



MCRHR Long Term Care Facility Design

FAQ's

1. What is 3P methodology and why was it used?

3P stands for Production, Preparation & Process.

It is a weeklong event where a cross-functional team including patient/family representatives, staff, leadership, stakeholders and community partners conduct a series of activities and tasks to come up with creative and innovative ideas for the future facility.

The teams select and trial those ideas to choose the most promising among them. The goal is to finish the 3P event with a good idea of how the design should look, and how patients, families and staff will flow/move throughout the various spaces.

3P methodology has been used across Saskatchewan in new health care facility design processes, as well as for the redesign of existing spaces in many health regions. A few examples of new designs include the Meadows - Swift Current Long Term Care, North Battleford Saskatchewan Hospital, Kelvington Integrated Health Care Facility, Saskatchewan Children's Hospital and Moose Jaw Hospital to name a few.

3P has been demonstrated to optimize space, reduce inefficiencies, enhance patient & staff safety, minimize resources needed such as capital, inventory, and time. These benefits help support the delivery of high quality care for our clients, residents and families.

2. Where will the new facility be built?

The future Long Term Care facility will be attached to the current La Ronge Health Centre, located on the south side of the building behind the existing Long Term Care wing. There are several reasons for this connection. First, this will enhance the flow of clients and families between the various services offered such as Therapies, Day Program, Dialysis Community Programming, the cafeteria etc. Clients and patients will be able to access the same services without having to leave the building.

This approach will also allow for efficient provision of services as everything is located in one area. Laundry, food and maintenance services, along with supply chain will be provided out of one building (rather than two), which allows for less walking/movement and lower cost savings to the taxpayers.

A land study has been conducted and given the size of the proposed future addition (which is larger than the entire current existing building), this was deemed the best site by the architects and region.

3. What will happen to the old Long Term Care Wing? Will it be part of the new build?

The existing LTC wing will be repurposed for other services as part of a second phase of the project. After the new LTC addition is built, residents living in the existing LTC space will move to their new home. The old LTC space will then be renovated to enable expanded space/services such as Home Care. The final plan for this area will be determined over the coming months.

4. Why were two model designs created during the 3P event?

During the 7 Ways Exercise in June, the architects presented the teams with 7 potential floor plans for a future facility. Through various activities with the teams, two top floor plans were chosen based on a series of criteria (i.e. light, space, access to the outdoor space, patient, family & staff flow, etc).

During event week, two distinctly different designs were created by separate teams in order to come up with alternate innovative options for the future facility. As you can see from the models, although they look quite different, they both contain similar key areas/spaces such as resident & family spaces, therapies, dialysis, community space, day programming, cafeteria, etc. These minimum requirements were determined as part of a functional planning evaluation that was completed earlier this year.

5. How many beds will be in the new facility & what will be the levels of care?

The future facility will contain 80 beds. In one model, the “Cottages or Houses” will contain 14 beds per cottage & one 10 bed cottage. In the second design, there are 12 beds per cottage, along with one smaller 8 bed cottage. The smaller cottages in each plan will allow for flexible space for a smaller population within the facility.

The region continues to study existing data and population projections to determine the levels of care and services that will be provided in the future facility. It is known that the needs of our clients are varied. Future residents of our home may include all age groups - the elderly, middle age, youth and children. We need to take into consideration how we provide services to clients who may have cognitive deficits and/or physical limitations which will require a range of support and programming.

The region is also working with external partners such as the Ministry of Social Services, Ministry of Education, LLIB & PBCN to better understand the future demand and needs of our clients & families.

6. Is the new Long Term Care building for La Ronge & Area residents only?

The new Long Term Care home will welcome residents from all on and off reserve communities within Mamawetan Churchill River Health region. As well, we are aware that there are clients & residents who are currently in care or living in other parts of the province and outside of Saskatchewan who may wish to move “closer to home”.

7. When will we start building?

The 3P design process will help create the accurate floor and engineering plans for the new LTC facility in La Ronge. Once these plans are completed a more accurate costing for the build will be submitted by the Ministry of Health to the Government for consideration. Once the plans and budget are approved by Government, the project will move to the construction.

8. What are the next steps?

Over the next weeks, the architect group will use the various models built during the 3P week to create architectural drawings of the newly designed floor plans. In September, a group of approximately 30 patient/family reps, staff and leaders will review these drawings with the architect group and make small revisions as required (i.e. to meet codes/standards or make improvements to the existing models based on feedback). The plans will be reviewed once again in October & November with the goal of achieving the final plans by December 2016.

During this time, the architect group will also do a “costing” and feasibility study of each design which will help determine which plan will be used for the actual build.