1.0 INTRODUCTION

Chapter 1.0 provides an overview of the Health Facilities Capital Program (Capital Program) components and the roles of the key organizations involved in the Program. This Chapter also includes an overview of the Health Facilities Capital Program Manual (Manual) structure and describes the process for amendments to the Manual.

The Manual has been developed collaboratively by Alberta Health (HEALTH), Alberta Infrastructure (INFRA) and Alberta Health Services (AHS) (the Parties). The Parties work together to build the right facilities in the right communities to meet Albertans' health needs now and into the future.

The Manual is developed in accordance with the priorities outlined in the Memorandum of Understanding and under the guidance of the Joint Steering Committee. It describes responsibilities, accountabilities and processes for the planning and delivery of the Program.

This Manual supersedes the Health Capital Planning Manual, 3rd Edition (Revised April 2005).

1.1 Health Facilities Capital Program

The Capital Program refers to all health facilities capital programs and projects planned and funded through INFRA and managed jointly by the Parties, including:

1.1.1 Major Capital Projects – Total Project Cost \$5 Million or Greater

Capital Projects with Total Project Costs (TPC) of \$5 million or more are normally delivered by INFRA. However, in some cases the Parties may agree that AHS will deliver the project. (See Chapter 4 for more information).

1.1.2 Minor Capital Projects – Total Project Cost Less Than \$5 Million

Capital projects under \$5 million are normally delivered by AHS. However, in some cases the Parties may agree that INFRA will deliver the project. (See <u>Chapter 4</u> for more information).

1.1.3 Infrastructure Maintenance Program

The Infrastructure Maintenance Program (IMP) is an ongoing funding program for the maintenance and renewal of health facilities. AHS is responsible for the delivery of IMP projects; however, some IMP projects may be delivered by INFRA for reasons of efficiency,

particularly where there may be efficiencies in implementing an IMP project in conjunction with a capital project. (See <u>Chapter 4</u> for information on project delivery and <u>Chapter 6</u> for more information on the IMP process).

1.1.4 Property Transactions Program

This program oversees the requirements and conditions that apply to the acquisition and disposal of land and/or buildings owned by AHS.

1.2 Health Facilities Capital Program Organizational Roles

The lead organizations within HEALTH, INFRA and AHS and their roles in the Capital Program are described in Table 1 below. Staff from these organizations have participated in the development of this Manual.

Table 1 - Health Facilities Capital Program Organizational Roles¹

Organization	Roles
HEALTH Financial and Corporate Services Division, Health Facilities Planning Branch	 Provides health capital policy direction and capital planning oversight. Develops priorities and recommendations for strategic capital funding in support of AHS delivered health programs on behalf of the Province, in consultation with INFRA and AHS
INFRA Capital Projects Division, Health Facilities Branch	 Develops Business Cases and implements approved major capital projects. Provides oversight of IMP and minor capital projects on behalf of the Province.
AHS Capital Management	 Develops annual AHS Multi-Year Capital Submissions including Needs Assessments and proposals for health facility project projects necessary to support AHS operational priorities. Participates in capital program and project planning, and delivery. Manages IMP projects and Minor

¹ Other supported Capital Management staff in AHS participated in the development of the Manual, including Contracting, Procurement and Supply Management (CPSM), Facilities Maintenance and Engineering (FM&E); and Information Technology (IT).

1.3 Overview of Manual

This Manual provides a description of the processes and responsibilities for the management, planning and delivery of the Capital Program. Organizational roles and responsibilities are based on the "Responsible, Accountable, Support, Consult, Inform" (RASCI) Matrix agreed to by the Parties. (See Appendix 3).

1.3.1 Guiding Principles

There are five principles that guide the integrated three-party management, planning and delivery of health facility projects and programs:

- supports health service and operational needs;
- provide value for money through the use of sound fiscal and risk management principles and practices;
- demonstrate strong accountability in a flexible process;
- maintain patient safety; and
- protect the public interest.

1.3.2 Manual Objectives

The following objectives guide the development and maintenance of the Manual:

- describe and clarify inter-organizational processes consistent with over-arching policy or funding eligibility requirements Capital Program;
- outline the responsibilities of the Parties, and the information requirements that support decision-making relating to Capital Program; and
- provide links to relevant documents and templates that are used during project or program planning and delivery of the Capital Program for health facilities.

1.3.3 Scope of the Manual

This Manual focuses on capital project planning and delivery processes, the IMP process, and the inter-organizational decision-making involving the Parties for the Capital Program. Processes for decisions that are clearly internal to one organization and those processes that do not influence the actions or responsibilities of either of the other two entities are out of

scope. The reader may need to consult organization specific documentation to clarify or confirm internal project administration processes.

1.3.4 Intended Audience

This Manual is a high-level reference document for all new and existing employees of HEALTH, INFRA and AHS who are engaged in the management, planning or delivery of the Capital Program.

1.3.5 Manual Access

This Manual may be accessed through links available on INFRA's Internet website. HEALTH and AHS also provide links to the Manual through their respective sites. This document employs hyper-links to facilitate movement between sections. The Manual will be updated regularly through an annual review process (see Section 1.4).

Staff should use the manual that is available through the Internet as the reference document rather than a printed copy to ensure they are viewing the most recent information.

Updates to the Manual (either annual or interim) will be made using tracked changes and will be left as such until the next annual update. In addition, updates will be listed inside the front cover with the corresponding Manual version number.

1.3.6 Organization of the Manual

The information in this Manual is organized as follows:

- <u>Chapter 1: Introduction</u> Background information and an overview of the Manual's
 contents. Topics include the purpose and scope of the Manual, intended audience,
 Manual access, and the amendment process;
- <u>Chapter 2: Provincial Health Planning and Capital Management</u> Information regarding
 the context for provincial health capital planning and management, including an overview
 of important legislation, tri-party agreements, health service policy and planning
 documents and communications guidelines;
- <u>Chapter 3: Capital Planning and Project Approval Process</u> An overview of the AHS
 Multi-Year Facility Infrastructure Capital Submission (AHS Capital Submission) process
 and requirements, the HEALTH Capital Plan submission, and the Government of Alberta's
 (GoA) Capital Planning Process (CPP);

- <u>Chapter 4: Alberta Infrastructure Major Capital Project Delivery</u> A description of the
 processes for project planning and design, project administration, project construction,
 and project review and closure for projects with TPC of \$5 million or greater;
- <u>Chapter 5: Minor Capital Project Delivery</u> A description of the processes for planning of projects under \$5 million which AHS is responsible for delivering;
- <u>Chapter 6: Infrastructure Maintenance Program Guidelines</u> Specific guidance for the management oversight of the IMP process. Topics such as planning and reporting, eligibility criteria and urgent and emergent projects are covered;
- <u>Chapter 7: Furniture, Equipment and Information Technology</u> A description of the organizational responsibilities and processes for the management of capital equipment in support of capital projects;
- <u>Chapter 8: Property Transactions</u> A description of the requirements and conditions that apply to the acquisition or disposal of land and/or buildings owned by AHS; and
- Appendices A complete list of important supporting documents, including policy documents, committee Terms of Reference (TOR) and templates that are available through links in this Manual.

1.4 Manual Amendments

Users are invited to submit amendments to the Manual at any time through their organizational representatives as listed below:

- Anna Ellert, Alberta Infrastructure (Anna Ellert@gov.ab.ca);
- Calvin Maxfield, Alberta Health (<u>Calvin.Maxfield@gov.ab.ca</u>); and
- Ted Lang, Alberta Health Services (<u>Ted.Lang@AHS.ca</u>).

1.4.1 Responsibility for Manual Amendments

INFRA's Health Facilities Branch is responsible for:

- maintaining the Manual;
- coordinating annual and interim updates; and
- document version control.

1.4.2 Manual Amendment Process

There are two processes for amendments:

- annual updates; and
- interim updates.

Annual updates

The INFRA Health Facilities Branch uses the following process to update the Manual beginning in April:

- the Parties assign representatives to a Joint Operations Sub-Committee for the Manual (see <u>section 2.4</u> for more information on the roles of committees);
- the Joint Operations Sub-Committee participates in ongoing review of amendments submitted by users and decides, in consultation with the submitter, if the recommended amendment requires immediate attention or if it could be deferred to the annual review/update process. (See Interim Updates below for more information);
- the organizational representatives canvas their organizations' users on an annual basis to gather suggested amendments to the Manual;
- proposed amendments are analyzed by the Joint Operations Sub-Committee and submitted to the Joint Operations Committee together with a recommendation concerning their implementation;
- the Joint Operations Committee may refer matters that impact finance, organizational responsibilities or inter-organizational decision-making to the Joint Steering Committee. (See <u>section 2.4</u> for more information on governance and management of the Capital Program); and
- upon approval, the updates are incorporated into the Manual and the Joint Operations
 Committee members inform their respective organizations that the Manual has been updated.

Interim updates

For emergent issues or for changes requiring immediate amendment, the following process is followed:

 the organizational representatives submit a request with supporting information and documentation to the Joint Operations Sub-Committee with a request for an immediate amendment;

- the Sub-Committee reviews and clarifies the submission and will consult with the submitter as appropriate;
- if the submission requires an immediate amendment, a proposal is submitted to the Joint Operations Committee together with a recommendation concerning delivery;
- the Joint Operations Committee may refer matters that impact finance, organizational responsibilities or inter-organizational decision-making to the Joint Steering Committee. (See <u>section 2.4</u> for more information on governance and management of the Capital Program); and
- upon approval, the updates are incorporated into the Manual and the Joint Operations
 Committee members inform their respective organizations that the Manual has been updated.

The decision making/Manual update process will be responsive and as timely as possible recognizing the emergent or urgent need for direction.