take a year to receive patients after the building is substantially complete?**

- Construction activities: completion of construction deficiencies and deferred works to achieve Final Completion (construction is not actually fully complete at Substantial completion)
- Installation and commissioning of all not-in-contract furniture, fixtures, equipment and technology
- Finalization of workflows and processes within and between departments in the new space
- Hiring, onboarding and training staff and medical staff who will be delivering care in the new spaces
- Stocking areas with all necessary supplies
- Bringing online ancillary and support services first, then patient-facing services



### **Will it be named after someone in the community?**

- The naming of the Acute Care Tower is being explored in collaboration with the QEII Foundation.

### **How many inpatient beds will there be in total at the QEII when the new tower is built?**

- The Halifax Infirmary (HI) campus will have 216 inpatient beds, consolidating care from the Victoria General (VG) campus.
- 36 of these 216 beds were part of the Action for Health announcement.
- There will be 48 ICU beds, also supporting the consolidation from the VG to the HI campus.
- The 216 beds will be leveraged to decant patients from existing areas.
- The new ICU space will be larger than the current ICU facilities.

### **The Acute Care Tower indicates there will be 16 ORs is that net new or replacing? If replacing, what happens to the old OR spaces?**

- The operating rooms at the Victoria General (VG) campus will close, with surgeries relocating to the new ORs in the Acute Care Tower at the Halifax Infirmary (HI).
- Of the 16 new ORs, 4 are net new, while the rest replace existing spaces at the VG.
- The current 17 ORs at the HI will remain in operation alongside the new ORs
- Nova Scotia Health (NSH) and the Department of Health and Wellness (DHW) will assess surgical priorities to determine how to allocate the additional surgical capacity.

### **How are you going to staff the new tower – nurses/doctors? How many new staff/physicians will need to be hired?**

- This information is under development. There will be new positions, and some positions associated with programs/services will be relocated from the VG site.



### **Are you working with universities and colleges now to train for the positions needed at the Acute Care Tower in 2031-32?**

- Yes, we will actively collaborate with universities and colleges in Nova Scotia and across Canada, including medical school programs and NSCC, to support training initiatives for the skilled professionals needed when the Acute Care Tower opens in 2031-32.

### **Is the public engaged in this project?**

- Public engagement is planned but has not yet begun. We are committed to incorporating public input through a Patient and Family Advisor (PFA) group and by engaging user groups focused on public spaces. These efforts will ensure that patient and community perspectives are considered in the design and planning process.
- Additionally, we are planning outreach to various stakeholders and a community open house to keep the public informed as the project progresses.

### **How will information about impacts be communicated to patients?**

- Information about any impacts, including changes to services or access, will be communicated to patients through Nova Scotia Health's website, newsletters, direct patient communications, and signage throughout the facility to ensure they are well informed.

### **Parking and Accessibility**

#### **Is it expected there will be more parking for staff when the new Acute Care Tower is built?**

- The new Acute Care Tower project includes the development of additional underground parking. An operational decision will be made by NSH closer to the time of the tower's opening about how this new parking capacity will be used.

#### **Will there continue to be a free curbside parking service at the Acute Care Tower?**

- The current contract is in place from August 26, 2024, until March 31, 2028, unless terminated sooner. We will be evaluating the service as we move closer to the tower's opening to ensure it meets the needs of staff and patients.



## **Equipment**

### **Will there be upgrades to medical equipment?**

- The project has made provisions to deliver the furniture and equipment required to operate the new acute care tower. This equipment will be up to date and integrated into the design and flow of the new spaces.

### **Will any equipment from the VG be moved over to the new Acute Care Tower?**

- Equipment in good repair that is associated with services being relocated from the VG site may be relocated; these decisions will be made in partnership with the respective clinical programs and NSH Clinical Engineering closer to Substantial Completion