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This document contains answers to frequently asked questions about the Cowichan District Hospital Replacement Project. For additional information, please visit www.islandhealth.ca/newcdh or email newcdh@viha.ca and someone from our project team will be happy to assist you.

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QUICK FACTS & KEY FEATURES

FUNDING

- The estimated project cost is \$887.4 million, shared between the Province through Island Health and Cowichan Valley Regional Hospital District, with support from the Cowichan District Hospital Foundation. The Cowichan Valley RHD will contribute \$282.6 million towards the project.

SIZE

- Approximately 47,848 square-metres (515,000 square-feet). This is nearly three times larger than the current facility.
- Capacity for 204 beds, up from 134 in the current facility, featuring private and semi-private rooms to support best practices for infection prevention and control.
- 185 beds will be operational upon opening day; additional bed capacity will open in the future based on population growth.

LOCATION

- Located at 6751/6771/6793 Bell McKinnon Road in North Cowichan near the intersection of Herd Road and the Trans-Canada Highway.

SCHEDULE

- Construction is expected to begin in summer 2022. The hospital is targeted to open for patients in fall 2026.

SERVICES

- The emergency department will be triple the size of the current hospital and be able to accommodate 42,000 visits a year by 2035. The number of treatment spaces will increase from 17 to 36, with two trauma bays, rapid access and discharge space, fast-track streaming space, and a dedicated acute psychiatric space with two seclusion rooms.
- Mental health services will include a 20-bed inpatient psychiatry unit with access to secure outdoor space and a four-bed psychiatric intensive care unit as well as a dedicated acute psychiatric space in the emergency department.

- Culturally safe services and spaces will be integrated into the new hospital to accommodate traditional healing practices, cultural practices and room for loved ones to support patients during stays.
- There will be seven operating rooms, an increase of three, with one dedicated to C-sections, as well as increased CT scanning capacity and built-in magnetic resonance imaging (MRI).
- There will be a new birthing unit with a capacity for 10 maternity beds and a nursery for families and new moms. The new Labour, Delivery, Recovery and Postpartum maternity care model will provide mothers a place to give birth and to stay in the same room with their infants until they are discharged.

ADDITIONAL FEATURES

- The hospital will also be a training site for medical students in the University of British Columbia Island Medical Program and other allied health professionals.
- Existing and newly added services will be delivered with strengthened linkage to community-based services. (Visit [Cowichan Health and Care Plan](#) webpage for more details.)
- Parking will be free of charge. There will be 800 parking spots, an increase of approximately 400 parking spots over the current facility.
- The new hospital will be built to achieve all BC building codes required for accessibility.
- Built to achieve LEED Gold® (Version 4) standards, with additional building features that will further reduce energy consumption and greenhouse gas emissions; with upgrades to the surrounding area to improve the road network and water system, extend the sanitary sewer system to the site, improve transit infrastructure, and manage storm water run-off from the site.
- The hospital will be the first major health capital project in the Province of BC to be delivered under the Community Benefits Agreement (CBA), which increases employment opportunities during the construction phase through priority hiring for locals, Indigenous people, women, youth, people with disabilities, and other groups traditionally underrepresented in the trades.

COST/FUNDING

How much will the new hospital cost to build? Who are the funding partners?

- The budget is estimated at \$887.4 million.
- The BC government, through Island Health, will fund: \$604.8 million
- The Cowichan Valley Regional Hospital District will fund \$282.6 million
- The Cowichan District Hospital Foundation will also be supporting the project.

CAPITAL PLANNING

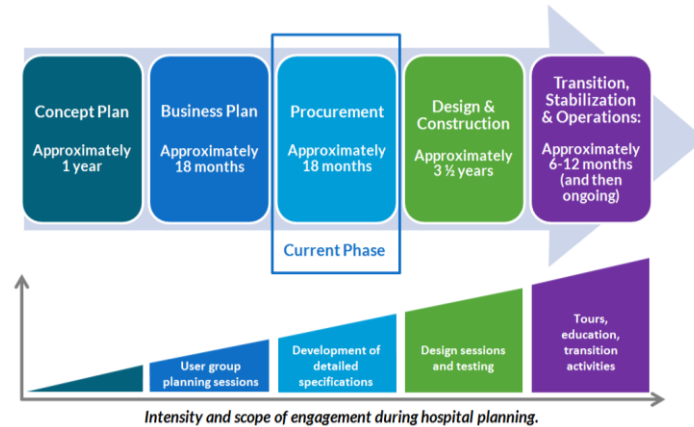
What has the capital planning process timeline been to date?

- 2010: Island Health began consultations with hospital staff, Cowichan Valley Regional Hospital District and Cowichan District Hospital Foundation to finalize a master site plan.
- 2012, 2014, and 2016: the Cowichan Valley Regional Hospital District and the Municipality of North Cowichan advocated with the previous government to advance the project, purchasing potential sites for the future hospital redevelopment, rezoning for hospital use, and prioritizing capital funding for a new hospital.
- January 2017: The province approved Island Health to proceed with developing a concept plan.
- July 2018: Premier Horgan and Health Minister Dix announced approval of the CDH concept plan.
- Sept 2020: Premier Horgan announced business plan approval.
- Dec 2020: the Request for Qualifications was issued by Island Health through Infrastructure BC.

- April 2021: Health Minister Adrian Dix announced the land transfer for the new hospital and the shortlisted respondents to the RFQ, along with the release of the materials for phase 1 of a 2-step RFP process.

What are the capital project planning phases, where are we now, and how can I receive project updates?

- The project is now in step 3 of the 5-step capital planning process: the procurement phase.
- On July 6, 2018, government announced the approval of the concept plan - an important part of the process for planning a new hospital. The concept plan outlined a high-level vision, providing a framework for health services and infrastructure.
- The business plan, approved in 2020, finalized details such as the scope of the new facility, the schedule and the budget, and moved the project forward to the procurement stage of the process.
- During procurement, we will determine the team responsible for the design and construction of the new hospital.
- Following procurement, the project will proceed to the design and construction phase, which will create many local jobs for tradespersons in the Cowichan Valley.
- The timelines in this graphic are approximate and will vary depending on market conditions and the impact of the evolving COVID-19 pandemic in our communities.
- Consultations and engagement during procurement will focus on confirming detailed specifications in collaboration with staff, physicians, local elected officials, provincial government, Indigenous communities, Cowichan citizens and numerous community partners prior to moving to the design and construction phase.
- To be notified of public engagement opportunities and subscribe to updates, email newcdh@viha.ca or visit www.islandhealth.ca/newcdh. Engagement opportunities will also be shared on Island Health’s Facebook and Instagram pages and advertised in local media when appropriate.



When will construction begin and when will the new hospital be open?

- Procurement is expected to occur throughout 2021.
- Ground-breaking and construction is expected to begin in summer 2022.
- The hospital is scheduled to open for patients in fall 2026.

Will the hospital replacement be delayed due to the current pandemic?

The COVID-19 pandemic is affecting all aspects of our communities and is impacting the way we live and work. The health and safety of our workers and our community will always be our top priority and we are adapting the way we work to support physical distancing and virtual communication whenever possible. We will continue to adapt and respond to the evolving needs of the pandemic in the province and follow guidelines set out by Dr. Bonnie Henry, the BC Centre for Disease Control and the Ministry of Health.

COMMUNICATIONS & ENGAGEMENT

How have staff, stakeholders, medical staff, Indigenous peoples and community members been involved in the hospital planning process to date?

Community engagement:

- At the launch of business planning (fall 2018), Island Health began inviting staff, physicians, volunteers, local Indigenous communities and organizations, service partners and members of the public to participate in a

series of engagement opportunities to gather feedback, answer questions and encourage people to contribute to the process of transforming health care in the Cowichan Valley region.

- Public sessions were promoted via local media, social media, quarterly newsletters, online and by email.
- A summary of the feedback from the concept plan public open house info sessions is posted [here](#).
- Patient partners from the Patient Voices Network and community-based service partners also participated in focus groups related to planning the new hospital experience and the Cowichan Valley Health and Care Plan and will continue to be involved in the work as the project moves forward.

Indigenous community engagement:

- The Cowichan Region is home to eight distinct First Nations and approximately 12% of the total population served by Cowichan District Hospital self-identifies as Indigenous.
- The communities include: Cowichan Tribes, Ditidaht, Penelakut, Halalt, Stz'uminus, Ts'uubaa-asatx, Lyackson, Malahat First Nations. Members of Pacheedaht First Nation in Port Renfrew also access services and care at CDH. CDH also serves the Métis Nation, Inuit and the Hiiye'yu Lelum – House of Friendship which serves the urban Indigenous populations within the Cowichan Valley Regional District.
- Engagement with Indigenous communities began early in the concept plan phase.
- During business planning, Island Health hired an Indigenous Engagement Manager.
- During business planning, a grant from the Social Sciences and Humanities Research Council supported Indigenous engagement on the project and a report was developed to document the feedback from communities outlining best practices for engagement and topics of importance to the communities.
- The project team invited each of the area First Nations, Métis Association and Friendship Centre to nominate individuals to represent them on an Indigenous Advisory Council to ensure that the Indigenous and Métis patient voice is incorporated into the plans for a new hospital.
- The committee met three times, and in-person visits to each community also occurred during business planning (pre-pandemic) and the committee met in April 2021 via Zoom. We are currently working with FNHA to develop a pathway of communication to ensure all Nations are represented and the Partnership Accord is formed in the CDHRP engagement process.
- During procurement, the project's Indigenous Engagement Manager role was developed into Special Project Director, Indigenous Engagement. This individual sits on the project leadership team to support Indigenous engagement and cultural safety throughout all phases.
- The Special Project Director for Indigenous Engagement is developing a framework, in consultation with Indigenous communities and organizations and Métis people to support culturally respectful engagement, confirm participation and communications, and inform service delivery during current and future phases.

Clinical, non-clinic staff and medical staff engagement:

- To date, we have had 30-40 staff and physician user groups – with representatives from all program and service areas. User groups were established during business planning to determine the services that would be delivered in the new hospital and how they will be delivered, including the space, staffing, location, layout, technology, equipment, training and funding to support these services.
- These user groups are in the process of resuming, and will continue through current and future phases of the project.

How are patient voices being included meaningfully? How are you ensuring diversity of voices is heard - families, single parents, youth, seniors?

- The project currently includes two Patient Partners on our Clinical Advisory Committee.
- The procurement phase is a relatively quiet public engagement phase, but engagement with user groups and key stakeholders resumed starting in the spring 2021.

- Engagement will increase as the project approaches the design and construction phase and there will be opportunities for patients/family caregiver advisors to officially provide input into the design and service delivery.
- The project is in the process of developing the next phase of its clinical engagement process to determine how best to include patients and families in our work. We will have more information on this process at our next community project update in October 2021.
- The project will plan regular updates and engagement opportunities to provide information and seek input around opportunities for local businesses, employment, service delivery, art and volunteering.
- You can learn more about our work in our most recent [project newsletter](#), which was released June 18, 2021.

How can I provide input into the project, ask questions or learn more about the CDH Replacement?

- Members of the public who are interested in providing feedback, asking questions or volunteering as Patient Partners are encouraged to email newcdh@viha.ca.
- To be notified of Patient Partner opportunities, please sign up with the Patient Voices Network BC at: <https://patientvoicesbc.ca/patient-partners/get-involved/>. We will also share these opportunities through broad and targeted external communication channels.
- Staff who are interested in providing input are encouraged to email newcdh@viha.ca or contact their supervisor to express an interest in the staff user groups.
- Neighbourhood consultations will be arranged for those living in the Bell McKinnon area in advance of any major work.
- Quarterly community info sessions launched on June 30, 2021 via Zoom. A video recording of the June 30 community info session is posted [here](#). The next interactive community info session will be held in October 2021.
- To receive future project updates and notifications about engagement opportunities, email newcdh@viha.ca to subscribe, or visit our project website at www.islandhealth.ca/newcdh. You can also email your feedback, questions and suggestions to us and someone from the project team will respond Monday through Friday.

SERVICES/OPERATIONAL

What are the key features of the new hospital?

- The new hospital is anticipated to be approximately 47,848 square-metres (515,000 square-feet). This is nearly three times larger than the current facility.
- It will have capacity for 204 acute inpatient beds, up from 134 in the current facility, featuring private and semi-private rooms for improved infection prevention and control.
- 185 beds will be operational on opening day.
- The emergency department will be triple the size of the current hospital and be able to accommodate 42,000 visits a year by 2035. The number of treatment spaces will increase from 17 to 36, with two trauma bays, rapid access and discharge space, fast-track streaming space, and a dedicated acute psychiatric space with two seclusion rooms.
- There will also be seven operating rooms, an increase of three, with one dedicated to C-sections, as well as increased CT scanning capacity and a built-in magnetic resonance imaging (MRI) machine.
- Mental health services will be brought up-to-date with a 20-bed inpatient psychiatry unit with access to secure outdoor space and a four-bed psychiatric intensive care unit as well as dedicated acute psychiatric space in the emergency department.
- There will also be a new birthing unit with a capacity for 10 maternity beds and a nursery for families and new moms. The new Labour, Delivery, Recovery and Postpartum maternity care model will provide mothers a place to give birth and to stay in the same room with their infants until they are discharged.
- Culturally safe spaces will be part of the new hospital to accommodate traditional healing practices, cultural practices and room for loved ones to support patients during stays.

- The hospital will also be a training site for medical students in the University of British Columbia Island Medical Program.
- There will be space for 800 parking spots, an increase of approximately 400 parking spots over the current facility. Parking will continue be free of charge.
- We expect early works to begin in summer 2021, construction to start in 2022 and the new hospital to be ready for patients in fall 2026.
- Existing and newly added services will be delivered with strengthened linkage to community-based services. (See details re: Cowichan Valley Health and Care Plan, below.)

Can you provide more details about the bed capacity?

- The hospital is being built with 204 beds which is more than we expect to need when the hospital opens in 2026.
- This number indicates our commitment to build for the future.
- It is in keeping with our intention to build a hospital that will have capacity for community growth over the coming decades.
- With the work that Island Health is leading around a community-wide, Cowichan Valley Health & Care Plan, we are confident that we will be able to open at our planned 185 beds and manage the demand.
- For reference, since the start of the COVID pandemic, the average occupancy of CDH has been below 100% with a bed base of 134. In that time Island Health has increased the operations completed by approximately 20%.
- With the building Island Health is planning, these numbers give us confidence that we can provide excellent care for the people of the Cowichan Valley well into the future.

Will midwifery care be included in the maternity ward?

- Yes. Midwifery care is available at the current hospital and will continue in the new hospital. Midwives have been involved in the planning process and will continue to provide input into the future service model for the new CDH.

Will there be free public WiFi?

Yes.

Will there be food services at the new hospital?

- The new hospital will include a stand-alone full-production kitchen to enable healthy options and “scratch cooking” of most items.
- Locally-sourced ingredients will be used when possible.
- Inpatient meals will be prepared and cooked on site.
- There will be a cafeteria and space for a bistro.

Will there be options for Indigenous foods?

- Yes. The project team is exploring different options in consultation with Indigenous knowledge-keepers and in consultation with Island Health Indigenous staff, and will also gain input from the CDHRP Indigenous Advisory Committee to determine a service model that is both culturally appropriate and sustainable. We look forward to sharing more information as this work evolves.

What steps are being taken to create culturally safer health services for Indigenous, Métis and Inuit people?

- Cultural safety is an integral part of our work at Island Health. The hospital project team, the workforce involved in building the new hospital, as well as current and future staff will continue to undertake cultural safety training throughout all phases of the project to ensure that Indigenous, Métis and Inuit people feel safe when accessing health services and care, when working at Island Health, and on the project.

- Cultural safety and humility is being embedded in the planning, construction and operation of health services throughout Island Health and in the Cowichan region.
- Indigenous engagement and participation on the project has been prioritized since the beginning of the project and will continue through future project phases.
- In addition, Indigenous advisory working groups will have opportunities to advise on all elements of the hospital such as:
 - Architectural and artistic components inside and outside
 - Landscaping, medicinal/traditional plants
 - Culturally relevant food menu
 - Spaces that support ceremony and clinical spaces that support larger family support systems
 - Wayfinding

Will efforts be made to accommodate the needs of other cultures represented in Cowichan communities, e.g. South Asian?

- We are currently working on outlining the next phase of our clinical engagement process, to determine how best to include patients and families in our work. Diversity and inclusion are important to the project, and to Island Health. We will have more information on this process at our next project update in October 2021.

How will the design and construction of the hospital consider accessibility? (e.g. people who have mobility issues, sight challenges)

- The new hospital will be built to achieve all of the BC building codes that are required for accessibility.
- As a hospital, we have a focus on ensuring accessibility is fully considered and will have experts on the design team that will help us ensure we consider a wide range of accessibility challenges across the entire hospital and site.

How are the needs of children being included; not just on the paediatric unit, but ER, day surgery and more? The current hospital is geared to adults with kids seen as mini adults.

- There are a number of components that include paediatric considerations. Children will be looked after on the paediatric unit before their surgery. Immediately following their surgery, they will recover in the critical care unit first, then return to the paediatric unit to receive care until they are discharged home. There is outpatient clinical space on the paediatric unit as well as some expansion spaces in ambulatory care. There is a treatment room in the emergency department that is designed to treat children, but will be flexible for other emergency care needs as well. There are also spaces for child/youth mental health care in the paediatric unit, and landscaping features that support children who are visiting the hospital with adults.

What features will be incorporated as a result of the pandemic?

- As a post disaster facility, the design and construction of the new hospital will be designed to maintain services in a host of post disaster conditions including earthquakes, severe weather conditions and mass causality events such as pandemics.
- Pandemic learnings are evolving and will continue to be monitored and incorporated into the new build to ensure flexibility of the facility to provide care for future similar events. These include improved isolation capabilities in every clinical department as well as thoughtful considerations regarding the flow of patients, staff, equipment and supplies in the new building.

PARKING AND TRANSPORTATION

Will there be free parking?

Yes. There will be 800 spaces (surface parking), approximately double the number of spaces at the current hospital.

The site is located farther away from the downtown core than the current hospital. What kinds of transportation methods will be considered at the new site?

- Getting the right mix of parking, accessibility, alternate and active transportation is a key consideration of the plan for a new facility.
- The team continues to study the many ways people may be travelling to and from the facility and will aim to work collaboratively with other agencies and groups to ensure there are appropriate transportation options for patients and staff.
- The new site will be accessible by wheelchair, bus, bicycle, helicopter, ambulance, automobile and pedestrian traffic, while also considering ways these may change over time. Gas powered cars of today may shift towards electric vehicles tomorrow, and later evolve into self-driving vehicles as technology changes.

Have the helicopter flight paths been determined? Approaching over Somenos Lake is not preferred as sound travels over water; would prefer approaching from the west where there is a lower population density.

- Yes. For safety purposes, the helicopter will be flying into the wind for take off and landings. The heliport will be located on the roof, so the helicopter will be approaching at a higher altitude than it would for a ground level helipad. Prevailing winds for this site indicate flight paths will typically occur east/west and west/east, depending on the time of the year. It is anticipated that our average annual use would be approximately 50 flights per year.

ENVIRONMENTAL CONSIDERATIONS

How will the project be environmentally responsible?

- Environmental sustainability and resilience is a priority for the new Cowichan District Hospital. As with all new publicly funded facilities in BC it is being designed and constructed to meet a minimum of LEED Gold (Leadership in Energy and Environmental Design) building standards. Island Health has identified 50 mandatory credits to ensure priorities such as protection and restoration of habitat, water conservation, energy efficiency, low greenhouse gas emissions, utilization of environmentally safe products, reduction of waste and ensuring a healthy, safe indoor environment is achieved.
- Indigenous values will also guide the process to protect the environment and to ensure sustainable practices are in place to protect all life, the water and the salmon.
- The project team is tasked to use design methods, operational practices, and full lifecycle considerations of building materials and energy systems to promote environmental quality, social benefits, protection of human health, indoor environmental quality, and economic vitality for the Cowichan region.
- The air quality will be protected and greenhouse gas emissions reduced due to the use of low carbon energy sources, a total systems approach to minimize energy usage and reuse of waste heat for operating the facility. Minimizing impact on the air quality will result from the design of the site and neighbourhood to facilitate active transportation, transit and the use of electric vehicles.
- Development of the site will follow environmental management and habitat compensation plans that will identify natural assets such as soils, wetlands, native species, wildlife and bird habitat and require mitigation and compensation strategies for construction disturbances and to maximize biodiversity and pollinator habitats on the site. A large stand of Douglas fir on the eastern side of the property will be conserved. The construction activity will be timed and managed to minimize disturbances to migratory birds and wetlands.
- Waste during construction will be minimized by the contractor through a waste management plan and the facility will provide adequate provision of storage for Island Health's recycling programs.
- The building will be developed to minimize the use of potable water and also impact to natural water sources through run-off and storm water management. The new hospitals in the Comox Valley and Campbell River have the lowest water use intensity of all Island Health hospitals. The design team will be working to meet or exceed that performance.

- Recognition of the changing climate and designing for future impacts will also be included in the project. The climate will be changing through the life span of the hospital and therefore adaptive strategies and flexibility to allow for future adaptation will be imperative to ensure a safe and functional facility through its entire lifespan.

How will storm water run-off from the parking lot be managed?

The Project team has worked with the Municipality of North Cowichan to ensure storm water will be well managed. Before leaving the site, storm water will be filtered to reduce the total suspended solids, such as soil, and remove any hydrocarbons, such as oil or gas. Additionally, a retention pond is planned to reduce the volume of storm water leaving the site and provide an environment for wetland plants and animals.

How will the new hospital be powered and what are the facility's emission standards? Will natural gas be used?

- The new CDH will be primarily powered by clean electricity. Greenhouse gas emissions will be at least 75% lower despite its size being 3x larger than the current hospital. It will also be approximately 30% more energy efficient and 60% more water efficient.
- We are working to reduce the use of natural gas. We are relying heavily on electricity (facility is currently planned to be approximately 97% electrified) and are seeking full electrification. At this time, we don't know if we will be fully electrified, but will know more upon completion of the procurement process. The hospital is a post-disaster facility so natural gas may need to be an option for redundancy, but our preference at this time is to be fully electrified.

How will building proponents be inspired to shoot for net zero carbon emissions?

- As part of the procurement model, one of our Key Result Areas (known as "KRAs") involves lifecycle and sustainability of the facility. This process encourages proponents to meet the requirements and stretch to exceed them and there is money associated within the project to do so. Island Health will be working with the proponents as they develop their design solutions.

HUMAN RESOURCES

Will housekeeping services be contracted out?

- Housekeeping Services at CDH are currently contracted out and no decision has been made regarding changes to this service model.

Will food services be contracted out?

- At this time Food Services is planned to continue as an Island Health function.

When will we expect to see new jobs?

Health care careers

- We will have more details around our staffing levels in future phases of the project. We have a clinical advisory committee that is undertaking this work with our program staff, and will explore ways to increase our service and staffing levels in a phased approach to prepare us to be able to meet the needs of greater space and service levels in the new building prior to the move.
- As healthcare career opportunities arise, they will be posted at www.islandhealth.ca/careers.
- Island Health is also committed to ensuring our services and our workplaces are culturally safe and respectful, and our workforce resembles the population we serve more closely.
- We will be working with First Nation, Indigenous and Métis organizations to encourage members and youth to pursue health care careers. For more information on Island Health's Indigenous Employment Program, visit: www.islandhealth.ca/careers/indigenous-employment-program.

Careers in the trades

- During construction of the hospital, through the use of the Community Benefits Agreement (CBA), a portion of the jobs will reflect priority hiring for locals, Indigenous peoples, women and other

underrepresented groups in the trades. It will also allow additional apprenticeships and training opportunities on-site for people to help grow a more diverse workforce for the province.

- BC Infrastructure Benefits (BCIB) will implement the CBA for the project and work with, and in, the community to build awareness about job opportunities on the construction site.
- We can expect to see job opportunities posted almost immediately, and these will continue to increase as we enter into design, construction and activation of the new hospital.
- As we advance, there will be an increase in project team members who will work and live in the area.
- As we enter full design and construction in 2022 there will be many design and construction workers working on the new hospital. All of the design and construction activities will contribute to the economy.
- Visit www.bcib.ca/home-2/workers/ for information about career opportunities in the trades.

With influx of labourers and tradespeople, how will the project plan for/anticipate local accommodation needs?

- It is a significant challenge considering all of the projects happening in the Cowichan Valley. The Project is in the process of addressing this with our proponents and will be engaging local leaders, business owners and community members to identify all possible solutions in advance.

Do you anticipate a shortage of specific skills besides construction trades? Will there be an increased need for health care aides for example?

- Currently, we are experiencing staffing shortages in the health authority and across the province. We have a number of initiatives underway to enhance our recruitment and retention. We will be continuing to work through this as we advance towards the new hospital, however, given the new services, larger footprint and increase in the overall bed capacity, we will require additional staff in the new hospital and are undertaking some focused planning as we move forward.
- Once we have a final design, we will be more able to determine the staffing models we will need to support the design.
- We expect to need more of all of our support services and clinical disciplines as we understand what our demand is going to look like in the new hospital. We will be doing some health human resources planning, along with population projections for the community and Island-wide, and projecting out the demand for that future state.
- We will also be connecting with post secondary schools to talk about needs, but we will need to have a final design in place before we can provide accurate projections. Nevertheless, this is a key consideration for our future. Technology and staffing models will also effect these needs.

What are the attributes of the provincial government's Community Benefits Agreement?

- The Community Benefits Agreement (CBA) increases opportunities for locals, Indigenous peoples, women and other underrepresented groups who want to start a career in the skilled trades.
- It provides more training opportunities for apprentices, so they can complete their certification, building a skilled trade workforce for the future.
- The CBA ensures competitive, transparent wages with fair working conditions that foster a workplace free of discrimination and harassment and celebrates the cultural differences of all involved on the project.
- This is the first major capital health project to be delivered under the Community Benefits Agreement.

How will it benefit apprentices?

- Improving employment and enhanced training opportunities for apprentices to complete their certification is an important part of the Community Benefits Agreement.
- This project expands the CBA's impact with additional apprenticeships and training opportunities for people and helps grow a more diverse workforce for our province.

- More training opportunities for apprentices on public projects will help address the skilled trade shortage now and in the future.

Will non-unionized workers be excluded from the workforce?

- Anyone can apply for work on CBA projects and CBA worksites are unionized.
- The provisions of the CBA require workers to join one of the 19 Building Trades Unions within 30 days of working on the jobsite. This applies to any non-union worker or workers from other unions.
- The intent is to provide opportunities to as much of the workforce as possible, and make sure that everyone gets an opportunity to participate in the construction job market, regardless of union affiliation.

What will be the benefit for those workers who join the union for such a short period of time?

- Those workers will benefit by having secure employment at a pre-negotiated and known wage and benefit structure.
- The workers do not have to continue with the union when their work on the project is complete – but they can stay on and continue to benefit from union jobs across the province.

The members also receive additional support to assess their skills and abilities in ways that could be applied to achieving new credentials at a faster pace.

What kinds of business opportunities will be available for local suppliers during/post construction, under the CBA initiative?

- We will know more about the available opportunities once the proponent has been selected through the procurement process. In the meantime, BC Infrastructure Benefits has been actively reaching out to businesses to familiarize them with the project and the CBA. We know a hospital of this size will require a significant number of people in the mechanical and electrical sub-trades.
- BC Infrastructure Benefits will be hosting information sessions for subcontractors and businesses interested in learning how they can work on the project in the coming months as the project advances through the procurement process.

Will small businesses who are not unionized be able to participate in any aspects of the construction project?

- Yes. Projects which fall under the Community Benefits Agreement will be open to any contractor who wishes to bid on the project through the procurement process. Once on the worksite, workers will become members of the appropriate union while they work on the project.

LOCATION/SITE

Where will the new hospital be built?

- The new hospital will be located in North Cowichan, on Bell McKinnon Road near the intersection of Herd Road and the Trans-Canada Highway.
- The combined 22-acre site was purchased by the Cowichan Valley RHD in 2015 and has subsequently been rezoned to allow for full hospital operations on the site.
- The proposed new site, central to the entire Cowichan Region, best met the selection criteria and was identified as the preferred site after a two-year search that looked at 20 potential locations.

What will happen to the current CDH building and site when the new hospital opens?

- The existing hospital will be decommissioned upon completion of the new facility.
- Future use of the Gibbins Road site has not yet been determined.
- To be notified of engagement/consultation opportunities related to the current site, email newcdh@viha.ca.

Is the demolition of the current site within the scope of the CDHRP?

- No. Demolition of the existing hospital will be managed separately.

What are the details around the land transfer?

- March 25, 2021: In a cultural ceremony led by Cowichan Tribes, on whose unceded traditional territory the hospital will be built, the Cowichan Valley Regional Hospital District (CVRHD) transferred the land slated for the new hospital to Island Health.
- The land transfer involves Island Health purchasing three land parcels totaling 9.22 hectares (22.8 acres) on Bell McKinnon Road in North Cowichan from the CVRHD for a cost of approximately \$3.4 million.
- As project partners, it was important to recognize Cowichan Tribes enduring relationship to their lands, as part of this land transfer, and to move forward respectfully as partners. A video of the ceremony which included Cowichan Tribes Councillor Albie Charlie, CVRHD Chair Aaron Stone and Island Health CEO Kathy MacNeil is available at www.islandhealth.ca/newcdh/news

How was the Bell McKinnon property chosen? What are the benefits of this site?

A committee of the Cowichan Valley Regional Hospital District and Island Health spent two years searching for suitable sites. In total, 21 properties were put forward for consideration under the committee’s selection criteria. The Bell McKinnon property best met all the criteria, which included:

- A buildable area of at least 15 acres outside of the 500-year floodplain;
- Outside the Agricultural Land Reserve;
- Alignment with local government growth management plans; and
- Proximity to major population hubs, transportation links and other emergency services.

Who was consulted in the property selection process? Were First Nations and Indigenous peoples consulted?

- Beginning in November 2013, more than 30 open house and community meetings were conducted and attended by more than 1,500 people.
- These included a wide range of groups including Cowichan Tribes, Our Cowichan Communities Health Network, business and service clubs, neighbourhood and ratepayers associations, regional and municipal government, physician and nurses groups, and the Cowichan District Hospital Foundation and Auxiliary.

Why is the preferred site so far from Duncan’s downtown core?

- The Bell McKinnon property is central to the entire Cowichan Valley region. The following chart* provides a comparison of driving distances and travel times to the existing hospital and the Bell McKinnon site.

DRIVING DISTANCES AND TIMES (estimated without traffic, using Google Maps)		
COMMUNITY	TO CURRENT LOCATION	TO PROPOSED LOCATION
North Oyster	39 km, 34 minutes	33.5 km, 27 minutes
Town of Ladysmith	30 km, 25 minutes	24 km, 18 minutes
Chemainus	21 km, 20 minutes	16 km, 16 minutes
Town of Lake Cowichan	27 km, 21 minutes	27.5 km, 21 minutes
City of Duncan	2 km, 4 minutes	4.5 km, 6 minutes
Cowichan Bay	11 km, 13 minutes	14 km, 13 minutes
Shawnigan Lake	22 km, 24 minutes	24.5 km, 24 minutes
Mill Bay	21 km, 20 minutes	23.5 km, 20 minutes

*Source: Cowichan Valley Regional District, June 2020:

www.cvrhd.bc.ca/DocumentCenter/View/71160/Brochure-A-New-Site-for-a-New-CDH

- The site offers quick access to key transportation routes, is 500 metres from the Trans-Canada Highway and allows the same or faster access by vehicle from outlying parts of the region.
- Transit routes can and will be adjusted to service the new location.
- For more details, visit the Municipality of [North Cowichan’s Bell McKinnon Local Area Plan](#).

What kinds of changes will have to happen to the proposed site to make it work as a hospital?

- Roads, traffic controls, water delivery, storm water removal, sewer services and other utilities around the site will need to be improved.
- Improving public transportation and other modalities such as biking and walking trails will also be a priority.
- The new hospital and site will be supporting the conditions and principles outlined under the Municipality of North Cowichan's, Local Area Plan for Bell McKinnon. Key directions include, smart growth, people-friendly streets, access to nature, and housing choices. Additional information can be found on the Municipality of North Cowichan's [website](#).
- Bell McKinnon area neighbours and other interested parties are encouraged to opt in to our neighbourhood engagement opportunities and updates by emailing newcdh@viha.ca.

How will the new hospital be seismically safe?

The BC Building Code 2018 requires hospitals be designed and built to function as Post Disaster Buildings. The Cowichan District Hospital will be designed to modern seismic standards that meet the earthquake loads for its function and geographic location.

Are there plans to improve the current hospital's seismic index?

- Not at this time. CDH was built in 1967, which significantly predates modern building codes. We are aware of the seismic risks posed by the existing building, which is one of the reasons why a replacement of CDH is our top capital priority.
- Island Health has disaster preparedness plans in place for all hospitals in its service region and the current CDH works proactively with Health Emergency Management BC on emergency preparedness planning. In addition, Island Health has excellent processes in place for transporting patients when necessary and the province has mobile medical units that can be dispatched to CDH and other sites in the event of an emergency or disaster.