Final Report

A Business Plan for a new Central Lambton Health Facility

May 9, 2012

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Introduction

In September 2010, the Town of Petrolia retained Coulson & Associates to undertake a study of the potential for the development of a health facility for Central Lambton. In July 2011, an interim report was provided to the Town and discussions were held regarding a number of options for locating the clinic. This Final Report summarizes the results of our research on the potential for the development of a health facility in Petrolia to serve the Central Lambton Community.

Background

Over the past several months, there have been a number of significant developments regarding the future provision of primary health care services in Petrolia and rural Lambton. The Ministry of Health has provided funding for the Central Lambton Family Health Team (CLFHT) and this new primary care organization is now operational. The CLFHT is operating from offices located on the second floor of the Charlotte Eleanor Englehart Hospital (CEEH) of Bluewater Health and is paying rent to Bluewater Health for these offices. The CLFHT also has an office located at the King St. Medical Clinic for use by the allied health professionals. The Town of Petrolia is now the owner of the King St. Medical Clinic. The Ministry of Health has continued to focus on the need to expand access to primary care services and it is expected that several new primary care initiatives will be introduced by the Ministry of Health over the next several months.

The CLFHT consists of six allied health professionals including a nurse practitioner, social worker, two nurses, a part-time pharmacist and a dietician. There are also three administrative staff assisting the operation of the CLFHT including an Executive Director. It is expected that the CLFHT will expand in the future to include 14 allied health professionals if additional patients are rostered to the FHT. A Board of Directors comprised of physicians and municipal representatives as well as a community representative has been formed to provide overall governance direction for the CLFHT. It is expected that other community advisory committees will be formed as the CLFHT evolves over the next several years. The Board of Directors is a non-for-profit Board incorporated under the laws of Ontario and will operate within new legislation that is being put in place to guide all not-for-profit Boards.

The CLFHT is comprised of seven family physicians and the community has plans to recruit an additional three family physicians in the future. Although two new physicians have been recruited to work at the CEEH Emergency Department, these physicians will not be part of the

CLFHT. The Executive Director of the CLFHT is a member of the local physician recruitment committee and it hoped that new physicians will be recruited to join the CLFHT in the near future. It is expected that a total of ten family physicians could be part of the proposed new health facility if recruitment efforts are successful.

The University of Western Ontario's Faculty of Medicine has indicated up to two family practice medical residents will be allocated to Central Lambton in 2011 as part of the UWO family medicine teaching program. However, there is limited accommodation to meet the needs of these medical students within the current family physician office facilities. There is also a need to provide research offices and teaching facilities to meet the needs of the recently signed agreement with Gateway.

Gateway Rural Health Research Institute (Gateway) aims to improve the health and quality of life of rural residents through research, education and communication. Gateway's vision is to build a centre of excellence dedicated to advancing rural health teaching and community-based research across the Huron-Perth-Bruce-Grey region in order to:

- Improve patient health, productivity and wellness
- Reduce rates of chronic diseases in rural communities
- Reduce strain on emergency rooms and hospital beds
- Reduce impact of disease on rural families and communities
- Improve education, recruitment and retention in rural communities
- Improve patient adherence to prescribed medication.

The CLFHT has recently become a member of Gateway and it is expected that medical residents will be conducting research in Petrolia in the near future. Office accommodation should be planned to accommodate these research activities.

Review of the development plans of other Family Health Teams across rural Ontario indicates that the collocation of all members of the FHT including family physicians in a single building is the most cost-effective way in which to develop the concept of an integrated team of interdisciplinary health professionals. At the present time, there is no single location in Petrolia that can accommodate the fourteen allied health professionals and ten family physicians and students who could comprise the CLFHT. This has been the basis for the development a Business Plan for the creation of a new health center that can meet the physical facility needs of up to ten family physicians and perhaps fourteen allied health professionals in the future.

Many communities across rural Ontario have found innovative solutions to the creation of new health facilities that provide comprehensive primary care services to their communities. Haliburton County has a new health facility that accommodates fifteen family physicians, the allied health team as well as a number of other related health services including a physiotherapy clinic, vision clinic, laboratory service, hearing service and other related services. A new health center has opened in Ridgetown that will accommodate up to five physicians as well as other allied health professionals as part of the Chatham Kent Family Health Team. The Town of Goderich has constructed a new clinic that accommodates fifteen physicians, fifteen allied health professionals and support staff. The Town, who continues to own the building, built this facility. The Town, the Hospital Foundation, special fundraising and contributions provided funding from Federal and Provincial grants. A new health center is currently being built in Owen Sound by the private sector that will accommodate approximately 30 family physicians, allied health professionals and support staff. Gravenhurst has a new health facility for its six physicians, allied health professionals and support staff that are linked to the City Hall. There are many other examples of communities that have developed innovative approaches to the creation of health facilities that are attractive to new physicians.

The challenge for CLFHT is to create a health facilty that meets its current needs as well as future needs of the community. The health facility must be attractive to new family physicians, accommodate the CLFHT and be financially viable. These requirements have been addressed during this project.

Other Communities

Over the past several years, many communities have considered the need to develop medical office facilities in order to attract additional family physicians to their communities. The development of Family Heath Teams across Ontario has also created a need to develop facilities that can accommodate both family physicians and allied health professionals who are part of the FHT. Some other communities that have developed medical offices include:

- Belleville, Municipally owned facilities
- Forest, Community Health Centre
- Goderich, Municipally owned, FHT
- Gravenhurst, Public health, municipality, FHT
- Haliburton, Municipally owned
- Listowel, Hospital partnership
- Pembroke, Third party-Town, Foundation, etc.
- Strathroy, Shoppers Drug Mart, FHT

- Wingham, Hospital owned.

In considering the potential for a new health facility in Petrolia, there is a need to consider the following factors:

- The Ministry of Health does not like FHTs to own facilities.
- There is the potential for a total of 10 family physicians to be located in Petrolia to serve the needs of rural Lambton and Petrolia.
- When fully developed the new FHT could be comprised of some 14 allied health professionals and approximately five administrative support staff.
- The Ministry of Health will provide capital funding for the allied health professionals and the administrative support staff but NOT for physicians.
- The current physician offices in Petrolia do not have room to accommodate these additional staff in the longer term.
- The availability of new health facilities would be attractive to new family physicians who are interested in locating their offices in "turnkey" office facilities. This would assist in the ongoing recruitment of family physicians to the community and would allow the community to compete with other communities across Ontario.
- Co-locating all of the family physicians and all of the allied health professionals in a single location would be the most effective way in which to develop an integrated, interdisciplinary team of health professionals to serve Central Lambton.
- There is the potential that other health service providers such as physiotherapists, foot care clinic, dentists, mental health workers, CCAC, etc. could be located in a new facility.

When considering the potential for a new facility in Petrolia, it will be important to consider the following issues:

- Potential ownership of the facility by municipalities, CEEH Foundation, Bluewater Health and others.
- Potential for different owners for the building and the land.
- The legal and liability implications of ownership.
- Eligibility for capital funding from the Ontario Ministry of Health and federal progams.
- Potential fund raising from municipalities, the private sector, CEEH Foundation and others.

Objectives

The terms of reference for this project were as follows:

- Identify the different components that could be included in the complex (e.g. Family Health Team, family physicians, specialists, other health care professionals, other health care providers).
- Estimate the overall size of the facility including number of offices, other support facilities, parking, etc.
- Identify potential locations for the health facility.
- Consider the potential for sharing various components of the complex (e.g., waiting areas, reception, medical record storage, examination rooms, offices, dictation areas,

diagnostic services, washrooms, conference rooms, secretarial areas, information systems, communication systems).
- Identify the estimated capital costs of constructing a new facility based on current construction costs.
- Identify the potential operating costs for such a facility including utilities, taxes, maintenance, telephone systems, security, etc.
- Examine potential operational linkages to the CEEH site.
- Consider the economic viability and sustainability of developing a health facility.
- Identify potential sources of capital funding for the health facility such as the Ministry of Health, Province, Federal government, Lambton County, local municipalities, private sector, CEEH Foundation and community fund raising.
- Prepare a business plan that sets out the capital and operating costs, potential sources of funding and ongoing revenues for the health facility.
- Develop an Implementation Plan that sets out an overall time frame and steps to be taken to implement the Business Plan.

Workplan

Based on the terms of reference for the project set out above, the following workplan was developed:

- Create a space program that outlines the space requirements for the Family Health Team, the family physicians and others activities that may be included in the health center such as offices, examination rooms, waiting rooms, washrooms, reception areas, storage areas, diagnostic rooms, conference rooms, staff support areas, patient teaching areas, storage areas, etc. required by the FHT.
- Develop a room-by-room space program using Ministry of Health space planning guidelines for similar types of facilities.
- Develop a description of the functional nature of the space required by the FHT (e.g. types of equipment, common areas (i.e. training space), information systems, environmental systems, potential for sharing, furniture requirements, ideal location, special access needs, computer systems, telephone systems, etc.).
- Identify other potential health care providers who might use the facility.
- Identify the potential locations for the new health center.
- Examine the feasibility of purchasing land and expanding current buildings with due consideration to local planning requirements and feasibility of renovating current buildings.
- Prepare capital cost estimates each option showing the construction costs, land acquisition costs, renovation costs, new construction costs, building system costs, furniture and equipment costs, architectural fees, planning fees, site development costs and any other costs associated with the project.
- Consider other factors including parking, accessibility, proximity to the CEEH site and the potential for shared services with other health providers in the Community.
- Identify potential sources of capital funding for the project including the CEEH; Foundation, Lambton County, Sarnia-Lambton municipalities, Federal government, Provincial government and the private sector.

Space Requirements

The Ontario Ministry of Health has developed a comprehensive facilities planning document for use by all Family Health Teams, *Guide to Transitional Funding, May 2007*. This document has been used in developing the space program for the proposed health facility in Petrolia. Room by room space requirements for the health center are listed in ***Appendix A***. Based on 10 family physician offices and 14 health professionals, there is a need for approximately 20,000 sq. ft. of space. Ministry of Health space planning guidelines are included in ***Appendix B.***

There are opportunities to integrate health care services provided by the CLFHT with programs provided by CEEH. For example, it would be helpful to FHT patients if they were able to access diagnostic services (e.g. laboratory, radiology, ultrasound, cardiac services, EKG services, respiratory services, etc.) and other services such as medical specialists, rehabilitation services and other primary care providers. It is estimated that 50 to 60% of patients who visit a family physician also receive a prescription for medications. Including a pharmacy in the health facility would be convenient for patients. Other health centres have included these types of services in their operations to better serve patients and reduce the duplication of services. These services could generate additional revenues to support the operations of the health center.

Chiropodist services are widely recognized as an important part of the primary care system. The inclusion of this service in the health facility would be a natural extension of the range of primary care services available to patients.

The Family Health Team has funding for the recruitment of medical specialists in pediatrics, cardiology, rheumatology, geriatrics and psychiatry. Some of these specialists currently provide clinical services at the CEEH site. Inclusion of office space and clinic facilities for medical specialists in the new facility would be helpful to attract these types of medical specialists.

It is estimated that 70 to 80% of chronic disease management patients could benefit from the services of rehab therapists such as physiotherapists, occupational therapists, speech therapists, kinesiologists and others. Patients with cardiac and respiratotory diseases, chronic pain, sports injuries, post-surgical patients, patients with neurodegenerative diseases such as Parkinson's, Alzheimer's and dementia and many other chronic disease patients could benefit from the services of a rehabilitation team. The Ministry of Health will fund occupational therapists as part of family health teams and there is the potential that other rehab specialists will be included as part of family health teams in the future.

It is estimated that 70 to 80% of patients who see a family physician require laboratory services. Patients are referred to the CEEH laboratory for service and there is a pickup service offered by a private provider. Inclusion of a specimen collection station for laboratory services as well as other diagnostic testing would be convenient for patients. Locating the new health facility in close proximity to the CEEH would provide convenient access to the existing CEEH laboratory services such as ultrasound, EKG, spirometry and other diagnostic testing and be beneficial for patients and health care professionals.

Other health care providers may be included. More detailed discussions with each of these organizations will be required to determine their interest in locating within the health facility.

It will be important to consider the potential for including a cafeteria and possibly some type of food service in the health complex. Our research of other health facilities indicates that the options range from the use of vending machines for drinks, coffee, snacks and sandwiches to the development of full-service food services. Some health facilities contract with private food service providers to offer a more comprehensive range of food services. Depending on the location, there is the potential that private restaurants and other food service operations could be used to support the operation of the facility and there will be no need to include a food service function. More detailed planning will be required to determine the scope of food service to be included in the complex.

Potential Linkages to the Hospital

The CEEH currently provides an important range of primary care services to the community including the Emergency Department, specialty clinics, laboratory services, EKG, services, respiratory services, radiology services, physiotherapy, nutritional counseling, diabetes education, mental health services, ambulatory care, rehab services, day surgery services and an eye surgery service. There are also a wide range of primary care services located at the CEEH site such as mental health services, addiction services, naturopathy, family physician offices and public health services.

The proposed health complex should be closely linked with the wide range of programs and services that are located at the CEEH. The community is dependent on the Emergency Department for access to primary care services because of the acute shortage of family physicians in the community. The family physicians provide emergency coverage and also care for inpatients on both the acute care and complex continuing care inpatient units. Patients move between the Hospital and the family physician offices for diagnostic testing and for ongoing care.

The health facility should be closely linked with the Hospital to avoid the duplication of services and to facilitate the movement of patients and family physicians between the two organizations.

Assessment of the King Street Medical Clinic

Four family physicians currently operate from this location and there is the potential that additional physicians will be located in the clinic in the future. There are also several other health care providers located in the building including a pharmacy and a chiropractor. The clinic has limited capacity to accommodate one more physician as well as medical students. Several of the family physicians also own or rent their own offices at different locations in the community. One of the objectives of the proposed health center is to co-locate all of the family health team in a single site. Although it may take some time to achieve this goal, the proposed health center should be able to accommodate all of the family health team including the physicians in the future. Due to its limited size and lack of room for expansion the King Street Clinic is not a potential location for the development of a new health center. For example:

- **Current space**. 5,400 sq. ft. of net useable space in the building.
- **Lot size.** The current lot size is 25,000 sq. ft. and the building footprint is 6,000 sq. ft. Driveways and parking areas account for 15,000 sq. ft. of space and green space and sidewalks 4,000 sq. ft. of space. There is no space available to build on.
- **Parking**. There are currently 38 parking spaces. Current standards suggest the need for approximately 7 spaces per physicians. There is no room to expand parking.

In summary, the current King Street Clinic is a valuable resource to the community and should be used to accommodate potential health care providers. An additional 10,000 sq. feet has been identified for other potential health care providers who might be interested in renting space within the health center such as:

- Dentists
- Naturopaths and chiropractors
- Private rehab services
- Optometrists
- Seniors services
- Children's rehab services
- Social service agencies
- Pharmacy
- Weight loss clinics
- Hearing services
- Private nursing services
- Other Government Agencies.

Potential Sites

A number of potential sites were identified for the future location of the proposed facility. There were a number of criteria that were used in the identification of these sites including:

- Accessibility for Central Lambton residents.
- Sites must be large enough to accommodate the proposed facility, parking for employees and users of the health center and potential future expansion.
- Sites should be serviceable for hydro, water, sewers and infrastructure requirements.
- Convenient access to the Hospital.
- Compatibility with surrounding uses.

Based on the above factors, three sites were identified for detailed consideration:

- Site 1: Create space linked to the CEEH to accommodate the health facility.
- Site 2: Build in Engelhart Park on Glenview Road and link the site to the CEEH.
- Site 3: Build on the Meadowview Villa site.

Key factors that were considered include the following:

- Land availability
- Cost of land
- Parking
- Zoning
- Proximity to CEEH
- Integration of health services
- Potential for expansion for CEEH and health facility
- Available serviced lands
- Compatibility with surrounding land uses.

Site 1 – Space added to CEEH to accommodate the new health facility

Some of the implications of this option include the following:

- Linked to CEEH – Town owned lands.
- Would eliminate existing parking, necessitating the addition of new parking spaces.
- Renovations within CEEH may require rearrangement to accommodate health facility.
- Building would be designed to meet current requirements of CEEH.
- ER, lab, radiology, etc. would be in the same building.
- Institutional zoning.
- Restricts future expansion to CEEH.
- Compatible with surrounding land uses.

Site 2 - Build in Engelhart Park on Glenview Road and link to the CEEH

Some of the implications of this option include the following:

- Green field site would be easy to build on.
- Town owns Engelhart Park land
- No change to zoning required
- Ample room for required parking spaces and new facility
- Land is easily serviced with hydro, sewage sytems, water, drains, etc.
- Proximity to other institutional facilities such as schools, King Street Medical Centre, Legion and CEEH.
- Facility could be linked to CEEH including Emergency, lab, radiology, etc.

Site 3 - Build on the Meadowview Villa Site located in Enniskillen Township

Some of the implications of this option include the following:

- Meadowview Villa has ample space to accommodate the proposed facility and parking.
- Land and building currently owned by Lambton County.
- Site not in close proximity to the CEEH or existing medical facilities.
- Adequate space for parking for new complex.
- Institutional zoning at present.
- Compatible with existing adjacent functions.

Capital Costs

In 2011, it was estimated that the total capital costs of construction for the proposed facility would range from $4 to $5 million plus the costs of acquiring land, servicing, professional fees and other fees that might be incurred. There are a number of other costs that must be considered in this project, such as:

- Site survey costs
- Architect fees
- Engineering fees
- Contractor fees
- Building permit
- Site service and development fees
- Furniture and equipment.

Capital cost estimates are based on the need for 20,000 sq. ft. of space. If the building is a single storey building with slab-on-grade construction and no elevators, there may be an opportunity to reduce these costs. The type of finishes (e.g. flooring, wall finishes, ceiling tiles, cabinetry, electronics, air conditioning, heating, sounds systems, etc.) in the building can also have a major impact on the costs of construction. The site plan should ensure adequate parking is provided for all users of the facility, including patients.

Other costs related to the facility including landscaping, walkways and outdoor seating areas may be funded by interested service organizations.

Capital Funding Approaches

There are a number of different ways in which the construction of a new health comples can be funded. The Ministry of Health will provide capital funding for the space used by the allied health professionals and the administrative staff employed by the Family Health Team. The Ministry will not provide any funding for the capital costs associated with family physicians offices. The Ministry of Health will provide capital funding based on a tendering process outlined in MOH guidelines. If 50% of the space is allocated for FHT use, the Ministry will provide 50% of the capital funding. Based on the capital costs outlined above, capital funding from the Ministry of Health could range from $1.5 to $2 million assuming that 50% of the space is used by the Family Health Team. The Town of Petrolia or another organization would have to fund the balance of the capital costs. Revenues generated by the lease of space to other health organizations can be used to cover the capital costs over time.

Municipalities in Central Lambton could fund the capital costs of the project. These funds would be paid back over time through rental revenues from the physicians, the Family Health Team and other occupants of the building.

There is the potential that special capital grants could be provided by the Federal or Provincial government as part of infrastructure or similar economic development projects. There is also the potential that the CEEH Foundation could assist with fund raising for a new facility.

Based on the experiences of other communities, it is expected that a combination of these approaches would be the best solution for funding a new health facility. Many other communities throughout rural Ontario have developed health centers using the approaches outlined above.

Operating Costs

It will be important to consider the ongoing operating costs of the proposed health complex including a capital maintenance fund for updating the facility. Our research has indicated that operating costs for a facility will depend on the specific design features of the building.

Based on current health center operations, operating costs are estimated to be as follows:

- Taxes $4 to $7 per sq. ft.
- Hydro $2 to $4 per sq. ft.
- Maintenance $2 to $5 per sq. ft.
- Housekeeping $2 to $3 per sq. ft.

The Ministry of Health will negotiate the costs of operations for the FHT portion of the building based on current costs within the community. In 2011, these costs were approximately $25 per sq. ft. in southwestern Ontario. The Family Health Team and the physicians will be expected to pay rent based on the capital costs of the building plus the costs of operating the building. The capital cost or base lease cost will vary depending on the funding mechanism that is used to pay the capital costs.

Developmement Approaches used by other Communities

Over the past several years, a number of health centres have been constructed in many rural communities. A summary of some of the approaches that have been taken in these communities is briefly described below.

In **Haliburton**, the municipality built a new facility that accommodates the FHT (15 physicians and 15 allied health staff) as well as laboratory, optometrist offices, physiotherapy. Paid parking revenues are used to reduce the costs of operations. The health center is located adjacent to the hospital. Municipality owned the land and used general revenues to cover the cost of the building. Physicians pay market rate rents.

In **Leamington**, a private developer built a health village that includes space for the FHT, physicians, pharmacy, laboratory, private specialist offices, medical supplier and potential for other health providers. The Health Centre is located across the street from the hospital and near a private rehab clinic. The FHT pays rent on the space at market rate and physicians pay a percent of their billings for rent and staffing costs.

In **Goderich**, a new health center was built across the street from the hospital on land owned by the town. The Hospital Foundation provided $1 million of funding and the town provided the balance through community donations and federal infrastructure grants. Total cost was $4 million to create the complex in 2005. The building accommodates the physicians and the allied health staff, but there are plans to expand the facility.

In **Listowel**, a new health center is under construction to accommodate the FHT and 15 physicians. Funding has been provided by the Ministry of Health, the hospital and a private pharmacy company. The FHT and the physicians will pay rent to recover the costs of this facility over the long term.

In **Chatham**, the FHT has rented space in a private building close to the hospital. The FHT has gradually increased the amount of space that it rents in this building to accommodate the increase in the number of allied health staff and family physicians who are part of the FHT. There are currently 14 physicians with the potential for three to six additional physicians to be added in the future. In total, there are 14 allied health staff and four administrative staff in this location. The FHT is also working with community groups in Ridgetown and Dresden to build new health facilities. In Ridgetown, an insurance company has provided $1 million towards the construction of the health complex that will be built by a private developer. In Dresden, a private developer is building a new facility that will be rented to the local physicians and the FHT.

In **Gravenhurst**, the Ministry of Health provided a large grant to the FHT towards the construction of a new health facility linked to a former public health building. The town has purchased the building, renovated it and moved in for its own use. The FHT is located in new construction attached to the building. Parking as well as materials handling, maintenance and building services are shared among the occupants of the building. The FHT owns their portion of the building and the six physicians pay rent. There are plans for a laboratory, radiology and other services to be added to the site.

In **North Bay**, the Ministry of Health provided a capital grant to construct a new building attached to an existing medical complex located in downtown North Bay. The FHT and the physicians pay rent for their space at market rates. The physicians are located in several locations throughout the city and the FHT staff are located in a single location.

In **Belleville**, the City of Belleville has developed a number of clinics for use by family physicians. The City has used private sector approaches to identify the potential location of clinics and has leased properties for use by physicians. These clinics are self-financing and have been operational for several years.

In **Fergus**, a business plan for the renovation of a vacant building adjacent to the Hospital to accommodate six to eight family physicians was prepared and a number of alternative sites were considered including a new site adjacent to the hospital and a municipally owned site. Operating

and capital costs were prepared. Alternative funding arrangements were also considered using both private sector and public sector approaches. The hospital and the community raised the funds to construct this new facility. Plans for a new clinic are being developed as part of the construction of a new hospital in Fergus to accommodate the physicians as well as the FHT.

In **Pembroke**, a new health center was constructed using private sector funding and donations from the local community to meet the needs of the FHT as well as local family physicians. A new charitable organization was formed to develop the health facility on land adjacent to the hospital. Land for the new health facility was donated by a private charitable organization associated with the hospital. The new health facility is connected to the hospital and includes facilities for a day surgery unit as well as offices for FHT staff and family physicians.

Private Sector Clinics

There are a number of public health care companies such as Centric Health Corporation and the Northwest Healthcare Properties Reit who build, manage and operate health facilities across the Province and throughout Canada. These companies may be interested in discussing the potential for the development of a health center in Petrolia using private sector approaches to funding and operating a health facility.

Northwest Healthcare Properties Reit operates over fifty clinics in various locations across Ontario and throughout Canada. Northwest Healthcare has developed health facilities in conjunction with other Family Health Teams in Ontario and is familiar with the unique government funding that is available from the Ministry of Health. Northwest Healthcare has a team of professionals who can provide full services design, finance and construction management services. They are familiar with alternative leasing arrangements and have worked with many physician groups in the development of health facilities.

Centric Health Corporation is a new organization that has been aggressively developing new health facilities across Canada. They have been focusing on the integration of existing health organizations such as rehab centres, workers rehab centres, pharmacies, surgical centres, private hospitals, eldercare, health and wellness centres and addiction and counseling services and physician office buildings. Centric is looking for new ways to work with communities and groups of physicians to develop comprehensive health centres.

There are many other private sector organizations that are interested in working with communities to develop health centres that can accommodate family physicians, family health teams, diagnostic services and pharmacy services. Several large public pharmacy companies are interested in working with groups of physicians to develop office facilities.

Summary

There are a number of excellent opportunities to develop a health facility in Petrolia that will meet the needs of the Central Lambton Family Health Team and the local family physicians. Capital costs for a new health facility are estimated to be in the range of $4 to $5 million excluding land acquisition costs. A number of options for funding the capital costs of a new health facility have been set out in this report. The Town of Petrolia should select its preferred option and hold discussions with other interested parties in the community including the other municipalities in Central Lambton.

Ownership of the new health center is a key issue that needs resolution. There is the potential that public sector funding could be used to develop the health facility. There is also the potential that the private sector could be used to help fund the health complex in a joint venture arrangement.

There are a number of significant decisions that need to be made by the Town of Petrilia in order to move the creation of a new health facility to the next step. This report should provide the basis for these decisions.

Appendix A: Proposed FHT Space Requirements

	Type of Space	# of rooms	Sq. ft. per room	Net sq. ft.	Gross Sq. Ft (1.67xnet)	
	Physicians offices	12	120	1440	2404.8	
	exam rooms	24	80	1920	3206.4	
	med student room	1	200	200	334	
	nursing station	2	80	160	267.2	
	sub-total			*0*		*6212.4*
	nurse practitioners	4	100	400	668	
	NP exam rooms	4	90	360	601.2	
	nurses	2	110	220	367.4	
	Pharmacist	1	110	110	183.7	
	social worker	1	110	110	183.7	
	Health promoter	1	110	110	183.7	
	allied health staff	3	110	330	551.1	
	group counseling	2	125	250	417.5	
	total AHP	*12*		*subtotal*		*3156.3*
	Ex Director	1	120	120	200.4	
	Secretary	1	100	100	167	
	clerical	4	100	400	668	
	Financial manager	1	120	120	200.4	
	IT support	1	100	100	167	
	Reception	1	300	300	501	
	Waiting room	1	500	500	835	
	patient coat room	1	150	150	250.5	
	children play area	1	100	100	167	
	washrooms-patient	2	80	160	267.2	
	washrooms- staff	2	80	160	267.2	
	staff showers/lockers	2	300	600	1002	
	Computer Server room	1	300	300	501	
	multi-purpose education room	1	300	300	501	
	procedure room	1	200	200	334	
	specimen collection	1	100	100	167	
	ECG, spirometry, ECHO	1	100	100	167	
	patient washroom	1	80	80	133.6	
	lab technician	1	100	100	167	
	staff lounge/lunchroom	1	300	300	501	
	kitchen	1	100	100	167	
	staff coat room	1	150	150	250.5	
	Medical supply storage	1	150	150	250.5	
	drug storage	1	80	80	133.6	

	garbage room	1	150	150	250.5	
	janitor cart storage	1	150	150	250.5	
	Storage- supplies	2	200	400	668	
	building elect/mech	1	500	500	835	
	materials mgt room	1	400	400	668	
			TOTAL gross		20006.6	

Appendix B: Ontario Ministry of Health– Space Planning Guidelines

The Ministry of Health have developed a set of space planning guidelines for use by Family Health Teams in the development of new facilities. These planning guidelines are summarized below.

CALCULATION OF FLOOR AREAS – NET AND GROSS

NET FLOOR AREAS

The net floor area of each room listed in the table (as square feet (SF) or square metres (SM)) is the product of the interior room dimensions (length x width). Some variance over or under the floor areas cited might be quite appropriate depending on who uses the room and how it is used (for example, a standard exam room may need to be somewhat larger in floor area to permit barrier free access to special purpose examination table). Wide variations in some or all of the floor areas, however, should be explained.

GROSS FLOOR AREAS

There are rooms, spaces, and elements in a facility (e.g. storage areas, interior corridors, partitions, structural elements [columns], mechanical and electrical service spaces, interior stairs, and functional areas such as the entrance vestibule, foyer, laundry, etc.), which may not be included in the room list but need to be considered to establish the construction cost of the project. The sum of the floor areas identified in the room list and the floor area of the other rooms and spaces comprise the total gross floor area. The gross floor area is used to calculate the cost of renovation or construction of a project and, in turn, will establish the transitional funding required.

The total gross floor area may not be measurable at the beginning of the space planning and design process (elements such as corridors, duct spaces, structure, etc., are not specifically defined until the design of the space is somewhat advanced).

The gross floor area can be calculated by multiplying the total net floor area (the sum of the net floor areas of all rooms) by a number called a grossing factor. The grossing factor is the ratio of the total net to total gross floor area. It is a measurement of the efficiency of the floor plan for use and is generally not used for leasing purposes.

The efficiency of a floor plan is an expression of how much space is dedicated to habitable use (e.g. offices as opposed to corridors). A Family Health Team facility will vary in efficiency (even if the spaces are well-designed) depending on whether it occupies a portion of a floor in a commercial office building or retail space (e.g. shopping mall); Occupies the whole floor or floors of a commercial office building; or is a self-contained facility in its own building.

FLOOR AREA EFFICIENCY

The grossing factor might range from 1.25 to 1.67 x net floor area. Changes in the size of the operation may necessitate increases in the number of primary facilities (rooms required to accommodate additional staff and programs). Additional ancillary and support facilities may be required to complement (augment) the expansion of the primary facilities (e.g. additional waiting room area, additional medical records space). Ancillary and support facilities can be added in accordance with the floor area increments identified in Table 1.1.

ROOMS AND FUNCTIONS
STANDARD OFFICES – PRIVATE

The private office is a standard for most staff including the administration staff, primary care providers, allied health professionals, and support staff. It may be used by individuals for their own professional work purposes – documentation, report writing, phone calling, meetings with colleagues, etc. The office may contain: a desk (or workstation), office chair, visitor's chair(s), bookshelf, filing cabinet, credenza, computer return, etc.

STANDARD OFFICES – SHARED

Offices may be provided for individual staff members but shared on a scheduled basis or provided with floor area for two or more persons to accommodate the appropriate number of work stations or desks, chairs, visitors' chairs, bookshelves, filing cabinet(s), credenzas, etc. The floor area of 75 SF per person should include the space required for each work station as well as the floor area required for common space – circulation, visitors' chairs, filing cabinets, shelving units, etc.

SPECIAL PURPOSE OFFICES

Special purpose offices are included to accommodate the special functional requirements of the staff and users of the rooms. Some of these offices are included in Table 1.1. An Executive Director's office may be larger than the standard office in order to accommodate a meeting area with table and chairs or a sitting area with sofa and coffee table, etc. Interdisciplinary health care providers (chiropodist, foot care nurse, physiotherapist, etc.) offices may contain additional floor

area required for special furniture and equipment (e.g. chiropody chair, dental chair, massage table, etc.). An orthotics lab may be included as part of foot care program. A physiotherapist may require two or more rooms in a suite of offices or therapy areas. Dietitians, social workers, occupational therapists, and others may require additional floor area to provide counseling or other services within their private offices.

COMBINED OFFICE EXAM ROOMS

According to their requirements, primary care providers may prefer their offices and exam rooms combined to accommodate their administrative work, documentation, reporting, phone calling, meetings with colleagues, etc., as well as patient examinations and treatment. The room should contain: a work station or desk, chair, visitors' chairs, bookshelf, filing cabinet, exam table, stool, sink, base cabinet, upper cupboards, privacy curtain, etc.

GENERAL PURPOSE EXAM ROOM

General-purpose exam rooms for primary care providers to examine and treat patients can be in proximity to, adjacent to or interconnected with a provider's office. The rooms may be assigned for the private use of individuals or may be shared by two or more primary care providers. All exam rooms should contain: an exam table, stool, sink, base cabinet, upper cupboards, and equipment related to the procedures undertaken.

SPECIAL PURPOSE EXAM ROOMS

Special purpose exam rooms may be provided to accommodate the special needs of clients/patients for wheelchair accessibility, special furniture, etc.

LARGE EXAM ROOM

The room can be shared and used on a scheduled basis for examinations, treatment of clients/patients who are accompanied by family members, translators, others for support.

MINOR TREATMENT ROOM

The room can be used on an as-needed or scheduled basis for minor surgical procedures, sterile dressing applications, pre-exam measurements (blood pressure, height, and weight), patient/client form filling, etc.

MED. ROOM/CLEAN UTILITY

The room for the storage of medications, drug samples and other clean supplies may contain counter top, base cabinets, and upper cupboards. Cupboards should be lockable.

SOILED UTILITY ROOM

The room for the temporary storage of garbage, recycling, disposal of expired medications, sharps, etc., may contain bins, a sink, countertop or shelving.

LAB

The room is suggested for those Family Health Teams in which blood and urine specimens are collected and held for pick-up by personnel from medical testing companies. The room may contain a sink, countertop, shelving, a small fridge, etc. The med. room and lab may be combined, with care taken to ensure infection control measures.

JANITOR'S CLOSET

A room(s) may be provided for the storage of cleaning equipment of in-house or contract cleaning services especially in larger facilities. The room(s) generally includes mop sinks, shelving for paper products, room for storage of recycling bins, storage for floor cleaning equipment (mops, vacuum cleaners, etc.).

COMPUTER SERVER ROOM

A room may be provided for server equipment, computer repairs, and servicing. Its design should be confirmed in consultation with IT specialists

RECEPTION AREA

The reception area provided for a receptionist to greet patients/clients, to provide information and directions, and to perform clerical functions and/or for staff (e.g. medical secretary to perform a variety of clerical and clinical functions), should be located to permit good visual surveillance of the people entering and leaving the facility, and sitting in the waiting area. It should be designed to provide good accessibility for all persons to staff for information, assistance, and directions, to ensure privacy and confidentiality in patient/client and staff interactions, and to establish a comfortable environment in which staff can perform their work. The area should be designed with: a reception counter (a section of which will facilitate barrier free access to persons in wheelchairs), a desk or built-in work station with drawers for the receptionist and each additional staff member, office chair, filing cabinet, and other equipment (e.g. switchboard, fax machine, etc.) as required.

WORKROOM

A workroom may be provided for the use of reception/clerical staff to support the functions of administration, for storage of paper stock, office supplies, office files, for the operation of the photocopy machine, fax machine, for mail service, etc. The room should contain shelving, a worktable, and storage cabinets as required. The size of the workroom is determined by the

functions associated with the Family Health Team operation and not dependent upon the size of the patient population.

MEDICAL RECORDS ROOM

This room could be provided to accommodate active patient charts and other files requiring a secure facility. Active patient charts may be located in the reception area as desired by the Family Health Team with an adjustment in the size of the reception area to accommodate the required shelving. The size of the room is dependent on the patient/client load and on the shelving system employed. The design of the room should be carefully considered. It may need to accommodate an expansion of the storage of charts and files in the near future. On the other hand, it may not ultimately be required as a self-contained storage room with the introduction of electronic charting. Other uses may be considered for this room in the future.

WAITING ROOM

Patients, clients, and visitors will use this area during office hours while waiting for scheduled appointments. The room should be located to permit staff to monitor the patients/clients and should be designed to preserve staff privacy and confidentiality. The size of this area is determined by the number of users, the type of practice proposed, and the services provided by the Family Health Team (and not by the number of FTEs in the operation). The room will contain the appropriate seating (including bariatric chairs as required), and may provide directional information, displays and resource material, a health promotion computer kiosk, or kiosks, etc.

CHILDREN'S AREA

A children's area may be provided depending on the nature of the Family Health Team operation adjacent to and in addition to the waiting room. This is a distinct area (with its own furniture, accessible height- appropriate shelving for toys, etc.) adjacent to and visible from the main waiting area for parental supervision and control.

MULTI-PURPOSE COUNSELLING (GROUP) ROOM

The room used by allied health professionals (psychologists, social workers, dietitians, etc.) for group counseling, self-help groups, family counseling could contain: comfortable chairs, sofas, coffee and end tables, table lamps, etc.

SMALL AND LARGE MEETING ROOMS

The meeting rooms should contain the tables and chairs required for group functions and should permit a variety of arrangements of furniture appropriate to the activities conducted in the rooms.

STAFF LUNCH ROOM

This staff room for socializing, informal communication and work breaks should contain: kitchenette facilities – sink, countertop, cupboards, and small appliances – tables, chairs and/or comfortable seating.

STORAGE

This room may be provided for the storage of archival files and records, equipment and medical and non- medical supplies, program materials.

WASHROOMS PUBLIC – MALE AND FEMALE

The occupant load in the building will determine the size of the rooms. The floor areas of the washrooms identified in Table 1.1 can accommodate: in the male washroom – 2 toilets (one wheelchair accessible), one urinal, and 2 sinks recessed in vanity countertops; and in the female washroom – 3 toilets, (one wheelchair accessible), and 3 sinks recessed in vanity countertops.

STAFF

Staff and clinical washrooms are identified as wheelchair accessible, single use rooms with one toilet and one sink.