

# Building the Future:

## *Physical plant needs across Canada's Academic Healthcare Organizations*

By Tina Saryeddine

A survey by the Association of Canadian Academic Healthcare Organizations across Canada's research hospitals, academic regional health authorities, and their research institutes, revealed that close to 400 physical plant infrastructure projects, totaling nearly 20.5 billion dollars, are or will be, shovel-ready between 2009 and 2012, to address physical plant needs into the future.

Each of these organizations, has a publicly stated tripartite mandate which includes (1) patient care; (2) training the next generation of health-care professionals, and (3) generating and using research, innovation and commercialization. Figures from the Association also show that these 42 organizations also provide employment opportunity to nearly 355,000 Canadians, steward close to a quarter of all inpatient hospital beds, and meet the emergency and outpatient needs of millions of Canadians each year.

However, like their counterparts in the United Kingdom and in the United

States, these organizations also have the challenge of ensuring that the physical plant needs associated with these three mandates are met.

With physical plant life spans of 30 to 40 years, many of these facilities may need to be updated or have new structures built. In approximately 70 per cent of the projects reported, the intentions were to retrofit or renovate old buildings. In the other 30 per cent of cases, entirely new buildings were planned.

In addition, while nearly all of the projects reported had multiple purposes, they differed according to the primary driver. The most frequently cited issues included the following:

- Implementing green and/or more efficient technologies, maintenance and repairs
- Meeting research and/or health professional training needs
- Updating or renovating emergency departments, acute care, and intensive care units
- Meeting primary care, ambulatory care, day clinic, or community-based service needs
- Better enabling access, patient safety and patient flow through the system

- Meeting rehabilitation, healthy aging and long term care needs
- Expanding women and children's health services
- Modernizing and expanding mental health services

In many of these cases, the projects are well on their way

through the fundraising and approval process. Each province has different and specific approval and fundraising requirements that usually have to be met in order to reach a 'shovel-ready' stage. However in some cases additional funding is needed to accelerate

and optimize the investments.

One of the ways to enable this acceleration is for the Federal Government to renew its own investment in Canada's health-related physical plant infrastructure needs. "Much as health is a provin-

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cial jurisdiction, this is not a new proposal for the federal role in healthcare” says Mr. Glenn Brimacombe, President & CEO of the Association of Canadian Academic Healthcare Organizations (ACAHO).

“In addition to other types of infrastructure investments, historically, the federal government has introduced at least two specific measures intended to expand physical capacity in the health system, such as the 1948 Hospitals and Construction Grants Program, and the 1966 Health Resources Fund Act”.

As has been recognized in many other countries, the national role that academic healthcare organizations play – which extends beyond local, regional and provincial borders, makes them particularly important to health systems in all of the provinces.

In addition, in the 2004 report of the Canadian Senate's Standing Committee on Social Affairs, Science & Technology (i.e., the Kirby Committee), the recommendation was also made that “The federal government contribute \$4 billion over the next 10 years (or \$400 million annually) to Academic Health Sciences Centres for the purpose of capital invest-

ment.”.

“Building, repairing, and expanding health infrastructure – in all parts of the health system and across the range of settings, from hospitals to long-term care homes, community-based clinics, and others

– creates short-term jobs and builds ‘legacy institutions’ that can be sources of pride and social cohesion in communities. It also accelerates the transformation of the health system to meet tomorrow’s needs”, adds Mr. Brimacombe.

A report summarizing the findings of this physical plant survey will be released by the Association in 2011. More information on ACAHO is available at [www.acao.org](http://www.acao.org).

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