

**The new St. Paul's Public Consultation
Community Forums – Round One Summary
February 16, 2016, St. Paul's Anglican Church, West End**

BACKGROUND

Providence Health Care is planning a new St. Paul's hospital and integrated health campus on Station Street to transform the future of health care for British Columbians. The new St. Paul's will be designed with patients' needs at the centre to provide them with the highest-quality, seamless care at home, in the community or in the hospital - wherever their needs are best met.

In April 2015, the decision to move St. Paul's Hospital from its current site on Burrard Street to a new site on Station Street, approximately three kilometres away, was confirmed. The decision was made to not rebuild on the current site due to disruption to patients, cost of renovations and the determination that even the investment of \$850 million to renovate the existing site would not yield best practice hospital care facilities.

The new St. Paul's will continue to be one of B.C.'s two most specialized hospitals for adults complete with world-class health care to treat people when they are the sickest and need specialized hospital care. It will remain an academic health sciences centre and continue its strong teaching focus and to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

Guided by the Ministry of Health's vision for patient-centred care across the spectrum and improved overall population health, the new hospital will be integrated with a number of primary care, community health services and support programs on the Station Street health campus and into the broader community with such partners as Vancouver Coastal Health and other providers. By combining hospital-based care with community and primary care – on and off the health campus – the new St. Paul's will continue to meet the needs of patients from throughout B.C. and the local communities, including the West End and Downtown Vancouver.

Planning for the new St. Paul's will take many years before its expected opening in 2023. At this stage, Providence Health Care is currently focused on the development of a business plan to be submitted to the provincial government in the fall. A key component is clinical planning which is currently underway and involves identifying current care being delivered by St. Paul's to our patient populations and communities, what their future health needs will be, which clinical programs and services should be at the new St. Paul's, and how best to integrate new solutions into the broader community and primary care networks.

Comprehensive public engagement has begun with stakeholders and local communities with the objective of understanding their current and future health care needs and how the new St. Paul's can best support those. Feedback gathered as part of this process will be used to inform decision-making as the clinical plan is developed.

This community engagement process is designed as a stepping stone to continued and expanded engagement throughout various stages of project planning until the implementation on the new site.

COMMUNITY ENGAGEMENT PROCESS

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SUMMARY of DISCUSSION

CONTINUITY AND CONTINUUM OF HEALTH SERVICES – IN THE WEST END

- We need health care services that support birth to end-of-life – the full range of life health needs.
- The services around the existing site, such as family physicians and specialists, are important and need to stay.
- Both locations should have similar services.
- Reconsider scale – not a mega hospital, but services split between two locations more evenly.
- Concerned about health care providers leaving the West End when the hospital moves.
- Ensure accessibility to clinics in the West End.
- Consider services that can exist in community centres or partner agencies, such as satellite clinics.
- Consider enhancement to home care services for people who may lose access to services when St. Paul's moves.
- Outreach services need to be based in the community and provided as walk-in or in-home.
- Consider using community-based agencies like the West End Seniors Network to connect residents with health services. Develop better integrated health care services with those agencies already reaching population – creative solutions, thinking outside the box.
- Continuum of services needed at new site as well as existing site. Consider establishing a new West End wellness centre or urgent care centre like UBC Hospital.
- Provide access to clinics for aging population that does not drive.

QUESTIONS

- What will happen to West End health care after people, businesses move with the hospital?
- What health services will remain in the West End?

HEALTH SERVICES THAT WILL REMAIN – EMERGENCY/URGENT CARE

- Have access to 24/7 services for West End residents that include diagnostics and supporting services.
- Also provide access for non-area residents attending events, working in the area.
- Provide excellent service in allocation that meets the need of the communities.
- Need to ensure access to services such as surgical and critical care services.
- Consider planning for service delivery for larger Downtown Vancouver area.
- Plan for accessibility and transport to health services including a hospital that aligns with City of Vancouver's walkability goals (i.e. Greenest City 2020 Action Plan).
- Plan for a location for 24/7 Emergency services in the West End neighbourhood.
- Urgent care services that can meet the needs of a diverse and growing population in West End and Downtown.
- Take into consideration and use analysis of needed services in city-wide planning for emergency services.
- Plan for transportability between sites.
- Provide for core services accompanied by supporting services such as lab and diagnostics e.g. x-ray, CT
- Provide a full-range of services on a smaller scale including all disciplines, i.e. rehab.

QUESTIONS

- What kind of analysis is included in health care planning to serve the city of Vancouver?
- What is the service delivery model optimization between 21st-Century advanced site and community-based health care site
- Will the new hospital be a P3 model?
- What happened to the plan to re-build St. Paul's on the current site at Burrard?
- What's the plan regarding Riverview Hospital? And what mental health services will be at the new St. Paul's?

ACCESS TO HEALTH SERVICES – FROM THE DOWNTOWN CORE

- Cost of taxis – not everyone can afford to take a taxi.
- Potential loss of viaduct access on Terminal could impact access.
- Access to doctors.
- Transportation to the new site will be a challenge.
- Increased population density in the West End; need for services to be located in this growing neighborhood.
- The critical location of the existing site provides access to hospital services for events and functions in Downtown core, which can draw large crowds.
- The reassurance of access for residents is being removed.
- Consider two sites with services at both – focus research at new site.
- Need to take multiple modes of transit to access new site and public transit is not operational 24 hours.
- With hospital moving, other emergency services will also leave the West End, e.g. ambulance and fire.
- Consider using the existing facility to site a community hospital.
- Public transport is not always reliable or accessible 24/7 and taxis can take a while.
- Work in a collaborative manner with City to plan for the needs of residents.
- Make parking accessible and affordable at the new site.
- The east neighbourhoods already have Mount Saint Joseph Hospital and Vancouver General Hospital.

QUESTIONS

- Who will pay for taxis?
- Why are we doing public consultation now?
- What services will be available in West End?
- Is this a done deal? Is this consultation just for show?
- How many times do we have to share our concerns?
- Has there been a needs assessment done for all the populations in the area?
- Why was the decision made to move? It is not clear why the decision changed and it is difficult for the community to understand and come to terms with it.

WHAT WILL REMAIN ON THE EXISTING SITE

- Need to have an urgent care clinic staffed with GPs that is very accessible.
- Primary care services should be sited at the current location.
- Medical care on the existing site and around it.
- Funding for home care.

- Highest level of health care possible – the same as now.
- Spectrum of medical health services perhaps located in different geographic spots with a continuum of care across age ranges, services from birth to death.
- Healthy Heart, Falls Clinic, geriatric services are important for the West End population demographic.
- Maternity services.
- Range of health services for residents and transients, tourists, different populations as well as those who come daily to work, shop, for entertainment, etc.
- Any programs that will keep doctors' offices near.
- Consider what will minimize the impact on the community.
- Conduct a needs assessment of population for planning purposes.
- Provide communication about services/spectrum of services already available in the community.
- Consider a model of central intake/triage with referrals to existing resources.

QUESTIONS

- Who does the final analysis of what stays and what goes?
- Is there any part of the existing facility that can remain?
- What is optional community care?
- Have we done the research elsewhere/internationally?
- Why not keep existing 24/7 primary urgent care in present site?
- Will there be urgent care center remaining at the old site?

CHANGES/IMPACTS TO EXISTING COMMUNITY – MOVING OF BUSINESSES, DOCTORS

- Need to maintain access to primary care doctors and specialists.
- Loss of services and clinics within SPH current site will be a loss to the community.
- Need to consider retaining some basic services.
- When the hospital goes, doctors and clinics will gradually leave.
- There are currently fewer ambulance calls because people walk to the hospital, so move will mean more ambulance calls.
- Preserve the culture of the community – SPH is a place of comfort.
- Economic impact on the area when doctors, pharmacies, health care services relocate.
- With the move, fewer people will be working in the area; cafés and restaurants will be negatively impacted.

NEW SITE – ACCESSIBILITY, SAFETY AND SERVICES

- Concerns about damage to new facilities and lack of access in the event of an earthquake.
- Consider the availability and cost of parking at the new site.
- There is a need for accommodation near the new site for families from out of town.
- Consider a design of the new site that is culturally sensitive - multi-faith.
- Plan for public transit to site to ensure frequency and availability 24 hours.
- May impact affordable housing currently in vicinity of new site and cause displacement of current residents.
- Plan for the diversity of resident needs in collaboration with City of Vancouver.
- When planning at new site, engage a variety of stakeholders.
- Consider the ability of friends and family to visit patients at new site.
- Accommodation and housing for people who live in the neighbourhood and still want to remain.

QUESTIONS

- What will the planning process be and how will info be shared?
- How will housing, hotels and support services be accommodated near the new hospital (near new Emily Carr site?)
- COV: Who will plan for public transportation, such as a community bus, to the new hospital from the West End?
- What services will be at the new site?
- Accessibility: how will differently abled people access the new site?
- How big will the new site be?
- Will there be new services at the new site?

HEALTH SERVICES THAT WILL REMAIN – CLINICS, GERIATRIC CARE, PRIMARY CARE

- Clearly stated interest in the following:
 - Ambulance service for Downtown and the West End.
 - Need more services located in multiple locations.
 - Reserve land at existing site for rental/seniors home, residential – living spaces for all ages.
 - 24-hour urgent care triage.
 - Maintain a centre for the provision of care like a community centre.
 - Keep people healthy through preventative care.
 - Integrated services for isolated groups.
 - Collaborate with other community services.
- HIV services integrated with Downtown-located services.
- Diverse services for ALL ages.
- 24/7 access crisis assistance.
- A safe place to go to get personal health services, a one-stop shop.
- Provide a medical short-stay facility.
- Foster a connection to existing social services in order to enhance programs and services social service connection.
- Provide a community care clinic.
- Geriatric day programs, mental health services, Healthy Heart Clinic would be important to retain.
- Kidney dialysis, hemodialysis.
- Diabetic clinic.
- Services for vulnerable.
- Seniors care and residential accommodation with access to transportation and supports for those with mobility challenges.
- Lab/pharmacy.
- Proactive health services.

QUESTIONS

- What communication will take place with residents?
- What services are/will be available in the community?
- What will happen to St. Paul's? What will remain in this space/at the current location?

HEALTH SERVICES THAT WILL REMAIN – EMERGENCY/URGENT CARE

- Avoid emergency room visits by providing 24-hr clinics.
- Ambulance access concerns regarding SPH move to DTES.
- Concern about access to ambulance services; access once viaducts are removed.
- Need an ambulance station in the area alongside a core health care site.
- Consideration for maternity services, child and family services – serve the continuum.

- Have something comparable to Mount Saint Joseph Hospital (ICU, 12-hour Emergency Department care).
- We're losing a trauma hospital in the Downtown core.
- Need hospital services in both sites.
- Backup capacity needed for emergency situations (e.g. earthquake).
- Access from West End to new site is a concern, especially if there were an earthquake.
- Services need to remain e.g. seniors services, HIV/AIDS, heart health, etc.
- Avoid separation of services between two sites.
- Mental health programs should not be located only in the DTES.
- Provision of health care services to avoid need for emergency services.
- New hospital should not be a replacement; should complement – find additional funding.

QUESTIONS

- How is data being collected to guide decisions?
- What is the difference between urgent care and emergency care? Need better definition/distinction.

USE OF EXISTING SITE

- Buildings at St. Paul's can be renovated.
- Three Bridges could move into building on existing site and have an integrated community health centre.
- Retain newer buildings and repurpose for seniors housing, long-term mental health housing.
- Keep emergency care, clinical services in existing buildings.
- Need an urgent care facility to have as alternate in case of earthquake.
- Need emergency care and space for homeless to be treated.
- Downtown core needs a hospital.
- Ambulance station for Downtown core.
- Fast Track 24/7 clinic.
- Use existing buildings for long-term care beds and specialty residential for dementia.
- Retain as much of the current hospital spaces as possible.
- Heritage should be retained.
- 24-hour community clinic with access to GPs as GPs will likely relocate with hospital move.

SAFETY AND ACCESS OF NEW SITE

- Concern about access to the new hospital site if surrounding areas vulnerable to liquefaction impact during earthquake. Current St. Paul's site foundation is on rock.
- Need to consider technical and infrastructure supports and potential for vulnerability (i.e. steam lines).
- Ability to quickly access new site from West End – concerns around removal of viaducts.
- Concerns about public transportation from West End; extra concern if a person has mobility issues.
- Separate clinical and non-clinical services and site non-clinical at new site.
- New site has close proximity to other hospitals (VGH). However specialists' practices determine which hospital you need to access.

- Concern about vulnerability infrastructure around the False Creek Flats area (sewers, pipes), potential flood plain.
- Impacts of climate change – what is appropriate now may change.
- Concerns around costs to make site feasible for building.
- Access to emergency care depends on where you are when emergent issue arises.
- Paramedical services need to increase.
- Shuttle service should be implemented from West End/Downtown to new St. Paul's.
- Safety – taking public transit and the street safety when walking.
- Safety of location (DTES).

QUESTIONS

- Where can I find a geotechnical survey re. safety of False Creek Flats (FCF)?
- How will the City of Vancouver's removal of the viaducts and False Creek Flats redevelopment plans impact hospital redevelopment?
- How can False Creek Flats area be made safe (liquefaction, flooding)?
- Is there an engineering solution to make the new site safe?

TRANSPORTATION

- Cost of transportation to new site.
- Transit planning hasn't been addressed and timely availability of transit that services new site.
- Shuttle services could be implemented.
- Subscribed wheelchair transportation.
- People with mental health issues will find it difficult to travel to new hospital site.
- Traffic in Downtown core will increase as more people travel by car across the city to reach the new site.
- Consider helicopter services to new site and the impact to the neighbourhood.
- Keep viaducts open for ambulance use – more direct access.
- Move could result in over use of ambulances for non-urgent transport.
- Not enough HandyDart service available (contract out to cabs).
- Implement hospital-paid cabs (i.e. Alberta Health Services).
- Cab drivers need to provide help in and out of cab.
- Move seems to challenge City's Greenest City 2020 Action Plan goals.
- Proximity for staff (transportation).

QUESTIONS

- What transport will be available? i.e. shuttles?
- What is plan for paramedics/ambulance?
- Who owns the Georgia viaduct?
- Emergency use of cabs – subsidized?
- Any contingency plans for transportation if there is a flood?

OTHER COMMENTS

- Good communication and engagement with community is key.
- A lot of single mothers, parents are working and can't attend these forums.
- "All in it together."
- Good communications and engagement throughout while designing services (e.g. single mothers – we need to be better at reaching out to this population).
- Conversation should have happened before the announcement.
- Trust has been broken in the neighbourhood – people feel betrayed.
- We need to talk about "better" health care.
- Concern that data is deceiving, show maps, do a better job of explaining data, statistics.
- Issues of trust with City of Vancouver.
- Lack of trust around consultation process and how input will be used.
- Commitment to keeping people involved.

NEXT STEPS

This feedback will be used to support discussion at the next set of forums where we will ask participants to provide feedback on the topics of health care services that will remain in the community as well as the need for emergent or urgent care in the West End and Downtown area.

The next West End neighbourhood forums will take place Tuesday, March 1, from 10 a.m. to 12 p.m. and again at 6:30 p.m. - 8:30 p.m. at St. Paul's Anglican Church, 1130 Jervis St., Vancouver, B.C.

In addition to the community forum, there are many ways to share input and inform the clinical planning process for the new St. Paul's, including:

- Taking an online survey (closes Feb 26)
- Answering a short question of the week
- Scheduling a one-on-one meeting or interview (for community groups/external stakeholders)
- Sending a question or comment by email

For the latest news and updates on the new St. Paul's, and more on the many ways you can get involved in the planning process, please visit: thenewstpauls.ca

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How you want to be treated. in partnership with

