WHEATLAND & AREA
Hospice Society
Life and Death Matters

PROPOSAL FOR

A RURAL HOSPICE IN STRATHMORE

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"WE ALL DID IT TOGETHER.
A COMMUNITY OF GREAT HEARTS
COMMITTED TO A SHARED PURPOSE
RESPONDING TO A CALL TO SERVICE"

~ FRANK OSTASESKI, "THE FIVE INVITATIONS: DISCOVERING WHAT DEATH CAN TEACH US ABOUT LIVING FULLY" ~

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WHEATLAND & AREA Hospice Society

PROPOSAL FOR A HOSPICE IN STRATHMORE

INTRODUCTION

To begin, Wheatland & Area Hospice Society (WAHS) gratefully acknowledges contribution to this proposal by the Palliative Care Society of the Bow Valley document entitled, "*Our Proposal for a Palliative Care House in the Bow Valley*", prepared September, 2017. Wheatland & Area Hospice Society has worked hard over the past five years, to build a community-based effort and responsibility in the development of hospice care in Wheatland County, Alberta. Volunteers have been a critical source of energy and talent.

In most countries, the hospice and palliative care movement remains largely inspired, administered and funded by religious and voluntary organizations, rarely the government. Rather than on statistical evidence, the need for hospice and palliative care is often based on local, grassroots demand. It requires local energy and ambition, as well as an *astonishing ability to raise funds*.

This proposal's soundness rests on the same ideas: grassroots, local, extraordinary layout of energy, and unique ability to raise funds.

Wheatland & Area Hospice Society (WAHS) Board was established in 2015 to support the dream of creating a Hospice for Wheatland County. Building upon the foundation laid by the Cheadle Lions Club, WAHS grew within the Wheatland community and established partnerships with Alberta Health Service (AHS) and other organizations in the Wheatland area. Since then, they have implemented a bedside respite program, a nurse navigator role, and are currently undertaking a facility (Hospice) planning initiative in partnership with Wheatland Housing Management Body (WHMB). Alberta Health Services (AHS) will also be a partner in providing Hospice care.

The following facility planning proposal represents their dream of building a comprehensive program of services for hospice palliative patients and their families in our rural communities.

ASSUMPTIONS

1. WAHS will build a home-like, welcoming, 6-bed Residential Hospice + Day Hospice, phased over the next five years.
2. WAHS will partner with the WHMB and AHS to provide hospice care. A cost-sharing formula between the three organizations will be developed by way of an MOU and contract.
3. Cost-sharing will include, but is not limited to: WHMB space & services including maintenance, laundry, housekeeping, materiel management, commercial kitchen, administration/payroll/IT; and, AHS, direct nursing care salaries and supplies. Additionally, WHMB will make Requisitions to municipalities and Wheatland County to support palliative beds within its facility.
4. Current WAHS Outreach programs will continue as identified in WAHS 2021 Strategic Plan. These include: Dying2Learn Wheatland, Palliative Navigator, Bedside Respite Volunteers and No One Dies Alone (See WAHS illustration, "A Palliative Approach: Compassionate Communities").

ASSUMPTIONS CONT'D

5. For estimates of nursing staff requirements, United Nurses of Alberta (UNA) Agreement, 2017-2020 was used, along with generally accepted "hospice paid nursing hours per patient day".
6. For estimates of hospice space requirements, previously approved AHS "Health Care Space Standards" were used.
7. Excluded from the Wheatland & Area Hospice Society services are: patients requiring a secure environment; frail elderly people in long-term and assisted living facilities (age-in-place and die-in-place facilities); and people with dementia requiring a secure, locked environment (wandering is problematic).
8. In the interest of sound fiscal management, over the next 5 years, hospice services will be phased in as follows:
   a) Module I: Will provide 3 residential hospice beds, including one larger bedroom for First Nations to incorporate Indigenous ceremonial practices (disconnect smoke detector); + shelled space for 3 more beds • Each bed area will provide for one overnight attending family member • In-wall Oxygen & suction will be provided (may have to consider portable) • Patient lifts will be portable • Nursing services (direct care and administration services) and support for patients and families will be accommodated (open plan, living room/refreshment/kitchen area w/fireplace, library, refreshment bar, play area; quiet and sacred rooms for families, space for volunteer programs) • Will provide a home-like environment w/direct access to nature & gardens • Strengthen volunteer programs • Strengthen staff and volunteer synergies with Strathmore Hospital and AHS Home Care (a.k.a. Community Care) • Test operational policies and protocols, and assess contract with WHMB and AHS • Targeted fund-raising for Module I.
   b) Module 2: Will provide a Day Hospice (music, art, reiki, yoga, mindfulness meditation, reading, massage, guest speakers, respite care) • Early development of education programs (LPNs, HCAs) • Add play room and volunteer space • Early development of formal grief and bereavement program • Strengthen volunteer program • Targeted fund-raising for Module 2.
   c) Module 3: Will provide 3 more residential beds • Formalize a grief and bereavement program • Strengthen the education program (nurses and doctors etc.) • Strengthen navigation role • Strengthen volunteer program • Formalize and strengthen fund-raising plans and events • Targeted fund-raising for Module 3.
   d) Module 4: Will provide full scope of hospice care, including those described on pages 3 to 20 • Implement formal role as "hub" in the community • Will provide access and help line, 24 hours a day • Strengthen volunteer program • Investigate research opportunities with associated nursing and medical programs of study • Targeted fund-raising for Module 4.

Modules Cont'd

e) Module 5: Undertake a formal evaluation of WAHS hospice services to fine-tune policies, processes and services. (Use Canada Accreditation Standards for Hospice, Palliative, End-of-Life Services, January 1, 2016, and other relevant accreditation standards)

The next sections of this proposal include planning estimates for modules 1-5, as follows: Scope of Services; Workload; Staffing; Design Brief; Space Requirements; and, finally, capital cost estimates. Excluded from this proposal is equipment & furnishings planning, which will occur in a later phase of planning.

1. Services →	2. Workload →	3. Staffing →	4. Design →	5. Space →	6. Cost per sq. ft.

MODULE 1: RESIDENTIAL CARE UNIT (RCU)

Scope of Services

Module 1 of the Wheatland Hospice will include the following services:

- A 3-bed residential care unit (RCU), with direct and indirect nursing support space • One of the bedrooms will be larger, for patients with big families (e.g., First Nations), or those who require a bigger bed • Each bedroom will have space for one overnight attending family member • Care will be provided to those with a terminal illness, such as advanced-stage cancer, heart disease, COPD and neurological diseases.
- Space for an additional 3 residential beds will be available in "shelled space", until required • Shelled space is unfinished space which has been set aside for future use and can have considerable preparatory work done in anticipation of fit-out (e.g., partial mechanical, plumbing installs, floor coring etc.) • Changes in the purpose of shelled space can have a significant impact on facility plans already in place, or in development.
- Each bed area will accommodate one attending overnight family member.
- In-wall oxygen & suction will be provided; patient lifts will be portable.
- The scope of nursing services will include: Coordinating and integrating palliative care across primary, secondary and tertiary care settings • Convening meetings of partners • Facilitating information sharing and off-site education • Admitting patients • Assessing & monitoring patient & family needs • Planning & implementing routine nursing care • Administering medications in a safe and secure space

Scope of Services Cont'd

- The scope of nursing services cont'd Facilitating patient comfort & relaxation, rehabilitation, recreation & activation • Providing family and/or visitor support & consultation • Liaising with community agencies & services • Educating patients, family, staff & students • Documenting patients' progress & maintaining patient charts • Conducting shift reports & participating in multidisciplinary patient conferences • Administering the overall operations of the Hospice.
- The scope of medical services will include: Collecting & documenting historical medical information • Ordering medical diagnostic & treatment procedures, such as oxygen etc. • Performing physical examinations & some medical procedures • Prescribing medications, consulting with nursing staff & other professional staff • Educating patients, family, staff, students & residents • Documenting patients' medical progress on patient charts • Participating in multi-disciplinary patient conferences.
- Informal grief and bereavement counselling will be offered.
- Volunteers: It has been said that volunteers are the "heart beat" of palliative end-of-life care and they will be considered valued members of the Hospice care team. Volunteers have potential roles including: Reception and administrative support • Direct patient support • Opportunities for those with musical, artistic and crafting talents • Pet visits • Baking and assisting in the kitchen • Gardening • Fund-raising • Bereavement & spiritual support.
- Education programs will be offered to patients & families, public and healthcare professionals.
- Research activities may occur in the Hospice but will not require unique staff or facility resources.
- The Hospice will be staffed 24 hours per day, 365 days per year.
- Operational systems (day-to-day operations): It is important to design processes and facilities with a focus on optimizing technology • Patient management will include: admitting, ambulation (wheelchair, stretcher, walking), portering, and will be affected by the model of nursing care • Information management will include chart system, patient information system, health records • Communication systems: Telephones; intercom; computer terminals and printer (staff, patients families); nurse call system; public address (codes & fire alarms only); pagers; fax • Typically, various combinations of these systems will be located at the nursing station, and in the medication room, report room, and offices • Each patient bed area will be provided with: nurse call, telephone data outlet, television outlet, emergency (code Blue) in all bathrooms • Nurse call systems will be quiet or silent. No overhead paging unless it's an emergency.

Workload Measures

The projected workload measures in the following table take into account three key drivers: an aging population, increase in cancer incidence and, very importantly, the early introduction of palliative care to patients and their families.

The projections are for planning purposes only and not intended as a definitive operational assumption. RCU=Residential Care Unit.

ANNUAL WORKLOAD SUMMARY MODULE 1	PROJECTED AT OPENING	PROJECTED IN 5 YEARS [1] (applies also to Module 3)
RCU Total Beds	3	6
RCU Available Days	1,095	2,190
RCU % Occupancy	92%	92%
RCU Actual Patient Days	1,008	2,015
RCU ALOS	21 days	21 days
RCU Admissions	48	96
Total Volunteer Hours [2]	1,260	2,520

Notes:

1. 5-year workload is shown only for comparison with Opening.
2. Rosedale's workload was used as a guide for projecting this workload. Assumes 40 hours per volunteer per year.

Staffing Requirements

Overall, all staff, including volunteers, will come from diverse backgrounds, including First Nations, and provide a wide variety of functions, all with the goal of providing safe, comfortable, compassionate and flexible care. Versatility and adaptability will be watchwords for care.

The projections are for planning purposes only and not intended as a definitive operational assumption.

See next page for Staffing Table

Staffing Requirements Cont'd

STAFFING SUMMARY IN FTE's MODULE 1	PROJECTED OPENING (3 beds)	PROJECED 5 YEARS (6 beds)	HEADCOUNT (ALL SHIFTS) (6 beds) [2]	MAXIMUM (EACH SHIFT) (6 beds) [2]
Residential Care Unit (RCU)				
RN Clinical Leader	0,50	1.0	1	1
Physician Director	0.50	1.0	1	1
RN [1]	1.25	2.5	8	1
Licensed Practical Nurse (LPN) [1]	1.25	2.5	8	1
Health Care Aide (HCA) [1]	1.70	3.4	11	1
Cook (Serves RCU & Day Hospice)	0.50	1.0	1	1
Social Worker/Psychologist	0.25	0.5	1	1
Fund Development Officer	0.25	0.5	1	1
Pharmacist/Dietician/PT/OT	0.50	0.5	3	3
Pastoral Care	0.0	0.0	3	1
Students	0.0	0.0	2	1
Volunteers (see also Day Hospice)	(32.0)	(63.0)	64	12
Subtotal	**6.7**	**12.9**	**104**	**25**

Notes to Staffing Table

1. **For nursing staffing:** As per the workload table, assume 92% occupancy, or 336 patient days per year per bed • Assume 7 paid hours of direct nursing care per patient day (RN, LPN, HCA) • Assume 1 FTE = 1,937.5 paid hours per year (UNA Contract 2017-2020) + 15% relief • Therefore the formula for **calculating required FTE** is: total number of patient days per bed x number of beds x no. of paid hours per patient day divided by FTE x 15% • For 6 beds: 336 pt. days x 6 beds x 7 paid hours per pt. day = 14,112 paid hours required, divided by 1,937.5 hours = 7.3 FTE x 15% relief = 8.4 FTE for 6 beds • A recommended staffing pattern (for 6 beds), for each shift is: 1 RN, 1 LPN, 1 HCA.

2. Headcount determines space for circulation, nursing station capacity, and locker and staff lounge capacity.

Design Brief

The purpose of this section is to provide guidance to future architects, who will be undertaking more detailed hospice planning, including schematic design, design development and a conceptual development plan.

Guiding Principles

- Nursing staff, and patients and their families, should be among the first to be consulted in developing the design criteria (circulation, privacy, access to natural light & uplifting views, communal meeting places, and other substantive design matters). They have insisted on having the final say over design and furnishings resulting in an exquisite atmosphere and sense of hospitality.
- Inpatient care is only a small part of the work of the modern hospice and even then, many inpatients go home to die within a managed program of pain relief and pastoral care.
- Hospice is no longer a place of no return, but a centre from which many people are treated as day patients, or in their homes, as part of an impressive network of community care.

Design Brief Cont'd

Guiding Principles Cont'd

- Not too much coziness; style and panache are still important to the young.
- In all areas, lighting should be as home-like as possible. Dimming of corridor lights will contribute to the ambience, when a patient has died and is being transported out of the Hospice.
- Consider three design cues: 1. Relief of suffering 2. Tending to dignity 3. Lift our sights on well-being.
- We expect the physical space to do a significant amount of work for us by imbuing it with a sense of the dignifying and sacramental.
- King's Fund Design Principles used to inform hospice design include: Natural Environment; Natural Materials; The Elements (lots of natural light, open windows for natural ventilation, moving water, fireplace); Legibility (spaces organized compatibly into public, semi-public, semi-private and private); Dignity; Comfort; Robustness and Economy; Arts and Crafts; Respecting Time; and, Beauty.
- Because hospice caters to small numbers of people with only days, weeks, or months to live, it is a designed and constructed setting, where the quality and harmonious sequencing of the spaces & functions matters more than for almost any other building type. A sense of stages and rituals involved in dying are ever-present in the design.
- The early Maggie's Centres (in the UK) were commissioned from renowned architects, who often worked for free. Their designs put the patient at the centre of each unique building.
- This is a new building type, to which few contemporary architects are able to bring direct experience. Requires sensitive, reflexive kinds of thinking, and a certain piety and humility.

Layout

- Find balance between outward form and internal function.
- Allow for possible expansion. Shelled space is a possibility.
- As much open plan as possible.
- Hospice is a complex building type trying to solve the competing challenges between medical observation & privacy; pastoral care & medical treatment; the separate needs of patients & visitors, staff and volunteers; the needs of the body, mind & spirit; happiness & grief; and, the rituals and processionals associated with those of the living & those who have just died.
- Locate Fund Development & Giving Tree and Volunteers so as to be seen. Some say they are at the heart of hospice service and are motivated by being in close proximity to visitors and staff.

Design Brief Cont'd

Entrance and Parking

- First impressions count, especially for the vulnerable.
- The hospice will have its own, distinct entrance. Consider use of pergolas or (retractable) awnings on patios, window awnings or other window treatments (shutters), on exterior, to differentiate it from the Lodge.
- Build at a scale and level of visual reassurance which enables people to enter unafraid and to find within them a sense of calm, light, space, peace and supportive order.
- Circular drive for drop-off.
- Will be used by patients & families of the Residential Care Unit and the Day Hospice.
- Provide wheelchair and stretcher access from the curb to the entrance.
- Provide covered walkway (porte cochère) to entrance, with flowers, benches, small tables.
- It is possible that bodies will be removed using the front entrance.
- Controlled access 24/7.
- No parking stalls right up to the windows of the building.
- No delivery vehicles at front entrance.

Public Spaces

- See Layout section, 4th bullet, re: competing challenges.
- Patients said they welcomed all the busy activity in and around buildings and gardens. They were still part of life and it meant a lot to them.
- Reception area should be small with some seating. There should be a direct line of sight to the volunteer hostess.
- All surfaces (floors, walls, ceilings, furniture) must conform to current Infection Prevention & Control (IPC) standards (e.g., no grout, no porous cloth for furniture).
- Elevators big enough to accommodate beds.

Corridors

- Separation of public circulation from Residential Care Unit circulation (circulation for healthcare professionals and support services staff).
- Should be like interior pedestrian streets and painted in warm colours.
- These circulation spaces can be broken, visually, into shorter segments by means of subtle changes in direction (e.g., with the use of curved flooring) and frequent widenings into alcoves, some of which have windows looking into gardens (small window seats, small retreat areas).

Design Brief Cont'd

Corridors Cont'd

- ***Future Considerations***: Depending on the building classification of the Hospice (accommodation, or treatment [in-wall O_2 & suction]), it is essential that close, collaborative, service and operational linkages can be readily established between the Hospice and the Lodge (for transport of laundry, supplies and some food; and for movement of housekeeping and maintenance staff).

Patient Rooms

- 6 inpatient bedrooms (shelled space for 3 bedrooms in this Module). Module 1 will have one larger bedroom for patients with big families (e.g. First Nations), or those who need a bigger bed. Capability to disable smoke detector, or reverse exhaust, in larger bedroom for First Nations ceremonies.
- Build oxygen and suction into the walls. All services (electrical outlets, vacuum, suction) must be mounted reasonably high on the wall, over the bed area, and spaced far apart. Equipment can be camouflaged with items such home-made hanging quilts. Cross reference to Corridor section, *Future Considerations*.
- Patients will live and die in these rooms and, for many, it will be their last contact with this world. In this context, there is no compromise, it must be absolutely right.
- Getting the shape and feel of a patient room, its orientation to the world outside, as much as its connection to the life of the rest of the building, remains a crucial architectural challenge. If the atmosphere and gestalt of the rooms themselves don't offer support, comfort and even beauty, then the overall design of the Hospice itself could be said to have failed.
- Prefer to have rooms orientated towards Kinsmen Park.
- Consider distinctive floor-to-ceiling windows.
- Because patients are lying in their beds much of the time, consider clerestory (or, transom) windows.
- Enough room for many visitors during the day, an overnight family member, and room for nurses to perform their duties and use equipment comfortably.
- Personal control over heating, lighting and ventilation in each room for staff, patients and families. (opening of windows manually, lighting of candles and use of venetian blinds). Lighting should be home-like.
- Bedrooms should have plenty of light, fresh air, clean and neat surfaces, and quiet.
- Sound-proof the bedrooms.
- Large, recessed doorways to accommodate wheelchairs and beds.
- ***Future Considerations:*** Question: Should the bedrooms be on the main floor (could have individual terraces to a small, private garden), or the second floor (more private with great views & balconies)? Beds on the main floor make it easier to move patient-related supplies and equipment.

Design Brief Cont'd

Support Spaces

- Nursing staff need places where they can gather, sit quietly, or talk afterwards.
- Provide an "inviting", private nursing station. Locate near the end of the bed area, not in the centre of the area. Consider enclosing w/glass options.
- Administration areas should not be open-plan; quietness and privacy is important in a hospice setting.
- Consider design implications for therapy animals (dogs, cats); they are part of the service.
- Retreat, or sanctuary, spaces for staff and families.
- Important to have high ceilings in sanctuary space, artistic window designs (First Nations), more solemn interior furnishing, circular design evenly lit with circular roof-light, locate close to main entrance. For First Nations, capability to disable smoke detectors, or reverse exhaust.
- Therapy room, play areas for children.
- All patient support areas (e.g., tub room) have wide doorways to accommodate wheelchairs and stretchers.
- Tub rooms should have a spa-like design.

Landscaping

- Is a vital element in the success of any hospice. "Some people die in our garden. Many people regard it as their ultimate home".
- A garden atmosphere which allows for retreat, meditation and contemplation.
- Acknowledge the close inter-relationship between indoor and outdoor spaces. Direct access by patients to the outdoors is preferable.
- As human beings, we are part of the "Circle of Life". We are also a part of nature and by surrendering to the natural world, we may become strengthened and healed.
- Include existing landscape features (like the Kinsmen Park) and uncultivated elements in landscaping plan.
- Food grown in the garden can be served to patients.
- Beautifully landscaped grounds (delightful woodland glade!).
- Include a water feature(s).
- Recycle organic waste and water.

Space Requirements **(See "Notes" on the Summary Table [pg.14], for superscripts on this table + Acronyms)**

Space has been developed based on previously approved AHS space standards for health care facilities. [1 square metre = approx. 10.76 square feet]. See Space Requirements table, next page.

Space Requirements Cont'd

	SPACE MODULE 1	PROJECTED			REMARKS
		Units	NSM/Unit	Total NSM	
1.0	***Residential Care Unit (RCU)***				***6 beds (3 "shelled" for future build)***
1.01	Patient Room, 1-bed	2	19.0	38.0	Accommodate an overnight family member. Incl. small fridge, white board, TV, lockable storage
1.02	Patient Room, 1-bed, large	1	23.0	23.0	For First Nations & Bariatric Patients
1.03	Patient Room, 1-bed (Shelled Space)	(3)	(19.0)	(57.0)	As above. Rough-in mechanical, electrical plumbing, HVAC. Drywall on wall facing corridor (potential temp. use – hang art!)
1.04	Patient Shower/Toilet, WCA	3	7.5	22.5	3 fixtures
1.05	Patient Shower/Toilet, WCA, (Shelled Space)	(3)	(7.5)	(22.5)	As above. Rough-in mechanical, electrical plumbing, HVAC. Drywall on wall facing corridor (potential temp. use – hang art!)
1.06	Patient Tub Room	1	17.0	17.0	Large tub w/lift access + hair washing sink, toilet
Subtotal, RCU Net Area (NSM)				**180.0**	**NSF 1,937 sq. ft.**
2.0	***RCU Service Support Area***				
2.01	Private Nursing Station, WCA	1	12.0	12.0	Incl. Unit Clerk Wkst. + 5 people, computers. Locate near end of bed area, not in centre. Enclose w/glass.
2.02	Medication Room	1	10.0	10.0	Refrigerator, counter w/sink, double locked cupboards
2.03	Central Nursing Workstation	1	2.5	2.5	Locate in centre of bed area. Desk. Phone. Computer.
2.04	Chart/Wrk MD	1	2.5	2.5	No dictation
2.05	Office, Clinical Leader (RCU + DP)	1	11.0	11.0	
2.06	Team Report/ Conference Room	1	12.0	12.0	8 people
2.07	Nourishment Station (home-like)	1	5.0	5.0	Alcove. Snack prep, microwave, sink, counter, storage, ice machine
2.08	Clean Utility Room	1	10.0	10.0	Clean linen cart, medical supplies, sterile supplies, sink, cupboards, stainless counters
2.09	Soiled Utility Room [2]	1	10.0	10.0	Bedpan flusher, soiled linen hampers, garbage, recycle, utility sink, cupboards, stainless counters.
2.10	Laundry Room	1	10.0	10.0	Washer/Dryer. Folding area
2.11	Oxygen Tank Storage	1	7.5	7.5	
2.12	Storage Room [2]	1	18.0	18.0	Incl. blanket warming cupboard, equipment, extra bed (Lodge?)
2.13	Housekeeping Closet	1	5.5	5.5	
Subtotal, RCU Service Support Area Net Area (NSM)				**116.0**	**NSF 1,248 sq. ft.**

Space Requirements Cont'd

	SPACE MODULE 1	PROJECTED Units	NSM/Unit	Total NSM	REMARKS
3.0	***RCU Staff Support Area***				
3.01	Staff Lounge	1	16.0	16.0	8 people. Incl. coat rack, purse lockers (35), nourishment station, 2-fixture toilet.
Subtotal, RCU Staff Support Area Net Area (NSM)				**16.0**	**NSF 172 sq. ft.**
TOTAL RCU NET AREA (NSM)				**312.0**	**NSF 3,357 sq. ft.**
Gross: Net Ratio [1]		**1.5**			
TOTAL RCU COMPONENT GROSS AREA (CGSM)				**468.0**	**CGSF 5,036 sq. ft.**
4.0	***Family Support Area (FS)***				***Shared w/Day Hospice in Module 2***
4.01	Family/Visitor, Living /Refreshment Room	1	26.0	26.0	Near entrance. 8 people + library + fireplace + comfortable furniture + refreshment area + business station
4.02	Kitchen	1	14.0	14.0	Open plan w/living room. Custom patient meals. Full kitchen w/appliances. Storage, freezer storage. Enclosed w/glass.
4.03	Play Room	1	8.0	8.0	Next to living room. 5 kids. Cleaning regs. will impact what type of toys.
4.04	Family Quiet/Conference Room	1	10.5	10.5	7 people
4.05	Counselling Room/Quiet Room	1	11.0	11.0	
4.06	Sacred Gathering Room	1	22.0	22.0	10 people. Sound proof. Cultural practices (drumming, singing, smudging) and entertainment functions. Capability to disable smoke detector
4.07	Office, desk 2 chairs	2	9.5	19.0	Social Workers, Counsellors, Nurses, Doctors, Spiritual Care Providers
4.08	Office, shared (2 people)	2	11.0	22.0	
4.09	Toilet, Public (WCA)	2	5.0	10.0	2 fixtures
4.10	Storage Room	1	15.0	15.0	Incl. equipment, linen, supplies
TOTAL FS NET AREA (NSM)				**157.5**	**NSF 1,695 sq. ft.**
Gross: Net Ratio [1]		**1.25**			
TOTAL FS COMPONENT GROSS AREA (CGSM)				**197.0**	**CGSF 2,120 sq. ft.**

Space Requirements Cont'd

SPACE MODULE 1		PROJECTED			REMARKS
		Units	NSM/Unit	Total NSM	
5.0 General Support Services (GS)					
5.01	Foyer/Entrance	1	12.0	12.0	See Design Brief and relationship to Item 4.01. Incl. bench, coat closet and boot storage
5.02	Reception/Control	1	5.0	5.0	Volunteer hostess. Small desk, comfortable chair. Phone. Lamp.
5.03	Admitting & Health Records	1	12.0	12.0	1 wrk. Stations, chart completion & storage
5.04	Security	0	0.0	0.0	Shared w/Lodge
5.05	IT Support	0	0.0	0.0	Shared w/Lodge
5.06	Fund Development Office	1	12.0	12.0	Locate near Item 5.01. Include reception, waiting, 1 office
5.07	Volunteer Resources	1	25.0	25.0	Incl. office, coat rack, purse lockers (140), work table, IT station, patient supplies, 2-pc toilet
5.08	Utility Room	0	0.0	0.0	Mechanical room, HVAC. Shared w/Lodge
5.09	Food Services	0	0.0	0.0	See Items 2.07 & 4.01 + share w/Lodge
5.10	Materiel Management	0	0.0	0.0	Share w/Lodge. Incl. delivery, breakdown, storage, carts, linen services, housekeeping
5.11	Maintenance	0	0.0	0.0	Share w/Lodge. Incl. work areas, benches, equipment & supply storage
5.12	Housekeeping	0	0.0	0.0	Share w/Lodge. Include equipment, supplies, floor sink, trash & recycle bins, office area
5.13	Laundry	0	0.0	0.0	See Items 2.08 & 2.09. Share w/Lodge. Marshalling area for clean and dirty linen
TOTAL GS NET AREA (NSM)				**66.0**	**NSF 710 sq. ft.**
Gross: Net Ratio [1]		**1.20**			
TOTAL GS COMPONENT GROSS AREA (CGSM)				**79.0**	**CGSF 850 sq. ft.**

Space Requirements Summary, Module 1

SPACE MODULE 1	PROJECTED				REMARKS
	Units	NSM	G:N RATIO	CGSM	
Total Residential Care Unit (RCU)		**312.0**	**1.50**	**468.0**	**CGSF 5,036 sq. ft.**
Total Family Support Area		**157.5**	**1.25**	**197.0**	**CGSF 2,120 sq. ft.**
Total General Support (GS) Area		**66.0**	**1.20**	**79.0**	**CGSF 850 sq. ft.**
TOTAL, ALL AREAS [3]		**535.5**		**744.0**	**CGSF 8,006 sq. ft. [3]**
Building Grossing Factor	**1.25**				
TOTAL BUILDING GROSS AREA (BGSM)				**934.0**	**BGSF (10,008 sq. ft.)**

ACRONYMS	
WCA	Wheelchair Accessible
NSM	Net Square Metres
CGSM	Component Gross Square Metres
BGSM	Building Gross Square Metres

Notes:
1. Gross-to-net ratios shown in the space requirements table resemble healthcare industry standards in Alberta.
2. Please note: a bedpan flusher in the Soiled Utility Room (Item 2.09), and a blanket warming cupboard in the Storage Room (Item 2.12), are **REQUIRED**.
3. Until ownership of the Hospice space been determined, costs have been based on Total CGSF, rather than BGSF. Costs will increase if WAHS gains ownership (title) of its own space.

Costs

Shelled space (79.5 NSM or 856 sq. ft.) must be included in the overall footprint of the RCU, but the cost will be reduced.

- Total sq. ft. excluding Building Grossing Factor: 8,006 sq. ft. minus 856 sq. ft. (shelled space) = 7,150 sq. ft.
- Assume $75 psf for shelled space (856 sq. ft.)
- Assume $300 psf for the balance of the RCU (7,150 sq. ft.)
- Cost: $75 psf for shelled space in Module 1 = 856 sq. ft. x $75 = $64,200
- Cost: $300 psf for all other space in Module 1 = 7,150 sq. ft. x $300 = $2,145,000

Total Cost for Module 1: $2,209,200

MODULE 2 DAY HOSPICE

It is important to note that the Day Hospice is integral to the services outlined in Module 1. The reader is advised to refer to Module 1, Space Requirements table, Section 4.0 Family Support Area (FS), to review what spaces may be shared with the Day Hospice.

Scope of Services

Individual programs offered by the Day Hospice will vary according to the availability of services currently offered in the community. They may also change over time for the same reason. Therefore, the space developed for this module must be as generic as possible.

There may be a nominal charge of $10 per day for the Day Hospice (as at Pilgrim's Hospice, Edmonton).

The Day Hospice will provide care for patients and families, and respite for caregivers. They may attend from the Residential Care Unit, or from home.

It is important to note that most therapies will be provided by volunteers, rather than paid staff.

Here is a sample of therapy offerings that Module 2 of the Wheatland Hospice could include:

- Art therapy (painting, sculpting), music therapy, pet therapy
- Massage, Reiki
- Mindfulness Meditation, Imagery
- Prayer (see Module 1, Section 4.0, Item 4.06, for Sacred Gathering Room)
- Reading (see also Module 1, Section 4.0, Item 4.01, for Family/Visitor Family Room)
- Arts & crafts, jewelry making, games
- Cooking/Baking
- Guest speakers (see also Module 1, Section 4.0, Item 4.06, for Sacred Gathering Room)
- Socializing
- Grief & bereavement counselling (see Module 1, Section 4.0, Items 4.05 & 4.07, for counselling space)
- Family meetings (see Module 1, Section 4.0, Item 4.04, for Family Conference Room)
- A recliner/bed area for patients who need to rest, or who are attending for a day, to give respite for a caregiver
- Consider providing free packed lunch and snacks for patients and families, funded through donations (share cooking staff with RCU)

Scope of Services Cont'd

Education and Research involving a variety of students may be offered in the Day Hospice, but will not require unique staff or facility resources.

For communication and other systems, please refer to Module 1, page 4, last bullet, for information on Operational Systems. The Day Hospice will require similar systems, based on advice provided by the WAHS and its advisors.

Day Hospice and Counselling services will start slowly (2 days a week) and eventually be open 5 days a week. It will be staffed 6 hours a day. After-hours education and counselling sessions will be provided in shared Family Services space in Module 1.

Workload Measures

The projected workload measures take into account three key drivers: an aging population, increase in cancer incidence and, very importantly, the early introduction of palliative care to patients and their families.

The projections are for planning purposes only and not intended as a definitive operational assumption.

ANNUAL WORKLOAD SUMMARY MODULE 2	PROJECTED FOR THE LONG TERM
Number of Families Served	50
Total Visits Day Hospice [1]	1,000
Number of Visits Per Family	20
Total Sessions Counselling [2]	1,000
Total Sessions Education [2]	350
Total Volunteer Hours [3]	3,000

Notes:

1. Pilgrims Day Hospice was used as a guide for projecting this workload.
2. Rosedale Hospice's workload was used as a guide for projecting this workload. Includes individual and group counselling sessions.
3. Assumes 40 hours per volunteer per year as recommended by Rosedale Hospice.

Staffing Requirements

Overall, all staff, including volunteers, will come from diverse backgrounds, including those from First Nations, and provide a wide variety of functions, all with the goal of providing safe, comfortable, compassionate and flexible care. Versatility and adaptability will be watchwords for care.

The projections are for planning purposes only and not intended as a definitive operational assumption. Full Time Equivalents (FTE's) in brackets are excluded from the total; they are funded from other sources, or in the case of volunteers, are not FTE's.

Staffing Requirements Cont'd

STAFFING SUMMARY IN FTE's MODULE 2	PROJECTED OPENING	PROJECED 5 YEARS	HEADCOUNT 5 YEARS
Day Hospice			
RN Clinical Leader [1]	(0.5)	(1.0)	1
Recreation Therapist	0.5	1.0	1
Volunteer Hostess	(0.5)	(1.0)	1
Volunteer Coordinator	0.25	0.50	1
Accounting [2]	(0.25)	(0.25)	1
Palliative Consult Team [3]	(1.0)	(1.0)	1
Physician (Shared w/ RCU)	(0.5)	(1.0)	1
Medical Resident/Clerk	(1.0)	(1.0)	1
Pharmacist + Dietitian + PT/OT + Other [4]	(0.5)	(0.5)	4
Maintenance (incl. gardener)	(0.50)	(0.75)	0
Volunteers [5]	(38.0)	(75.0)	10
Students (Nursing, Other)	(1.0)	(2.0)	2
Subtotal	**0.75**	**1.5**	**24**
Counselling & Bereavement Support			
Social Worker	0.25	0.5	1
Psychologist	0.25	0.5	1
Pastoral Care (Share w/RCU)	0.0	0.0	2
Subtotal	**0.50**	**1.0**	**4**
TOTAL	**1.25**	**2.5**	**28**

Notes:

1. Position shared with Module 1, Residential Care Unit (RCU)
2. Shared with and located in the Lodge.
3. Funded by AHS Calgary Zone (Palliative Care Consult Service-Rural)
4. Included in Staffing Requirements in Module 1. Shown here for headcount purposes.
5. Most therapies will be provided by volunteers (art, music, mindfulness meditation etc.)

Design Brief

Before proceeding with this section, the reader is advised to review the entire Design Brief in Module 1, pages 6 to 10. Many of the ideas and requests expressed in that section also apply to the Day Hospice.

Design Brief

Day Hospice

- From the Design Brief in Module 1, consider all of the ideas & requests that also apply to the Day Hospice, such as the entrance, home-like environment and lots of light.
- Patients will have access to a wide range of activities, treatments and therapies in an atmosphere of general well-being.
- Traditional day rooms are being replaced with open plan "café courts" from which outpatients attend the various activities mentioned above.

Space Requirements

Space has been developed based on previously approved AHS space standards for health care facilities. (1 square metre = 10.76 square feet). See Space Requirements table, next page.

Space Requirements Cont'd

	SPACE MODULE 2	PROJECTED Units	NSM/Unit	Total NSM	REMARKS
1.0	***Day Hospice (DH)***				***See also Family Support Area***
1.01	Reception/Waiting	1	12.0	12.0	8 people
1.02	Respite Recliner /BedArea w/equip.	2	5.5	11.0	
1.03	Day Room	1	26.0	26.0	Music, arts & crafts, speakers, socialization, meals
1.04	Group Room	1	18.0	18.0	Workshops, Support Groups, Expressive Arts (Kids, Teens)
Subtotal DH Net Area (NSM)				**67.0**	**NSF 721 sq. ft.**
2.0	***Day Hospice Support Services (DHS). Some spaces shared with RCU.***				
2.01	Shared Office, Program Staff	1	16.5	16.5	3 workstations
2.02	Office Medical Director	1	11.0	11.0	
2.03	Workroom, Copier (Share w/RCU)	1	7.5	7.5	
2.04	Staff Lounge	1	16.0	16.0	Nourishment station, coat rack, purse lockers (35), 2-fixture toilet
2.05	Toilet, Public, Female	1	14.0	14.0	2 sinks, 5 stalls
2.06	Toilet, Public, Male	1	12.0	12.0	2 sinks, 2 stalls, 2 urinals
2.07	Nourishment Station (home-like)	1	5.5	5.5	Snack prep, microwave, sink, counter, storage
2.08	Storage Room	1	12.0	12.0	Incl. equipment, linen
2.09	Small Kitchen (home-like)	1	11.0	11.0	Meal & food prep. Gas stove.
2.10	Housekeeping Closet	1	5.5	5.5	
Subtotal Day DHS Support Services				**111.0**	**NSF 1,194 sq. ft.**
TOTAL DH NET AREA (NSM)				**178.0**	**NSF 1,915 sq. ft.**
Gross: Net Ratio		**1.3**			
TOTAL DPS COMPONENT GROSS AREA (CGSM)				**231.0**	**CGSF 2,486 sq. ft.**

ACRONYMS

WCA	Wheelchair Accessible
NSM	Net Square Metres
CGSM	Component Gross Square Metres
BGSM	Building Gross Square Metres

Costs

- Until ownership of the Hospice space been determined, costs have been based on Total CGSF, rather than BGSF. Costs will increase if WAHS gains ownership (title) of its own space.
- Assume a cost of $250 per sq. ft. (psf).
- $250 X 2,486 sq. ft. = $621,500

Total Cost for Module 2: $621,500

MODULE 3 RESIDENTIAL CARE UNIT, COMPLETION

This Module represents the completion of the Residential Care Unit (RCU). It adds 3 more beds (and bathrooms) to the original 3 beds, making a total of 6 beds.

Scope of Services

- The reader is directed to Module 1, pages 3 & 4 of this document.

Workload Measures

- The reader is directed to Module 1, page 5 of this document.

Staffing Requirements

- The reader is directed to Module 1, pages 5 & 6 of this document.

Design Brief

- The reader is directed to Module 1, pages 6 to 10 of this document.

Space Requirements

- The reader is directed to Module 1, page 11, Items 1.03 and 1.05 (beds + bathrooms)
- Total CGSM to be developed is (79.5 NSM x 1.5 [Gross: Net Ratio]): **119.25 CGSM, or 1,283 sq. ft.**

Costs

- Until ownership of the Hospice space been determined, costs have been based on Total CGSF, rather than BGSF. Costs will increase if WAHS gains ownership (title) of its own space.
- Assume a cost of $300 per sq. ft. (psf).
- $300 X 1,283 sq. ft. = $384,900

Total Cost for Module 3: $384,900

MODULE 4 CONSOLIDATION OF SERVICES

Scope of Services

Workload Measures, Staffing Requirements, Design Brief and Space Requirements do not apply to this Module. As the WAHS evolves during the opening of Modules 1 and 2, it will determine if there is any need for additional staffing and space.

The scope of services in this Module includes mainly organizational and management functions, which will highlight and strengthen all the existing services in the previous three Modules. It will take planning retreats to set goals which will help accomplish the following:

- Will provide full scope of hospice care, including those described on pages 3 to 20
- Implement formal role as "hub" in the community
- Will provide access and help line, 24 hours a day
- Strengthen educational programs
- Strengthen volunteer program
- Investigate research opportunities with associated nursing and medical programs of study

We recognize that patients in our rural community receive hospice palliative care in many different settings. It is provided by family physicians, nurses, social workers, psychologists and clergy, as part of their everyday practice. Palliative patients move back and forth among the following settings:

Home Care ↔ Hospital Acute Care ↔ Hospital ER ↔ Lodge ↔ Assisted Living ↔ Long-Term Care

The WAHS intends to strengthen the relationships among the staff in these settings by offering to them educations sessions and training volunteers. While a palliative care course is offered in Calgary, WAHS may consider developing and offering such a course in Strathmore. The volunteer coordinator (cited in Module 2 Day Hospice), along with the RN Clinical Leader (cited in Module 1 Residential Care Unit), will likely be the two WAHS staff to coordinate with other community hospice palliative care providers to develop the Hospice into a "hub". Strong bonds already in place with the staff in the settings above will be nurtured and sustained resulting in strong palliative support across settings,

Volunteers will be a valuable source for staffing the "help line", 24 hours a day.

Scope of Services Cont'd

Here are some ideas for strengthening education, as well as supporting families-in-need.

- Strengthening palliative education by continuing to offer LEAP (Learning Essential Approaches to Palliative Care) courses to health care providers. This will continue to build internal capacity for our community to offer hospice palliative care. Costs vary, from $75 to $275 per person (for a standard course), to $300 to $500 per person (for an enhanced course). https://www.pallium.ca/course/leap-core/
- Offering a variety of educational opportunities, including continuing and improving the "Speaker Series", or "Lunch and Learn" sessions, given by experienced hospice palliative care practitioners will benefit the community.
- Scholarships may be offered to staff, including the Clinical Director, to attend courses, or conferences, which will advance their knowledge & improve hospice palliative care.
- While not educational, grants can be offered to families who have difficulty paying for a professional counsellor, to assist with complicated grief.

Costs

Assume $20,000 a year for LEAP hospice palliative care courses & other educational offerings (conferences); and family support.

MODULE 5 FORMAL EVALUATION OF HOSPICE SERVICES

Scope of Services

The scope of services in this Module includes mainly organizational and management functions. Once the Hospice is up and running, it will be important to ask, "How Are We Doing"? To facilitate an evaluation, it may be necessary to hire a temporary full-time staff member, to organize and execute the evaluation process.

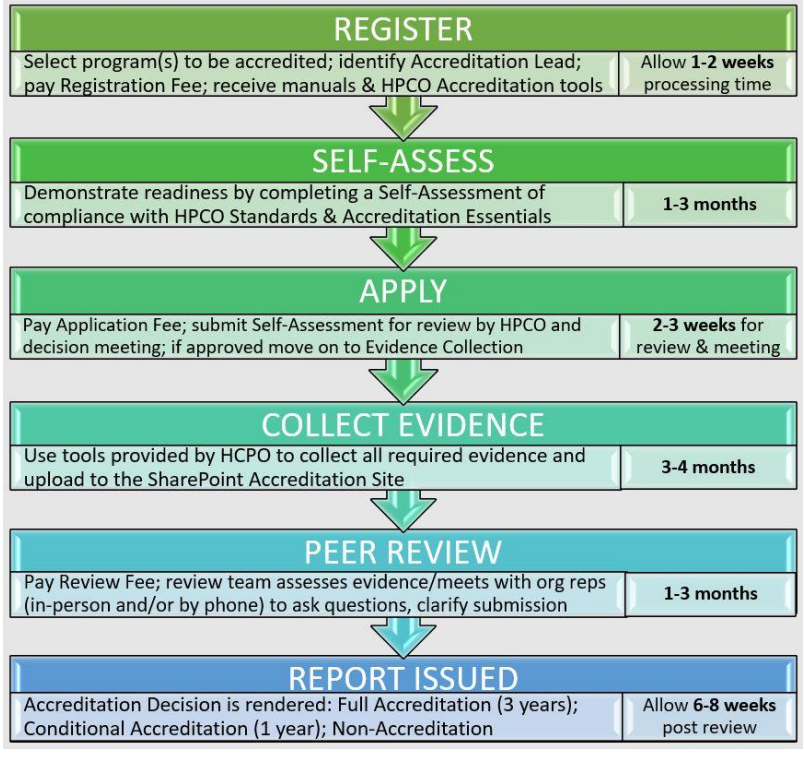
Scope of Services Cont'd

Recommendations to assist with this evaluation include:

- Accreditation Canada uses national standards of excellence to enable organizations to improve the quality and safety of their services. These standards are developed through consultation with expert advisory committees and are based on research and leading practice.
- Accreditation Standards for Continuing Care https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx
- Accreditation Standards for Hospice Palliative End-of-Life Care https://store.accreditation.ca/products/hospice-palliative-end-of-life-services

Sample Steps for Accreditation (Hospice Palliative Care Ontario [HPCO])

- https://www.hpco.ca/accreditation/



Costs

- Assume 1.0 FTE (consulting) RN for about a year. **Salary approximately $75,000**
- There will be production costs as well, undetermined at this time.

SUMMARY: SPACE AND COSTS, STRATHMORE REGIONAL HOSPICE

MODULE	TOTAL SPACE SQ. METRES	TOTAL SPACE SQ. FT.	TOTAL COSTS
Module 1 Residential Care Unit (RCU) (In Part)	**744.0 CGSM**	**8,006 CGSF**	**$2,209,200**
Module 2 Day Hospice	**231.0 CGSM**	**2,486 CGSF**	**$621,500**
Module 3 Residential Care Unit (RCU) (Complete)	**119.25 CGSM**	**1,283 CGSF**	**$384,900**
Module 4 Consolidation of Hospice Services	**No space req'd**	**No space req'd**	**$20,000**
Module 5 Formal Evaluation of Hospice Services	**No space req'd**	**No space req'd**	**$75,000**
GRAND TOTAL, ALL AREAS	**1,095 CGSM**	**11,775 CGSF**	**$3,310,600**
Building Grossing Factor	**1.25**	**1.25**	
TOTAL BUILDING GROSS AREA (BGSM)	**1,369.0 BGSM**	**14,719 BGSF**	**UNK**

Notes:

1. Staffing costs will to be determined closer to the time of opening. Staffing costs will likely comprise 80% to 90% of the operating budget.

ACRONYMS	
NSM	Net Square Metres
NSF	Net Square Feet
CGSM	Component Gross Square Metres
CGSF	Component Gross Square Feet
BGSM	Building Gross Square Metres
BGSF	Building Gross Square Feet

ADDITIONAL NOTES FOR THE HOSPICE

- To lower the Hospice footprint, the Gross: Net ratios, and some spaces, have been reduced from those of typical health care facilities.
- The implementation of the modules does not have to be in the order shown. It depends on the financial health of the WAHS and its priorities for the community.
- Consider preparing ceilings for ceiling lifts in the bedrooms and tub room in Module 1. It has been suggested that portable lifts are sufficient, but there are differing opinions on this.
- Consider adding 1.0 FTE Nurse Navigator to 5-year staffing table in the RCU, or Day Hospice. The role would be formalized in Module 4. An office space for her would be required.
- Consider adding a guest suite to the Day Hospice. It was removed from the first George Berry schematic design and not replaced. Motels are close to the future Hospice.