

# Grande Prairie Chamber Regional Economic Development Group

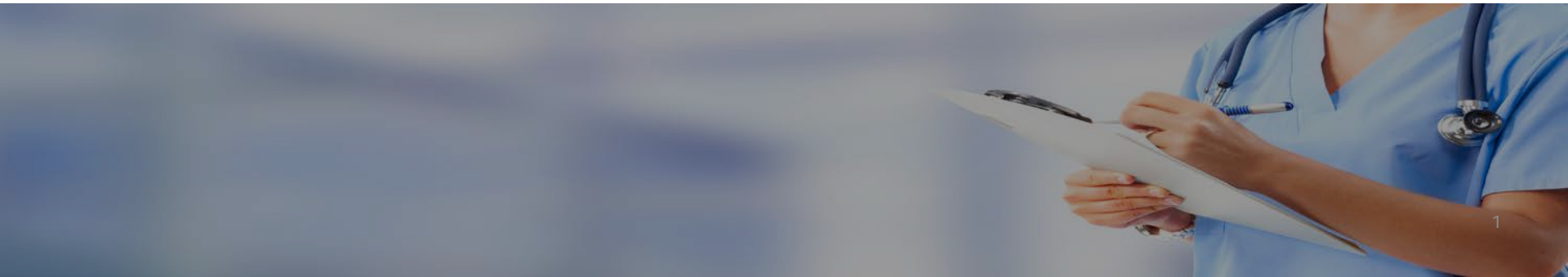


Economic Development Project

Economic Impact & Gap Analysis of the **Grande Prairie Regional Hospital**

Executive Summary

October, 2016



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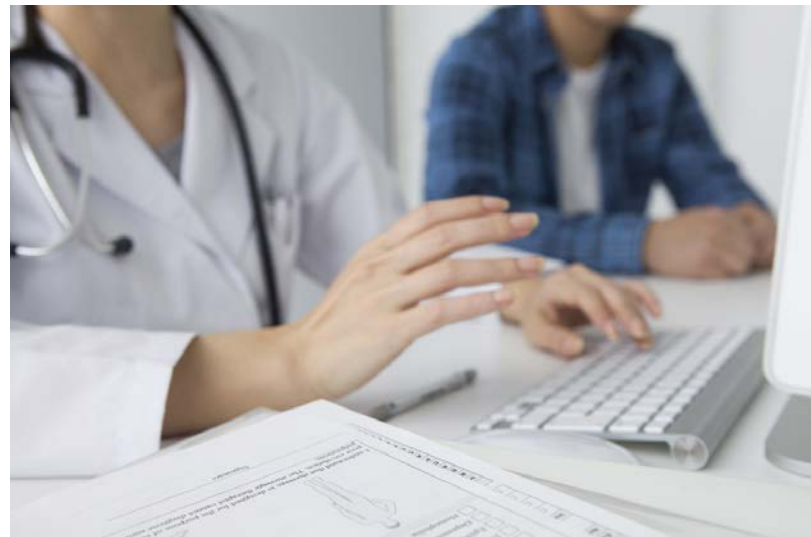
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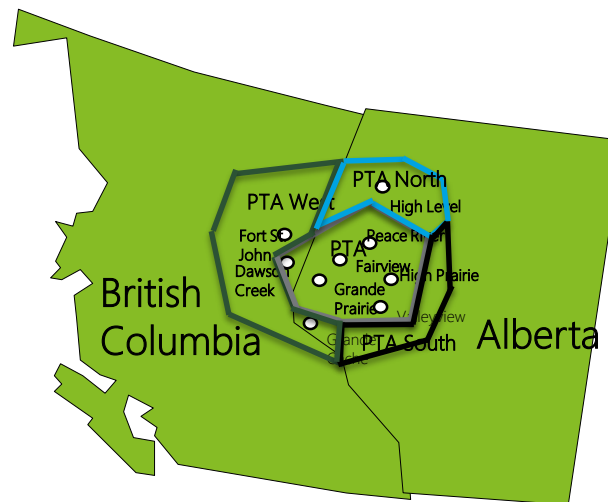


# Geographic focal point

We looked at the following geographic area, in accordance with the 2016 Grande Prairie Retail Market and Gap Analysis. We assumed that this was the geographic focal point for the Gap Analysis. In addition, we assumed the population as shown here is expected to grow to 350,000 by 2025, as indicated in the 2012 Functional Program Report.

Geographical Area in our Report includes:

- 1. The City of Grande Prairie** – Refers only to within the City limits.
- 2. Grande Prairie and surrounding communities** – Includes the City, the County of Grande Prairie, the Municipal District of Greenview, and neighboring towns such as Beaverlodge, Valleyview and Fairview.
- 3. Region** – The Region is defined as the 2016 Grande Prairie Retail Market and Gap Analysis.



\*Source: 2016 Retail Market and Gap Analysis

# Objectives of the Economic Impact Analysis

Our economic impact analysis and assessment of the new Grande Prairie Regional Hospital (“GPRH”) had two major objectives:



Understand the GPRH operations, translate them into monetary values, and assess the total economic impacts of the GPRH’s operations: direct, indirect and induced impacts

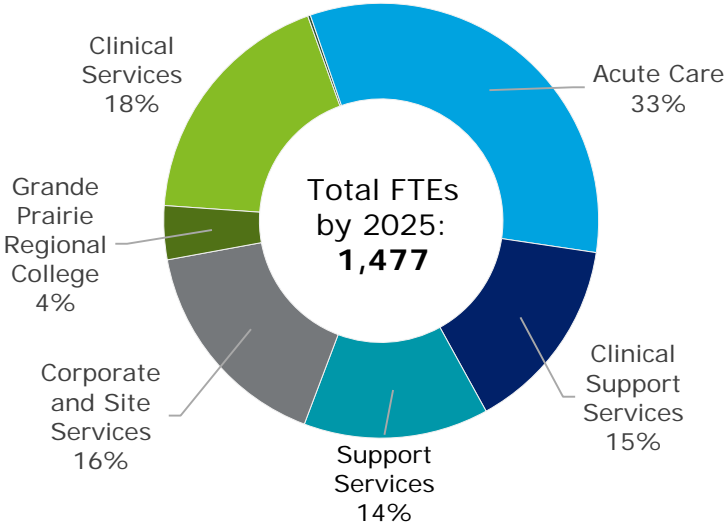


Determine the potential impacts of the GPRH operations to the Grande Prairie Region’s economy

Our analysis also included a review of the dynamic benefits to the Region’s economy, and potential variations in the overall level of economic benefit given differing scenarios of population growth.

# Grande Prairie Regional Hospital (GPRH) services and expenses

## FTEs by Service Area - Projected 2025

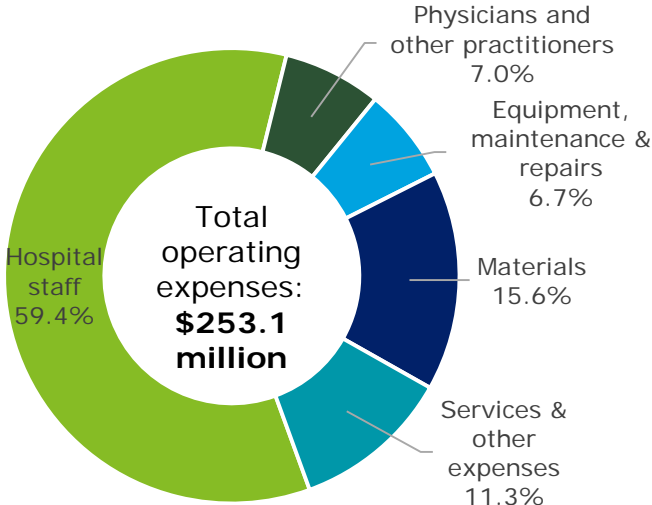


With a greater focus on Acute Care and Clinical Services, the new GPRH will not only supply crucial services, but also employ highly skilled individuals. This will help promote the Grande Prairie Region as a hub for health care in Northern Alberta.



We estimate GPRH's monetary operating capacity by 2025 will include total operating expenses of \$253 million. This estimation was based on GPRH's functional analysis aligned to budget categories and average spend for similar Canadian hospitals.

### GPRH Estimated Cost Structure



# The impact of GPRH operations



We estimate that GPRH operations will generate around **\$443.7 million in output and \$276.7 million in GDP** annually in Alberta.



Because of the overall increases in economic activity, certain tax revenues are expected to increase, generating an **expected incremental taxes of \$14.4 million**.



Annual impact to labour income across Alberta is expected to be approximately **\$212.7 million**. GPRH's operations are expected to also create and/or maintain approximately **2,473 FTEs across the Province**.



Industries such as **retail trade; health care and social assistance; and accommodation and food services** are among the top ten industries that will experience the largest shares of economic impact – in both output and employment.

# Regional and dynamic impacts



With a large share of the direct impacts stemming from labour income and a favourable industry mix, the Grande Prairie Region should expect realize a significant proportion of the impacts of the GPRH's operation.

We also identified that the GPRH is expected to increase Regional socio-economic benefits in the following areas:



Quality education



Overall standard of living



Labour productivity



Industry diversification and business attraction

# Conclusion

The Grande Prairie Regional Hospital is expected to bring considerable economic benefits to Alberta and the Grande Prairie Region. These benefits extend beyond health care occupations and service provision, and include strictly economic benefits as well as long-term social benefits.

1

Industry output, GDP, and employment of many industries are expected to see significant increases stemming from the operational expenses of the GPRH.

2

The Grande Prairie Region can expect to capture a significant proportion of the total impacts, with several dynamic, or long-term impacts expected to boost the Region's economy.

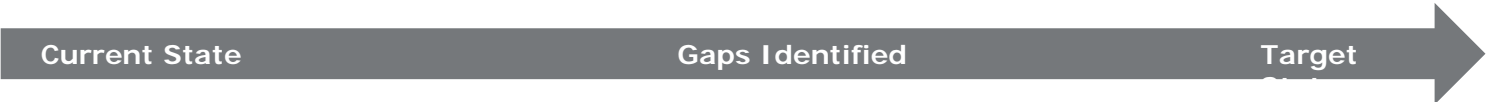
3

Estimates show that the impacts can be significant, given the GPRH's catchment population and the expected rate of population growth in Northern Alberta.

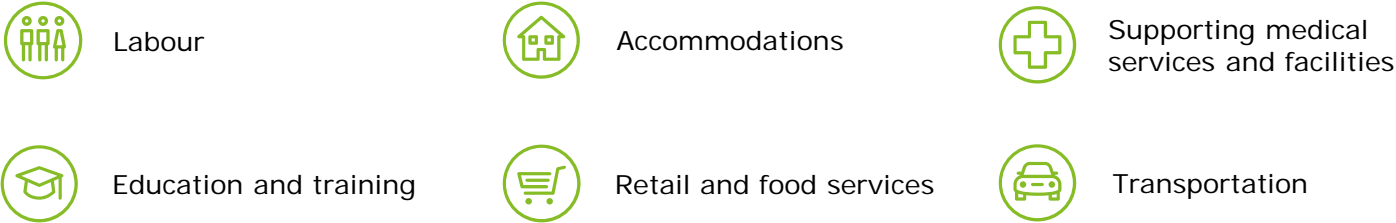


# Gap Analysis Overview

We assessed the external influences and determined whether or not the Grande Prairie Region has the capacity to support the projected increase in demand arising from the requirements of the new GPRH.



Areas of Assessment



Importance of Gap Assessment

- To allow for proactive identification of focus areas
- To act as a guide for future studies requiring in-depth analysis
- To ensure that the City of Grande Prairie, the County of Grande Prairie, and MD of Greenview can accommodate demands

# Overview of the Gap Analysis for labour

## Gap Assessment



We wanted to understand whether the current labour pool and estimated future labour pool within Grande Prairie, and the catchment area, can support the increase in hospital services at the GPRH by 2025.

## Sources



We used the following information:

- i. The 2012 GPRH Functional Report
- ii. Statistics Canada data from the 2011 Census and National Household Survey (“NHS”)
- iii. 2016 Grande Prairie Retail Market and Gap Analysis

We made the following key assumptions:

- 1) The labour force working in the health care and assistance industry in the Region, as determined in the 2011 NHS, will grow at the same rate as the working age population from 2011 to 2025.
- 2) The total available skilled labour pool was assumed to equal to the labour pool available to work in hospitals.
- 3) The health care industry mix, as calculated from the 2011 NHS, would remain consistent in 2025.
- 4) For the catchment area, it was assumed that none of the health care workers in the catchment area will be available to work in the GPRH – it is a “zero-sum-game” because if a health care worker joins the GPRH from the Region, then the Region still needs to recruit a new worker to maintain its existing level of service.

# Approach and calculations for labour Gap Analysis

We used the following methodology to assess the gap in labour



Based on the details in the green box below, our calculations are:

$$2,255 - 1,285 = 970 \text{ transferred from QEII to GPRH}$$

$$1,477 - 970 = 507 \text{ additional workers required by GPRH}$$

**507 new workers required in the Region**  
*Workers new to the Region would be required to fulfill this gap. If workers transferred from other facilities within the Region, those facilities would then require replacement workers.*

Current QEII workers  
**1,532**

Projected QEII 2025, without GPRH  
**2,255** (147.2% increase)

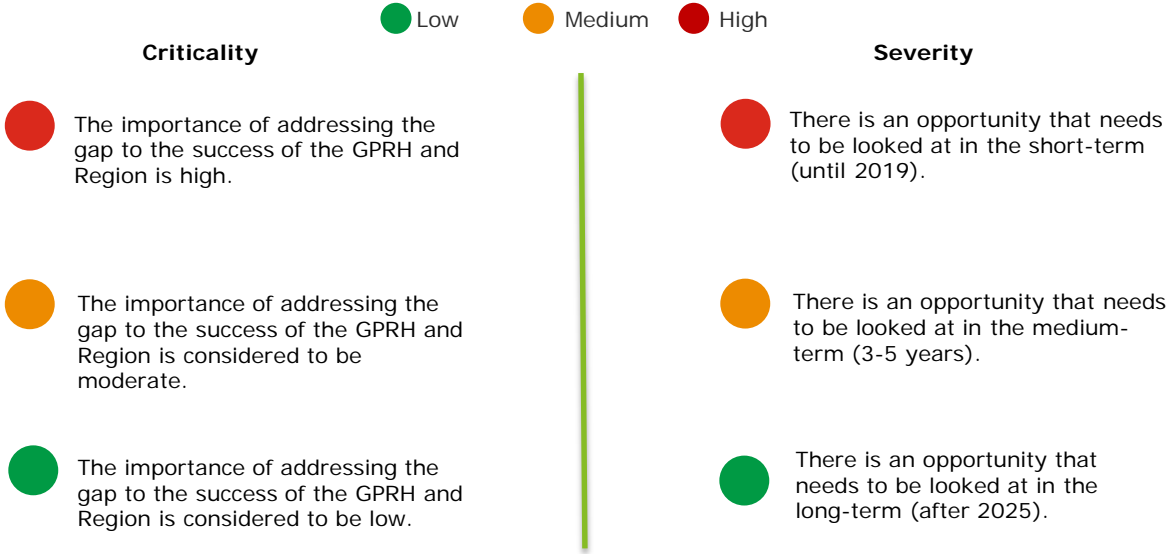
Projected QEII 2025, with transfers to GPRH  
**1,285**

Workers required by GPRH  
**1,477**











# Explaining the criticality and severity of gaps identified

To provide an assessment of the significance and the magnitude of the impact of the gaps identified in each section of the report, we assessed the criticality and severity of each gap. Criticality of the gaps assesses the importance of addressing this gap to the success of the GPRH and Region. The severity of the gap assesses the impact of not addressing this gap in the short-term (until 2019 when the GPRH is expected to open). Any gaps that are seen as opportunities that need to be addressed in the medium-term or long-term, are considered moderate severity and low severity.

We evaluated the criticality and severity of the gaps identified in each section based on high, medium and low priorities for the Region and GPRH.



# Summary of findings for labour gaps

Gap Identified	Criticality	Severity	Comments
Physicians and Specialists			a) These skills can not be sourced locally and are in high demand / short supply provincially.
Physiotherapists and Occupational Therapists			a) Additional roles will be required as there will be a division of health care services between the two hospitals. b) The increase in cancer services at the GPRH will also create demand for rehabilitation services for cancer patients. c) Recruitment will be a challenge as these roles cannot be sourced locally.
X-ray and Laboratory Technicians and Assistants			a) There will be an increased demand for services of these skilled roles due to the expanded Diagnostic Imaging Centre and Medical Laboratory at the GPRH. b) Certain incremental skills will be required over and above current levels at the QEII. c) These skill sets are not developed as part of the local educational programs.
Nutritionists/Dietitians			a) Additional roles will be required as there will be a division of health care services between the two hospitals. b) The increase in cancer services at the GPRH will also create demand for rehabilitation services to cancer patients. c) Recruitment will be a challenge as these roles cannot be sourced locally.
Pharmacists, Pharmacist Technicians/Assistants			a) Pharmacy Services will be provided at the QEII and GPRH, therefore there will be an immediate need for skilled labourers in these roles. b) Recruitment will be a challenge as these roles cannot be sourced locally.

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).



Low



Medium



High

# An overview of the Gap Analysis for accommodation

## Gap Assessment



Could the Grande Prairie Region provide accommodation for the increase in population of skilled workers and visitors accompanying transient patients as a result of the new GPRH?

## Sources



The following information was used:

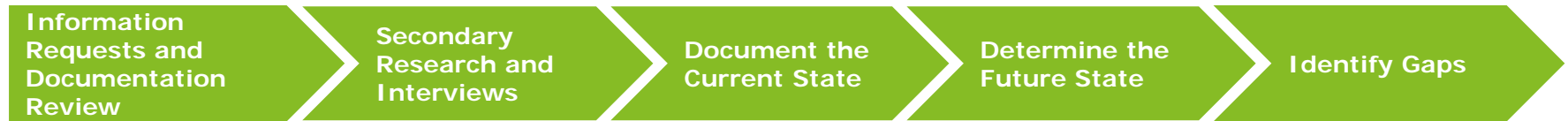
- i. Alberta Accommodation Outlook 2016 from Alberta Culture and Tourism
- ii. Deloitte Resource and Evaluation Advisory Price Forecast, June 30, 2016
- iii. 2016 Grande Prairie Retail Market and Gap Analysis
- iv. Canadian Mortgage and Housing Corporation 2015 Rental Market Statistics

We made the following key assumptions:

- 1) **Hospitality:** Visitors from cities and towns beyond a 200 km driving distance from Grande Prairie, will stay in the Grande Prairie Region overnight and require accommodations - seasonality in the energy industry has an impact in the vacancies in hotel rooms at certain times in the year.
- 2) **Permanent Housing:** When the economy is booming and labourers move to the Grande Prairie Region, the supply of permanent houses is limited, making it difficult for health care workers to purchase single family dwellings.
- 3) **Rental Properties:** Grande Prairie has a robust rental pool and the demand for rental properties by short-term workers may increase.
- 4) **On-campus Housing:** There will be a need for on-campus housing based on the student enrollment projections by 2025; however, this is dependent upon funding being approved for both the housing and educational programs.

# Approach and calculations for accommodation gaps







The approach we used to assess the gap in accommodation is outlined below:



At a high level, our calculations were:

- 1) Hospitality:** Historical average annual occupancy rates were applied to population projections in 2025 in order to determine the increase in demand for hospitality as a result of the GPRH.
- 2) Permanent Housing:** Utilized the average household size as calculated from the 2011 Statistics Canada Census and applied it to the population projections of the Grande Prairie Region in 2025 to determine the estimated 2025 households.
- 3) Rental Properties:** The normalized average annual vacancy rate from 2014 and 2015 was determined. The average increase in rental properties from 2014 to 2015 was applied in the previous year's total until 2025. The normalized average annual vacancy rate was then applied to determine the projected rental properties available by 2025.
- 4) On-campus Housing:** Expected enrollment at GPRH in 2025 as based on the Hospital Functional Report (506) was compared to the total capacity at GPRC on-campus housing of 371 units.

# Summary of findings for accommodation gaps

Gap Identified	Criticality	Severity	Comments
Hotel vacancies during peak times in the energy industry			a) Quantitative analysis suggests that there are no gaps in the supply of vacant hotel rooms in the Grande Prairie Region by 2025. However, seasonality and activity levels in the energy industry impact vacancies in hotel rooms, and this can be volatile and unpredictable.
Permanent housing			a) There is a definite gap in permanent housing to accommodate GPRH workers, particularly during boom times in the energy industry, which must be addressed on a continuous basis. b) Many stakeholders indicated that the criticality of addressing the gaps and the severity in the short-term is high priority as hospital workers will migrate out of the Region if permanent housing is not available.
Possible gaps in On-Campus Housing			a) Demand and subsequent gaps will depend on programs that get approved and the number of students enrolling in those programs. b) We were informed that any increase in student housing is easily accommodated for and not a challenge. A gap could be early definition of construction plans, but this is a low priority and low risk in the short-term.

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).



Low



Medium



High



# An overview of the Gap Analysis for supporting medical services and facilities

## Gap Assessment



We examined whether the current supporting medical services and facilities within the Grande Prairie Region could support the expected increase in demand as a result of the new GPRH.

## Sources



We used the following information:

- i. Grande Prairie Primary Care Network website
- ii. 2015 Grande Prairie Area's Vital Signs Report from the Community Foundation of Northwestern Alberta
- iii. North Zone, City of Grande Prairie Local Geographic Area ("LGA") Profile 2016
- iv. Grande Prairie School Board Capital Plan 2016-2019
- v. Grande Prairie Public School District Boundary Update January 2016
- vi. Alberta Ministry of Human Services

We made the following key assumptions:

### **Released Inpatient Medical Support:**

New specialized surgery, rehabilitation services, long-term care facilities, and primary care services will be required for released in-patients.

### **Outpatient Medical Support:**

Outpatient support and surgical services required based on the new services at GPRH. Also, outpatient services that are expected to be provided at the QEII Regional Health Centre were acknowledged.

### **Schooling Facilities:**

A growing community with a significant population in the child bearing years in Grande Prairie creates ongoing enrollment pressures. Where there is growth in the economy, growth occurs in enrollment, as more people move into the Region.

### **Child Care Facilities:**

Children aged 0-4 years will primarily require child care services as children 5 years and older will attend regular school, with children aged 5-6 years attending.

# Approach and calculations for supporting medical services gaps









The approach we used to assess the gap in supporting medical services is outlined below:



At a high level, the calculations and/or qualitative insights we used were:

- 1) **Released Inpatient Support:** There are gaps identified in the required number of pain management clinics, medical clinics, pharmacies and long-term care facilities / services.
- 2) **Outpatient Medical Support:** There are gaps identified in the number of medical clinics that will be required. Outpatient Oncology Peripheral Cancer Clinics will be needed to support increased cancer services and patients.
- 3) **Schooling Facilities:** Population projections in 2025 for children between the ages of 5-18 years in Grande Prairie were compared to current supply and capacity rates to gaps.
- 4) **Child Care Facilities:** Population projections in 2025 for children between the ages of 0-4 years that will require child care services in Grande Prairie were compared to the current capacity of child care facilities to determine gaps.

# Summary of findings for supporting medical services and facilities

Gap Identified	Criticality	Severity	Comments
Released Inpatient Support Services			<ul style="list-style-type: none"> <li>a) There are gaps identified in the number of pain management clinics, medical clinics , pharmacies and long-term care that will be required to support the demand as a result of the GPRH by 2025.</li> <li>b) Access to long-term care facilities is a major gap that must be addressed.</li> <li>c) Grande Prairie Region should consider the recommendations in their economic plan, especially for long-term care facilities in the medium-term to expand on these services in order to provide continued support after treatment.</li> </ul>
Outpatient Support Services – Medical Clinics			<ul style="list-style-type: none"> <li>a) There are gaps identified in the number of medical clinics that will be required to support the increase in demand as a result of the GPRH.</li> <li>b) However, it is expected that the QEII with its regional health centre, the ambulatory and community health care services will provide additional support.</li> </ul>
Schooling Facilities			<ul style="list-style-type: none"> <li>a) For both K-8 schools and high schools, the current capacity will not be able to satisfy the future demand due to the projected increase in population.</li> <li>b) Therefore, it is critical to address the gaps in the short-term as overcapacity issues, especially in high schools, are expected by 2025.</li> </ul>
Child Care Facilities			<ul style="list-style-type: none"> <li>a) During times of increased economic activity, there is limited access to child care services, due to increased demand.</li> <li>b) However, the expansion of the child care centre at the QEII and additional plans to develop daycares around the GPRH will hopefully address this gap.</li> </ul>

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).



Low



Medium



High

# An overview of the Gap Analysis for education and training

## Gap Assessment



To understand whether the Grande Prairie Regional College and neighboring regional colleges have the ability to output graduates with the expertise required to support the GPRH services?

We used following information:

## Sources



- i. Grande Prairie Regional College Comprehensive Institutional Report 2016-2019
- ii. Enrollment information provided by the GPRC and Northern Lakes College
- iii. External research for program and enrollment information from academic institutions in Alberta

We made the following key assumptions:

**Current health programs offered at the GPRC and catchment area colleges:** There is an educational need to provide more specific programs targeted within the healthcare field, based on new programs planned to be offered at the GPRH by 2025.

### **Polytechnic institution programs:**

We identified a number of other Diploma and Certificate programs that are offered at polytechnic institutions in Alberta, that are assumed to be considered priority programs for the GPRC in the medium to long-term.

### **Community, Comprehensive Academic & Research Institutions:**

We identified a number of programs offered at the various Institutions, which may be considered priority programs for the GPRC in the medium to long-term.

# Approach and calculations for education and training gaps

The approach we used to assess the gap in education and training is outlined below:



We assessed and analysed the following programs and institutions:

- 1) Current health programs offered at the GPRC and catchment area colleges:** Current health programs offered do not output all trained graduates required to support the GPRH. In response to community demand and the need for trained graduates in the health education and training programs, planning and development has commenced for the GPRH Education and Research Centre, which is still pending approval.
- 2) Polytechnic institution programs:** Health programs offered at polytechnic institutions will provide GPRH with a number of graduates.
- 3) Community, comprehensive academic & research institutions:** Since the GPRC and neighboring colleges are not degree-granting institutions, a challenge is the attraction of skilled graduates from outside the Region.

# Identifying short-term, medium-term and long-term priorities

We have divided the relevant education and training programs into short-term, medium-term, and long-term priorities for the GPRH Education Centre and GPRC to consider:



## Short-term (current - 2019)

- Addictions and Sexual Assault
- EMT - Paramedic
- Health Care Aide
- Health Information Management
- Licensed Nurse Practitioner
- Pharmacy Technician
- Physical Therapy Assistant
- Occupational Therapy Assistant
- Various Cancer Support Programs



## Medium-term (2020-2025)









- Bachelor of Science in Nursing
- Combined Laboratory and X-Ray Technology
- Diagnostic Medical Sonography
- Medical Device Reprocessing
- Medical Laboratory Assistant
- Medical Laboratory Technology
- Medical Radiologic Technology
- Pharmacy Assistant
- Respiratory Therapy
- Rehabilitation Therapist Assistant



## Long-term (over 2025)

- Medical Doctor (M.D.) Program
- Midwife Program

# Summary of findings for education and training gaps

Gap Identified	Criticality	Severity	Comments
Trained Graduates from Programs offered at GPRC, Northern Lakes College, and Northern Lights College			<ul style="list-style-type: none"> <li>a) Programs offered at GPRC and catchment area colleges do not output all the graduates required to support an increase in GPRH services.</li> <li>b) The GPRC is planning to offer programs in high demand to bridge any gaps. These program still require approval and funding from the government and licensing bodies.</li> </ul>
Trained Graduates from polytechnic institutions			<ul style="list-style-type: none"> <li>a) Health programs offered at polytechnic institutions represent a gap in the output of graduates that will be required at the GPRH.</li> <li>b) However, the GPRC is working on becoming such an institution. Therefore the criticality and severity of the gap is considered to be medium.</li> </ul>
Trained Graduates from Physical Therapy and Occupational Therapy Assistant and Pharmacy Technician Program			<ul style="list-style-type: none"> <li>a) The GPRH Education Centre is currently planning on delivering these programs. Although, they have not been approved and represent a short-coming in terms of the number of skilled graduates required.</li> </ul>
Trained Graduates from programs offered at Universities			<ul style="list-style-type: none"> <li>a) GPRC will not be able to offer programs available from Comprehensive Academic and Research Institutions in Alberta such as Medicine, Pharmacy, Physical Therapy Occupational Therapy, Nutrition etc. The output of graduates from these programs is going to be critical to support the increase in required services for the QEII and GPRH, especially Physicians.</li> <li>b) While this represents a significant gap, there is limited ability for GPRC to alleviate these issues. Consequently, the criticality has a different weighting.</li> </ul>

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).

 Low       Medium       High

# An overview of the Gap Analysis for retail and food services

## Gap Assessment



Whether the Grande Prairie Region could support the increase in demand for retail and food services as a result of the new GPRH?

## Sources



We used the following information:

- i. 2016 Grande Prairie Retail Market and Gap Analysis
- ii. Stakeholder Discussions

We made the following assumption:

- 1) We extrapolated the results from the residual demand analysis to 2025 for different merchandise categories as calculated in the 2016 Grande Prairie Retail Market and Gap Analysis. This extrapolation assumed that the trade population for the Grande Prairie Region's retail and food services footprint would expand to correlate with the projected catchment area population that the GPRH will serve.



# Approach and calculations for retail and food services gaps

We used the following approach to assess the gap in retail and food services:



We used the following calculation:

## Extrapolation of 2016 Retail Market Study Findings to 2025



# Establishing priorities in retail and food services gaps

Using the Retail Study, together with stakeholder interviews, we developed the following priorities for Retail and Food Services in the Grande Prairie Region:



## **Short-term (1 - 3 years)**

- a) Grocery and Specialty Food Stores
- b) Full Service Restaurants
- c) Books and Multimedia
- d) Clothing, Apparel and Footwear



## **Medium-term (3 -5 years)**







- a) Entertainment and Leisure:
- b) Pharmacy
- c) Limited Service Restaurants
- d) Full Service Restaurants



## **Long-term (over 5 years)**

- a) Personal Services
- b) Clothing, Apparel and Footwear
- c) Full Service Restaurants

# Summary of findings for retail and food services gaps

Gap Identified	Criticality	Severity	Comments
Space for retail and food services			a) Currently there is a deficiency in the quality of retail space and configurations suitable for new market entrants, which will be a challenge should demand increase as a result of the GPRH.
Capacity to meet residual demand as a result of the new GPRH in 2025.			a) A possible gap exists due to increased demand by 2025. However, as long as Grande Prairie and the surrounding communities move to implement the recommendations from the retail report, the increase in population due to the GPRH should not have a material impact upon those retail gaps.
Entertainment and Leisure*, Full Service Restaurants, Personal Services – Child Care			a) Increased demand in the short-term is likely to be correlated to oil prices. It will be important to address these gaps now to ensure that any increase in demand due to the GPRH, does not further compound the issue. We also conclude that additional capacity, infrastructure and activity will be needed in the arts and culture fields to attract and retain the educated work force needed at the GPRH.

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).

 Low       Medium       High

\*For entertainment and leisure, we followed the categories in the Retail Market and Gap Analysis Report. However, the Retail Report did not take into consideration arts and culture. There is a gap in entertainment, leisure, arts and culture, and how that gap is addressed needs to be decided upon further by the Grande Prairie Region.

# An overview of the Gap Analysis for transportation services

## Gap Assessment



Whether the Grande Prairie Region can support the increase in demand of transportation services to and from the new GPRH given the expected increase in population?

We used the following information:

## Sources



- i. City of Grande Prairie Request for Proposal- Transit Master Plan RFP-55-553-15
- ii. Stakeholder Discussions regarding transportation matters – roads, air, buses, automobiles, etc
- iii. Extensive online research

We made the following key assumptions:

### Non-emergency transportation:

- 1) **Bus** – there will be gaps in areas that will continue to be underserved and that will not be addressed. For example, regional bus service does not exist.
- 2) **Car** – Assumed to be a significant form of non-emergency transportation which patients can use throughout the Region.
- 3) **Commercial Flights** – No direct flight access from Northern Alberta and catchment areas.

### Emergency transportation:

- 1) **Ground Ambulance** – Assumed current services may not have the capacity to support an increase in demand in the Region by 2025.
- 2) **Fixed Wing Air Ambulance** – Current supply is able to service future demand.
- 3) **Rotary Wing Air Ambulance (STARS)** - Current supply is able to service future demand. Any limitations will be based entirely on AHS plans.

# Approach and insights for transportation gaps

We used the following approach to assess the gap in transportation:



Our key insights for non-emergency transportation gaps:









## Non-emergency transportation:

- 1) **Bus** – Most City gaps are addressed. Regional transit gaps remain an unaddressed issue. As well, the development of a regional transportation hub (includes the City & Region) near the GPRH is not addressed.
- 2) **Car** – Improvements are needed to the road infrastructure adjacent to the GPRH. However, there is no capital funding to address the gap.
- 3) **Commercial Flights** – Suggested routes:
  - a) Direct flight from Fort St. John to Grande Prairie.
  - b) Direct flight from Peace River and High Level to Grande Prairie.
  - c) Easier air travel from NWT and Yukon to Grande Prairie.

## Emergency transportation:

- 1) **Ground Ambulance** – Demand is expected to increase, particularly in the catchment areas. However, there are no plans to address this yet.
- 2) **Fixed Wing Air Ambulance** – A need was identified to provide air transport for the critically ill from NWT and Yukon to Grande Prairie. There are no plans to increase fixed-wing air ambulance services when the GPRH opens.
- 3) **Rotary Wing Air Ambulance (STARS)** – There are no further plans to expand operations as cover is provided by ground and fixed wing air ambulance services.

# Summary of findings for non-emergency transportation gaps







Gap Identified	Criticality	Severity	Comments on Non-emergency Transportation
Bus – Transit and Charter Services			a) Some of the City of Grande Prairie transit gaps have been addressed in the transit master plan; however, there are Regional gaps in bus services that have not been addressed.
			b) There are critical gaps identified in charter bus services and Regional bus services for transporting patients and visitors to Grande Prairie and the GPRH from catchment areas, especially in Northern Alberta communities.
Cars transportation in Grande Prairie			a) The City of Grande Prairie has indicated there are improvements needed to the road network adjacent to the new GPRH, however, it does not currently have capital funding for the improvements to the road infrastructure. b) Gap of traffic congestion in downtown should also be a medium-term priority.
Commercial Flights			a) There is a lack of direct flights from catchment areas and no flight service from the north. This gap must be addressed to enable the GPRH to service a much larger catchment population.

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).

 Low     Medium     High

# Summary of findings for emergency transportation gaps

Gap Identified	Criticality	Severity	Comments on Emergency Transportation
Ground Ambulance			a) Demand should increase by 2025, especially in the Grande Prairie Region, however, no further plans have been developed by the Region to address this.
Fixed-wing Air Ambulance			a) There are no plans to increase fixed-wing air ambulances services when the GPRH opens. b) However, there is the need for air transport for critically ill patients from NWT and Yukon to Grande Prairie.
Rotary Air Ambulance			a) No gaps exist with STARS as a method of emergency transport to GPRH, as ground ambulance and airplane ambulance serve as additional capacity for emergency medical transportation.

**Criticality:** How important is addressing this gap to the success of the GPRH and Region?

**Severity:** The impact of not addressing this gap in the short-term (until 2019).

 Low     Medium     High

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