

FAQ: Kenora's New Hospital

What are the next steps for this project?

We anticipate that we will be matched with a team at Infrastructure Ontario (IO) to jointly decide upon a project delivery model. Infrastructure Ontario will support us in completing due diligence at the site and procuring the necessary consultants to move into detailed design.

What do you mean by project delivery model?

Models refer to the organizational structure of the project, defining how the owner, designer, contractor and funders interact and collaborate. IO works with owners to select the best option for each project. These objectives govern these decisions:

- Creating competition and enabling innovation;
- Allocating project risks to the right party and appropriately incentivizing/ensuring performance;
- Providing as much cost certainty as possible for taxpayers.

People are typically familiar with a typical design-bid-build (DBB) model, but IO mainly uses Alternative Financing and Procurement (AFP) models, known as P3 or Public-Private models.

What types of due diligence need to be completed at the site?

IO requires a rigorous set of site investigations that define site conditions and subsurface site conditions. Documenting these results means that design can take any challenges into account and builders can more accurately price risks in their bids. Examples of this due diligence include environmental site assessments, geotechnical investigation, topographical survey, and hydrogeological assessment.

What do you mean by detailed design?

This means developing drawings to a progressively

detailed level that can be costed and used for bidding and contractor selection, clearly articulating the requirements of the hospital and other core buildings. A "tender set of drawings" is the terminology often used with traditional construction models, but our model may vary from this.

What is the project schedule?

The final project delivery model will dictate how long the project will take. When the model has been settled upon with Infrastructure Ontario and the Ministry of Health, target dates will be set for each of the project milestones.

Can't you be more specific about the project schedule?

Looking at other IO projects it takes approximately three to three and a half years to get the 'shovels in the ground,' from the first step in the detailed design and procurement phase.

What is the value of the hospital project?

The core hospital project will be in excess of \$800 million.

Will the new tariffs affect the hospital project?

Yes, the cost of the project is anticipated to be impacted by tariffs. Infrastructure Ontario's industry knowledge and the expertise of the design and engineering consultants to minimize this impact.

What size is the hospital project?

The hospital itself will be almost 320,000 square feet. The other core project buildings are almost 38,000 square feet in total. Buildings for community partners that wish to colocate with the hospital total 110,000 square feet.

What services will be offered?

The core project includes the hospital, LWDH outpatient mental health services, community mental health services, the hostel, sweat lodge and teaching lodge.

Hospital services will expand to include a transitional care unit, expanded mental health inpatient unit, expanded outpatient clinics and medical day care, and more visiting specialists. Hospital care will be a blend of traditional medicine with western medicine. To support this, there will be an expanded Indigenous Relations Department, with work areas for Elders, healers, navigators and educators, along with a ceremonial room, and a traditional kitchen. These are all just examples of some of the spaces, along with expanded family and quiet spaces and staff wellness space.

What types of municipal approvals are required for the project to proceed?

The City and hospital have had preliminary discussions about potential changes relating to the Official Plan, Zoning and Site Plan Control. The path forward will be documented by the two parties with support from the hospital's urban planning consultants.

Is 81 inpatient beds sufficient for our future?

The Ministry of Health's planning process requires that future bed projections take into account not only future demographic changes, but also changes in health care practice and in the system overall. By the time the hospital is open, we are optimistic our communities will have more long-term care beds (with a new Wiigwas Home and the opening of the Grassy Narrows Mercury Care Home), a more robust home care service, and a more comprehensive primary care system with the new Rural Generalist Model. These changes will all have a positive impact on the demand for hospital beds.

Do you intend to build a 'green' hospital?

We understand how important sustainable development and effective stewardship are to LWDH staff and our communities. The hospital design will meet LEED Silver standards, at a minimum. LEED stands for Leadership in Energy and Environmental Design. Further opportunities will be explored to reduce the hospital's environmental impact such as the feasibility of mass timber construction and geothermal energy.

Are there site services to the property?

No, there are currently no site services to the property, but the City of Kenora is planning to put those in place and has accounted for these costs in their capital plan.

How will the significant number of construction workers find somewhere to live in Kenora?

The overall property purchased by KCA can potentially offer opportunities to develop housing for construction workers, hospital staff and the public. Another alternative is that the general contractors be requested to put in place a temporary housing solution. This has been used as a strategy by other hospitals.

How will the public be involved in the project?

There will be numerous opportunities for the public to have input, a public open house about the larger overall site is being planned for early fall of 2025. Consultations will be set up at various stages along this journey of detailed hospital design.

How will staff and patients be involved in the project?

Detailed design will be carried out with user groups (including front line staff and leadership) representing each of the functional areas of the hospital. Crossfunctional planning meetings will be held to review workflows and future innovation. Patient and family representatives will be invited to participate in select user groups such as the Emergency Department. In addition, focus groups will be held to gather input from patients and families.

Below: Concept illustration of patient room

